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# IMPACT

Improving Market Partnerships and Access  
to Commodities Together

COAG No. 72068718CA00001

- Fiscal Year 2021, Quarter 2 -

## PROGRAM YEAR 3

**January 1 to March 31, 2021**

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## ACRONYMS

A2F	Access to Finance	JSI	John Snow Int.
ABM	Accès Banque Madagascar	LLIN	Long Lasting Insecticide-treated Net
ACCESS	Accessible Continuum of Care and Essential Services Sustained	LMIS	Logistic Management Information System
ACT	Artemisinin-based Combination Therapy	MCH	Maternal and Child Health
ADDO	Accredited Drug-Dispensing Outlet	MNCH	Maternal Newborn and Child Health
AGPM	Grossistes Pharmaceutiques de Madagascar	MDA	Market Development Authority
AMP	Alliance for Malaria Prevention	M&E	Monitoring and Evaluation
APM	Association des Pharmaciens de Madagascar	MERL	Monitoring Evaluation Research and Learning
ARTMIS	Automated Requisition Tracking Management Information System	MOPH	Ministry of Public Health
PSM	Procurement and Supply Management	MOU	Memorandum of Understandings
cCD	Community-based Continuous Distribution	MSM	Marie Stopes de Madagascar
CGL	Comité de Gestion Logistique	MYS	Ministry of Youth and Sport
CHU	Centre Hospitalier Universitaire	NCC	National Coordinating Council
CHV	Community Health Volunteers	NGO	Non-Governmental Organization
CISCO	Circonscription SCOLAIRE	NMCP	National Malaria Control Program (NMCP)
CMS	Credit Management System	OMS	Organisation Mondiale de la Santé/World Health Organization
CNFM	Conseil National des Femmes de Madagascar	ONP	Ordre National des Pharmaciens de Madagascar
COP	Chief of Party	ORS	Oral Rehydration Solution
CHRD	Centre Hospitalier de Référence du District	PAC	Pole Anti-Corruption
CHRR	Centre Hospitalier de Référence Régional	PA	Point d'Approvisionnement
CNE	National Registration Committee (Commission Nationale de l'Enregistrement)	PAIS	Plan d'Action d'Intégration des Intrants de santé
CSB	Centre de Santé de Base	PARC	Point d'Approvisionnement Relais Communautaire
CSO	Civil Society Organizations	PARN	Projet d'Amélioration des Résultats Nutritionnels
CSR	Corporate Social Responsibility	PDPN	Plan Directeur Pharmaceutique Nationale
CoAg	Cooperative Agreement	PDSS	Plan de Développement du Secteur Santé
COGS	Cost of Goods Sold	PMI	President's Malaria Initiative
CYP	Couple Year Protection	PMP	Performance Monitoring Plan
DAMM	Direction de l'Agence de Médicaments de Madagascar	PNLIS	Programme National de Lutte contre l'IST/SIDA
DCOP	Deputy Chief of Party	PNLT	Programme National de Lutte contre la Tuberculose
DEPSI	Direction des Etudes de la Planification et du Système d'Information	PPE	Personal Protection Equipment
DFC	United States International Development Finance Corporation	PPR	Performance Plan and Report
		PPN	Politique Pharmaceutique Nationale
		PPS	Probability Proportional to Population Size
		PSE	Private Sector Engagement
		PSHP	Private Sector Humanitarian Platform
		PSI/M	Population Services International/Madagascar

DGFS	Direction Générale de Fourniture des Soins	Pha-G-Dis	Pharmacie de Gros de District
DGMP	Direction Générale de la Médecine Préventive	Pha-Ge-Com	Pharmacie à Gestion Communautaire
DGR	Direction Général des Ressources	RBM	Roll Back Malaria
DHIS-2	District Health Information System - 2	RH	Reproductive Health
DLMT	Direction de Lutte contre les Maladies Transmissibles	RDT	Rapid Diagnostic Test
DLMNT	Direction de Lutte contre les Maladies Non Transmissible	RDQA	Routine Data Quality Assessment
DMPA	Depot-Medroxyprogesterone Acetate 5Intra Musculaire or Sous Cutané)	RLA	Regional Logistic Advisor
DPAL	Direction PALU- PSI	SALAMA	Centrale d'Achats de Médicaments Essentiels et de Matériel Médical de Madagascar
DPLMT	Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle	SBCC	Social and Behavior Change Communication
DPS	Direction de la Promotion de la Santé	SCM	Supply Chain Management
DRSP	Direction Régionale de la Santé Publique	SDSP	Service de District de Santé Publique/ District Public Health Service
DSFa	Direction de la Santé Familiale	SG	Secretariat Général
DSS	Division Santé Scolaire	SHOPS Plus	Sustaining Health Outcomes in the Private Sector Plus
DSSB	Direction des Services de Santé de Base	SLRC	Service de la Législation, de la Réglementation et du Contentieux
EDM	Electricité De Madagascar	SMSR	Service of Maternité Sans Risque
EFOI	Entreprendre au Féminin Océan Indien	SP	Sulfadoxine Pyriméthamine
EMAD	Equipe MAnagement du District /District Management Team	SPARS	Supervision Performance Assessment, and Recognition Strategy
EMAR	Equipe MAnagement de la Région/ Regional Management Team	SPD	Superviseurs de Point de Distribution
EMMP	Environmental Mitigation Monitoring Plan	SRD	Superviseur Régional de Distribution
EUV	End Users Verification	TA	Technicien Accompagnateur
FANOME	Financement pour l'Approvisionnement Non-stop en Médicaments	TCA	Total Cost Analysis
FEFO	First Expiry – First Out	TFP	Technical and Financial Partners
FISA	Flanakaviana SAmbatra	TMA	Total Market Approach
FP	Family Planning	TMI	Total Market Initiative
GAD	Good Availability Date	ToT	Training of Trainers
GAS	Gestion des Approvisionnements et des Stocks	TWG	Technical Working Group
GAVI	Global Alliance for Vaccination and Immunization	UASM	Unité d'Approvisionnement en Solutés Massifs
GBV	Gender Based Violence	UCP	Unité de coordination des Projets
GESI	Gender Equality and Social Inclusion	UHC	Universal Health Coverage
GF	Global Fund	UNFPA	United Nations Population Fund
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management	UNICEF	United Nations of International Children's Emergency Fund
		UTGL	Unité Technique de Gestion Logistique
		USAID	United States Agency for International Development
		USG	United States Government
		WISH2	Women's Integrated Sexual Health ACTION to ACTION
		WHO	World Health Organization

GIS	Gestion des Intrants de Santé /Health Commodity management	WMP	Waste Management Procedures
GOM	Government of Madagascar	ZAP	Zone d'Administration Pédagogique
HPN	Health Population and Nutrition		
HRD	Health Regional Director		
IMPACT	Improving Market Partnerships and Access to Commodities Together		
IR	Intermediate Result		
IPTp	Intermittent Preventive Treatment during pregnancy		
IUD	Intra Uterine device		

## I- EXECUTIVE SUMMARY

### Intermediate Results 1:

#### ***Enhanced coordination among public, non-profit, and commercial sectors for supply and distribution of health products***

During Quarter 2, the main achievements are as follows:

- **The signature of the Total Market Approach (TMA) roadmap by the Secretary General (SG) of Ministry of Public Health (MOPH):** after pending for a few months due to MOPH staff changes, the TMA roadmap was signed and approved by the SG. It demonstrates the engagement and commitment of the MOPH to align with the TMA process including the implementation of different TMA subcommittees activities.
- Based on the lessons learned from the malaria market assessment, **Direction de la Santé Familiale (DSFA) has supported IMPACT to conduct the Family Planning (FP) and Maternal Newborn and Child Health (MNCH) market assessments.** The DSFa Director, as a TMA Champion, with her team have been involved with the IMPACT team in the market assessment process, including: how the assessment will be conducted, who will be involved, and how the results will be analyzed so that they understand and lead the development of action plans or roadmaps based on the findings. They took part in the training of the data collectors for the key informant and outlet surveys to present the FP and MNCH situations. Their engagement in these processes will enable them to actively participate in the assessment process, own the results, recommendations, and follow-up on activities
- **A new TMA Champion, Andrianandrasana Tahina Hajaniaina, a Magistrate of the court of Madagascar – and newly appointed Senator, was identified in March 2021.** He is the rapporteur of the cultural, communication and social commission (including health) at the Senate and has demonstrated his motivation to contribute to the availability of health commodities to the Malagasy population by conducting advocacy at higher level authorities for the amendment of policies and texts on the pharmaceutical sector and on the illicit market. He will work in synergy with the TMA Champions and complement their very diversified profiles (five from the MOPH, three from the private sector, and two from the Parliament and the Senate) towards the implementation of the TMA process.
- **IMPACT has completed the training of 9 out of 10 TMA Champions on policy advocacy** to equip them better in their professional lives and to enable them to defend and support TMA-related initiatives throughout the project and beyond. They convened to develop a policy advocacy on the fight against the illicit market during the training. The Champions will develop a formal work plan and put it into practice later. The training sessions were divided into four sessions: on March 23, 25 and 31, and finalized on April 7.

### Intermediate Results 2:

#### ***Strengthened capacity of the Government of Madagascar (GOM) to sustainably provide quality health products to the Malagasy people.***

IMPACT continued to strengthen the public supply chain system to ensure that health commodities are available at national and district levels.

To strengthen the coordination and collaboration between key partners at all levels, IMPACT established the Unité Technique de Gestion Logistique (UTGL) at central and regional levels and Gestion des Approvisionnements et des Stocks (GAS) committees at districts levels. The directive was signed by the SG in February and disseminated to all regions and districts [(Equipe Management de la Région/ Regional Management Team (EMAR) and Equipe Management du District /District Management Team (EMAD)]. Due to the SG's commitment to improve the coordination of the supply chain management, 60 district GAS committees held meetings in Quarter 2 compared to 43 in Quarter 1. The district GAS committees are now autonomously organizing quarterly meetings to evaluate stock levels and plan distribution to Centre de Santé

de Base (CSB); and resolve problems related to commodity management. The district GAS committees are meeting and no longer solely depend on IMPACT's Regional Logistics Advisors (RLA) support. The RLAs will continue to support and coach the EMAR and EMAD to organize and support quarterly meetings to analyze stock, plan for distributing commodities to the CSBs, discuss problems related to commodity management and seek solutions, and quantify orders to SALAMA and the NMCP for resupply.

IMPACT RLAs coordinated with EMAR and EMAD to conduct supervision visits in Pharmacie de Gros de District (Pha-G-Dis) and Pharmacie à Gestion Communautaire (Pha-Ge-Com). The Supervision Performance Assessment, and Recognition Strategy (SPARS) tool and continuous quality improvement methodology was utilized through 43 Pha-G-Dis. 32 of the 43 Pha-G-Dis maintained or improved their scores compared to the baseline score set up in Year 2. The RLA will continue to supervise the Pha-G-Dis and conduct on-the-job training to reinforce the service providers' capacity in stock management.

The roadmap developed in Quarter 1 to improve the Logistic Management Information System (LMIS) in Madagascar was validated with a letter signed by the Secretary General, in March 2021 and IMPACT provided support on the selection process of a web-based software to replace the current Channel system. In addition, IMPACT has supported the Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle (DPLMT) to organize demonstration sessions and assess the different software packages through the minimum requirements established last quarter. The new LMIS software will improve timely reporting and completeness and the final phase of the selection process will be completed in Quarter 3 and the introduction phase will start in Quarter 4.

### **Support the NMCP in the implementation of Community-based Continuous Distribution (cCD) of Long-Lasting Insecticide-treated Net (LLIN) in 12 districts**

In Quarter 2, social mobilization campaigns were conducted by Community Health Volunteers (CHVs) and targeted 802,855 households, 786,278 LLINs were distributed and 19,695 CHVs out of 20,033 have submitted their regular reports. Due to COVID-19 restrictions, the catch-up plan developed by the National Malaria Control Program (NMCP) in Quarter 1 and supported technically and financially by IMPACT was implemented in Quarter 2.

**Table 1:** Summary of the implementation of the catch-up plan in Quarter 2:

<b>Challenges</b>	<b>Solutions</b>	<b>Achievements</b>
Lots of LLINs not distributed to Point d'Approvisionnement Relais Communautaire (PARC), Point d'Approvisionnement (PA), and Kom'LAY at the end of the cCD (end of March 2021)	Redeployment of LLINs from PA and PARCs to Service de District de Santé Publique/ District Public Health Service (SDSP) and CSB level	- Redeployment of 1,350 LLINs in the districts of Brickaville (from Razanaka to Brickaville), Bekily (from Beraketa to Bekily), and Antanambao Manampotsy. - 786,278 LLINs distributed (cumulative result) from February 2020 to February 2021
Vouchers already distributed but households do not come to collect their LLIN (end of March 2021)	Close monitoring of vouchers distributed by Kom'LAY and Chief of CSB Carry outdoor-to-door distribution from February by Kom'LAY members	802,855 household visits carried out by CHVs and 800,713 cumulative vouchers distributed from the start of the cCD until the end of February 2021
Impossibility to use students as entry point for distribution when schools were closed during COVID-19 peak	Strengthening of household visits carried out by CHVs	802,855 household visits carried out by CHVs (1.02 net per household)

### **Intermediate Results 3:**

#### ***Expanded engagement of the commercial health sector to serve new health product markets, according to health needs and consumer demand.***

- In Quarter 2, IMPACT continued to engage the private for-profit sector to support the public sector in the transportation of health commodities. A Memorandum of Understanding (MOU) signed between IMPACT and the private sector for health commodities (public, social marketing) transportation continued to be implemented. 13, 12m<sup>3</sup> of social marketing products were transported from Antananarivo to Toamasina on January 5th by SOMAPHAR and a SMS broadcast campaign with a preferential rate (40 % reduction) applied in the context of private and public partnerships was conducted with Telma on March 8<sup>th</sup> during International Women's Day to the 13 USAID-supported IMPACT regions with messages related to women's access to health commodities.
- Twenty-five drug shops and three pharmacies located in Vatovavy Fitovinany region accepted and signed the agreement with the MOPH showing their willingness to collect and submit LMIS data to the national system through a centralized electronic tool that will be managed at the Direction des Etudes de la Planification et du Système d'Information (DEPSI) level. The drug shops will be asked to attend the training of the new tool, particularly how it can improve their stock management, and submit LMIS data to the MOPH monthly.
- Following the LMIS roadmap, the application developed for LMIS data collection from drug shops was presented and tested by IMPACT and MOPH staff. Due to COVID-19, the training for drug shops on how to use the electronic tool in the Atsinanana region was postponed to Quarter 3.

During Quarter 2, IMPACT translated and, in collaboration with the MOPH and the pharmacy syndicate, adapted an advocacy guide for the creation and functioning of regional associations of drug shop retailers to the Malagasy context, as no such tool existed previously. The regional associations will play a key role in the introduction and scaling up of the Accredited Drug Dispensing Outlets (ADDO) system to improve pharmaceutical services in the private sector.

- One drug shop association, the Association des Dépôts de Médicaments de la Région SAVA (ADM-SAVA), was officially registered in March 2021.
- IMPACT supported the SG of the MOPH in launching a national census of all drug shops to improve and complete the database of DPLMT.
- IMPACT supported partner banks in disbursing 11 loans totaling \$24,717, including one loan for \$2,740 under the DFC guarantee, to private health commodity enterprises.
- IMPACT is supporting Accès Banque Madagascar (ABM) and Baobab Banque Madagascar in developing new loan products and marketing offers focused on the needs of drug shops and pharmacies.
- During Quarter 2, IMPACT revised its video training kit for drug shops and shipped 39 kits to the Atsimo Andrefana region. As of March 31, three drug shops in the region had completed the training.
- IMPACT developed Training of Trainers (ToT) materials for drug shop peer trainers and ToT materials for Superviseurs de Point de Distribution (SPD) and Superviseur Régional de Distribution (SRD) to use with PAs and PARCs.

### **Intermediate Results 4**

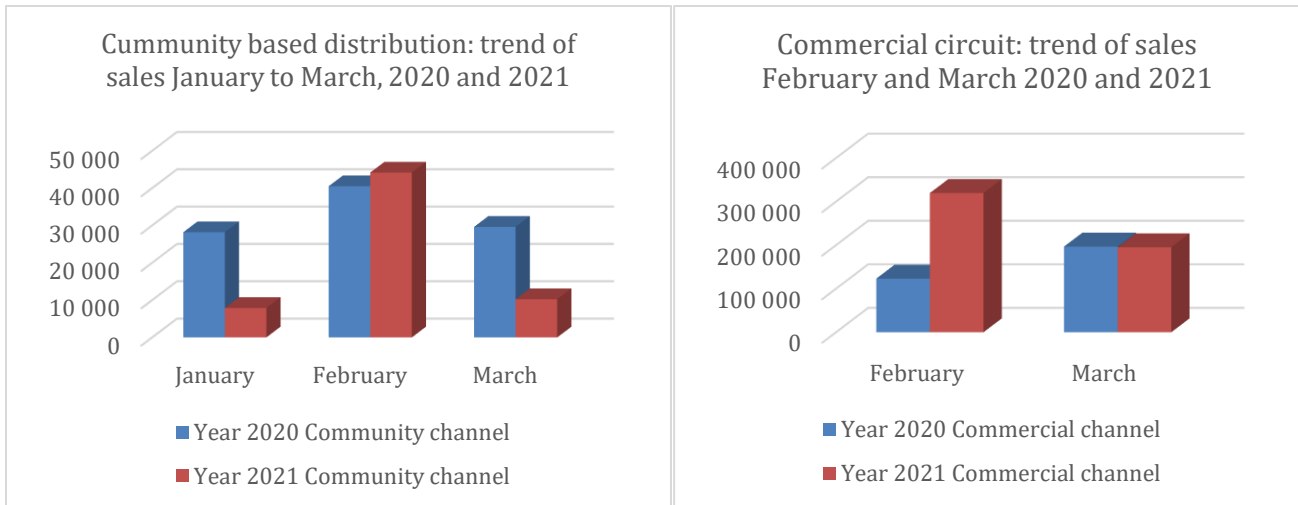
#### ***Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy people.***

The findings from the Cost of Goods Sold (COGS) analysis for social marketing products led IMPACT to increase the price of Protector Plus male condoms in February 2021 from 100 Ariary to 200 Ariary to end users, allowing



IMPACT to recover 56.79% of its COGS instead of 24.85% with the former price. Despite the late distribution to the commercial channel in February 2021, IMPACT reached 48.4% of its annual result

The impact of the price change is as figured below:



The trend of distribution to the community channel decreased in January 2021, though there was not any change of price yet. The price increased on February 1st, 2021, but the distribution, both to community and commercial channels, increased, then decreased in March 2021. This does not allow us to say if the decrease is because of the price increase or because of the COVID-19 context given the distribution status in January 2021 versus February 2021. For commercial channel, the price seemed to have no consequence on the sales. In February, wholesalers restocked after the stockout in the commercial channel and the arrival of the product in December 2020.

**Table 2: Quantity of FP products sold**

FP PRODUCT	Year 3 Target	Quarter 1 Achievement	Quarter 2 Achievement	Year 3 achievement	Achievement in term of %
Oral Contraceptive (Community Channel)	1,811,124	707,342	483,277	1,190,619	65.7%
Injectable DMPA-IM (TRICLOFEM) (Community Channel)	1,547,022	552,521	413,330	965,851	62.4%
FP condom Protector Plus (Community and Commercial Channels)	1,682,808	211,104	603,600	814,704	48.4%
DMPA-SC: Sayana Press (Community Channel)	498,073	81,607	58,223	139,830	28.1%
Pregnancy Test (Community Channel)	103,000	75,635	22,694	98,329	95.5%

**Table 3: Sales for MNCH products**

MNCH PRODUCTS	Year 3 Target	Quarter 1 Achievement	Quarter 2 Achievement	Year 3 achievement	Achievement in term of %
ORS/Zinc DTK (Community)	6,0673	27,774	24,619	52,393	86.4%
Sur Eau 150 ml	267,500	322,095	55,391	377,486	141.1%
Sur Eau Pilina (67mg Tablet) (Community)	2,793,000	1,253,340	1,826,500	3,079,840	110.3%

MNCH PRODUCTS	Year 3 Target	Quarter 1 Achievement	Quarter 2 Achievement	Year 3 achievement	Achievement in term of %
Arofoitra (CHX 7,1%) (Community)	31,289	3,765	10,805	14,570	46.6%
Pneumox (amoxicilline) (Community)	134,567	71,919	32,503	104,442	77.60%

The stockout rate is less than 5% at PA and PARCs for both FP and MNCH commodities as the products continued to be available and PA could supply the needed quantity.

**Table 4:** Stock out rates at PARC and PA

Products		Stock Out Rate Target	Achievement YEAR 3 QUARTER 2	
			PARC	PA
FP Products	Oral Contraceptive (Community)	5%	0.30%	2.20%
	Injectable (Community)	5%	0.30%	3.30% (1)
	FP Condom Protector Plus (Community)	5%	0.30%	2.10%
	Sayana Press	5%	0,30%	3.50% (1)
MNCH Products	ORS/Zinc DTK (Community)	5%	0,20%	4.90% (2)
	Sur Eau Pilina (67mg tablet) (Community)	5%	0,30%	2.60%
	Arofoitra (CHX 7,1%) (Community)	5%	0,50%	2.30%
	Pneumox (amoxicilline) (Community)	5%	0.30%	2.80%
	Pregnancy Test (Community)	5%	0.00%	0.10%

(1): Increase of Injectables Triclofem and Sayana Press stock out at PA because of the number of injectables regular users increase. Thus, AMC (Average monthly consumption) at PA changed. PA, usually, supply products at PARC once a month. Delay may occur from the increase of the number of Regular Users and the time PA supply products at PARC. The AMC has been adjusted after the first month of consumption.

(2): The Average Monthly Consumption of ORS increased during the rainy season. Thus, the AMC changed. PA, usually, supply products at PARC once a month. Delay may occur from the increase of the AMC and the time PA supply products at PARC. The AMC has been adjusted.

In Quarter 2, IMPACT scaled-up the distribution of health commodities by drone through the community channel in the hard-to-reach areas of the district of Antalaha, specifically in the Fokontany of Ampohibe. The inaugural flight was attended by the DRS of SAVA with local authorities.

In Quarter 2, 102 successful flights of health commodities were delivered within a 100 km range in Maroantsetra, Mananara Nord, and Antalaha as part of the pilot phase. IMPACT is waiting for the external evaluation which is critical for any potential scale up.

Through the transfer of PA and PARCs to the Pha-G-Dis and Pha-Ge-Com, DPLMT, DSFa, and DSSB have appointed their focal points to sit inside the transfer steering committee. This committee can now set the signed and approved roadmap to implement the activity.

### Intermediate Results 5

#### ***Increased demand for and use of health products among the Malagasy people.***

To provide technical and financial support to MOPH, IMPACT is especially involved in the preparation of the LLIN mass distribution campaign led by the NMCP. Social and Behavior Change Communication (SBCC) tools and materials for the LLIN mass distribution campaign (posters, job aids, etc.) were produced during Quarter 2.

In Quarter 2, the demand creation communication messages were focused specifically on two products:

- Sur'Eau Pilina to boost its use during the rainy season where the diarrheal disease increases. From March 1st to 10th, 528 radio spots on Sur'Eau Pilina were broadcast in 39 districts out of 60 targeted through the 10-USAID supported regions.
- Protector Plus to sustain the recent increase of the price. From March 22nd to 31st, 1,333 radio spots and 252 TV spots on Protector Plus were broadcast through the 13-USAID supported regions.

To implement IMPACT's youth program to increase demand and use of health commodities among youths and encourage them to adopt healthy behaviors, in collaboration with the Ministry of Youth and Sport (MYS) and Blue Ventures, IMPACT held the first Youth training sessions from March 22nd to March 26th in Ambatomilo, Tuléar where 12 youth leaders (5 F, 7 M) have attended from the Blue Ventures interventions area. The training sessions were focused on reproductive health, gender and social inclusion, consequences of early marriage and pregnancy, and communication skills. Through the peer education approach the trained youth leaders will sensitize other youths of their communities.

This activity will be scaling up in other selected regions in agreement with MYS and Blue Ventures.

### **Cross-Cutting**

#### Gender Integration and Social Inclusion (GESI)

- Formally integrated five GESI partner representatives into five TMA Technical Working Group (TWG)-related platforms (sub-committees and groups).
- Held three monthly meetings of IMPACT GESI partners, the Conseil National des Femmes de Madagascar (CNFM) and Entreprendre au Féminin Océan Indien (EFOI), to coordinate on themes related to Access to Finance (A2F) and TMA.
- Conducted one GESI and MERL training to build capacity of 12 IMPACT staff members on GESI principles.
- Facilitated one pause and reflect session related to the malaria market assessment and ITN results.
- Published one newspaper article on women's role in improving health commodities access, finalized three factsheets on A2F and women's economic empowerment for bank partners and other stakeholders, and drafted one factsheet on GESI integration into the Private Sector for PHSP and other stakeholders.

#### Monitoring Evaluation, Research, and Learning

##### *a. Research:*

- MNCH and FP market assessments: Data collection was completed for the key informant and outlet survey. Due to COVID-19 restrictions and the travel ban, the household survey planned for Quarter 2 and Quarter 3 will be postponed to Quarter 4 of Year 3.
- Data collection was completed for the IPTp study to understand the barriers and motivations for ANC visits and IPTp uptake among pregnant women.

##### *b. Monitoring and evaluation*

- The average reporting rate of LMIS data submitted from Pha-G-Dis to DPLMT was at 93% from October 2020 to February 2021, while the timeliness rate was 64%.
- 20 DRSP and SDSP out of 23 (assigned to IMPACT) received Internet connection for the data reporting (DHIS2 and LMIS) and data use at the district level.

##### *c. Knowledge Management*

- Seven success stories were collected in Quarter 2 to highlight IMPACT activities and successes.

## **II- INTRODUCTION**

Improving Market Partnerships and Access to Commodities Together (IMPACT) is funded by the United States Agency for International Development (USAID) and led by PSI/Madagascar as the prime recipient and its consortium partners for five years from September 4, 2018 until September 3, 2023.

IMPACT supports the Government of Madagascar 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. IMPACT has five intermediate results such as (i) enhanced coordination among the public, nonprofit, and commercial sectors for reliable supply and distribution of quality health products ; (ii) strengthened capacity of the Government of Madagascar (GOM) to sustainably provide quality health products to the Malagasy people; (iii) expanded engagement of the commercial health sector to serve new health markets according to health needs and consumer demand; (iv) Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy population; (v) Increased demand for and use of health products among the Malagasy people.

This report will summarize the activities carried out during Quarter 2 of fiscal year 2021 by the consortium partners. The narrative provides updates on accomplishments, challenges, and solutions for Quarter 2.

## **III- MAIN ACHIEVEMENTS DURING QUARTER 2**

### **III.1. IR 1: Enhanced coordination among the public, nonprofit, and commercial sectors for reliable supply and distribution of quality health products**

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

##### ***IR1.1.1: Implement and monitor and conduct the mid-term evaluation of the overarching TMA roadmap for all health products.***

During Quarter 2, IMPACT focused on the capacity building of MOPH staff to ensure the ownership and the sustainability of TMA activities through government stewardship, including those in the TMA roadmap, and the activities assigned to the lead of the directorates of MOPH in the TMA roadmap operational plan.

To encourage teamwork and build relationships among the relevant MOPH directors and staff from DEPSI, Direction de l'Agence de Médicaments de Madagascar (DAMM), and DPLMT who are involved in the implementation of the TMA roadmap operational plan, IMPACT organized a session on January 20, 2021, to review the achievements of the three subcommittees in 2020 and to plan for 2021. At the end of the session the participants aligned these TMA activities with their respective workplans, and shared their challenges, particularly around the management of emergencies in the context of COVID-19. At the end of the session, the participants had developed the 2021 workplan for the three sub-committees taking into consideration the challenges and the recommendations discussed during the meeting.

#### **Challenges**

Since March 2021, implementation of the TMA roadmap activities within the three directorates has slowed down as most of the MOPH staff have had to manage and adjust their activities around COVID-19 response.

***IR1.1.1.SA1 Under the leadership of the DPLMT, finalize, validate, and disseminate the Plan Directeur Pharmaceutique National (PDPN) and the Politique Pharmaceutique National (PPN), updated from Year 2***

The subcommittee started working on the PPN and PDPN documents in October 2019. During 2020, the DPLMT managed to gather all the subcommittee members' comments and recommendations despite their unavailability due to their role in the COVID-19 response with MOPH. In late 2020, and after reviewing and compiling all the comments in both documents, the subcommittee has decided that the update of the PPN is more relevant to begin with as it is the document that governs the pharmaceutical sector. Thus, on February 11, 2021, the PPN revised document was presented for validation at the TMA TWG. In addition to updating the statistics on health and demography in Madagascar, the revised document also considers the new structures in the public sector manufacturing health commodities that are *PharMalagasy* and UASM (*Unité d'Approvisionnement en Solutés Massifs*). These organizations are taking a considerable part in the pharmaceutical sector in Madagascar, especially for health commodities used in hospitals for UASM. The main update was on the section in the PPN that determines the profit margin for health commodities to be applied by the private sector, especially for anti-cancer products and hemodialysis. Although IMPACT works in three health areas (malaria, FP, and MNCH), we let them have a say on the health areas and products they consider as priorities to allow them to own and embed the TMA process. The updated policy (PPN document) is the 2021 version revising the 2016 version. It was sent to all TMA TWG participants for final review before dissemination to all actors in the pharmaceutical environment in early Quarter 4.

The updates to the PPN documents are very important and required a presentation to the TMA TWG, both in person (13 participants) and virtually (15 participants).



*Photo 1: The Directeur Général de la Fourniture des Soins (DGFS) opening the 6th meeting of the TMA TWG on the updates of the National Pharmaceutical Policy (or PPN) – February 11, 2021*

***IR1.1.1.SA2 Provide technical and financial support to the DAMM and in coordination with IR3.2, continue to amend, update, and disseminate the regulatory texts governing health commodities and conduct a plea to the competent authorities (the parliament, various ministries, professional bodies, etc.) for their enforcement through the TMA TWG text and regulation sub-committee.***

The 'Text and Regulations' subcommittee has developed a methodology to disseminate texts that did not require any further amendments during the meeting held on March 4, 2021. It was decided that the texts will be disseminated in Quarter 3 by type of addressee (public function, professional order, pharmaceutical profession, and health commodities) in order to better understand how the different types of addressees use the texts. The discussion about other texts needing to be amended and new texts that need to be created has also been initiated, especially those relating to product registration procedures in Madagascar. These texts

will be amended to clarify the provisions on the ownership and use of the marketing authorization (AMM) once it is obtained by pharmaceutical importers and wholesalers. The amendment will allow the private sector to register and use the obtained AMM. The next meeting of the committee is scheduled for April 15.



*Photo 2: The Directeur de l'Agence de Médicaments de Madagascar (DAMM) opening the meeting of the 'Text and Regulations' sub-committee – March 4, 2021*

***IR1.1.1.SA3 Provide technical and financial support to the DEPSI to develop, disseminate, and implement the LMIS roadmap linked to Strategic Plan for Strengthening the Health Information System 2018-2022***

Following efforts by the TMA LMIS subcommittee and DESPI and DPLMT after the meeting in Quarter 1, the LMIS roadmap has been finalized and signed by the SG of the MOPH. A meeting of the subcommittee led by DEPSI is scheduled in Quarter 3 to inform the full TMA LMIS subcommittee members about the progress of the LMIS roadmap implementation. An open bid will be organized in July and August 2021 to select the software, its adaptation to the national need will be completed by December 2021, the software will be piloted in two regions from January to June 2022, and the scaling up will start from July 2022. Details regarding the development and the content of the LMIS roadmap are reported in IR2.

***IR1.1.1.SA4 Encourage, motivate, and support private sector members of the TMA TWG to actively participate at the national quantification exercise led by the MOPH for the three health areas (Malaria, FP, and MNCH).***

Further details on the participation of the private sector in workshops will be provided in IR3.

***IR1.1.1.SA5 Continue to monitor the implementation and evaluate the achievements and progress of the overarching TMA roadmap validated in Year 2 with all TMA TWG members***

Allowing the implementation of the TMA activities within the TMA roadmap, the signature of the document has been prioritized to provide a formal framework and to demonstrate the willingness of current MOPH authorities to align with and support the TMA process. The signed TMA roadmap has been shared with all the directorates of MOPH, all TMA Champions, and to all stakeholders and members of the TMA TWG. The implementation of the ongoing activities within the TMA roadmap started in October 2019 will be evaluated in Quarter 3 and Quarter 4. The evaluation of the TMA roadmap is an activity planned in its TMA operational plan; and the objective is mainly to assess the results and the impact of the activities within this operational plan (led by the three subcommittees) on the pharmaceutical environment in general. The

evaluation will then lead to the review of those activities depending on their assessed impacts and results on the vision for TMA.

***IR1.1.2: Support the development and the implementation of the Malaria, FP and MNCH TMA roadmaps to ensure the availability of quality products at all levels and monitor and evaluate their execution.***

***IR1.1.2.SA1 Provide technical support to the NMCP, the DPLMT, the national GAS committee, and the TMA Roll Back Malaria (RBM) group including the private sector to monitor the malaria TMA roadmap to ensure the availability of quality malaria products at all sectors, started in Year 2 (in coordination with IR2).***

The new coordinator of the NMCP, Dr. Celestin Razafinjato, expressed his willingness and commitment to continue implementing the TMA efforts for malaria commodities and to move forward with the draft malaria TMA roadmap started in December 2020. He appointed a Technical Advisor, Dr. Raharilalao Jeanine, from the NMCP to work on finalizing the roadmap with IMPACT. The roadmap is based on the recommendations of the malaria commodity market assessment findings. The draft malaria roadmap was submitted to the NMCP coordinator for validation and comments during Quarter 2. The malaria roadmap will be validated and implemented in early Quarter 3.

***IR1.1.2.SA2 Conduct the FP and MNCH markets assessment where the frameworks documents were finalized and validated in Year 2.***

During Quarter 2, the following activities related to the FP and MNCH market assessment data collection have been achieved with the participation of DSFa:

- The study protocols for the Key Informant and Outlet Surveys have been finalized,
- The data collectors have been trained to better understand TMA and the questionnaires of the Key Informant interviews
- The supervision of the field data collection for the outlet survey has been carried out with representatives from DSFa in the Atsinanana region in early March 2021.
- Routine data collection among the public and the private sector has been conducted.

Data quality checks and analysis as well as household survey data collection are planned for Quarter 3. More details will be provided under the MERL section.

***IR1.1.2.SA4 Continue to participate with DSFa, United Nations Population Fund (UNFPA) and stakeholders to assess the 'Roadmap to accelerate the reduction of maternal and neonatal morbidity and mortality 2015-2020' with a focus on FP/RH, maternal, and newborn commodity security, started in Year 2.***

The DSFa initiated the evaluation of 'Roadmap to accelerate the reduction of maternal and neonatal morbidity and mortality 2015-2020' document in late 2019, with the support of UNFPA, but the evaluation was cancelled due to Covid-19. Since then, the MOPH (via DSFa) has decided to focus more on other documents that are the advocacy for Family Planning (FP) 2030 initiative with the government, and the update of the Madagascar Costed Implementation Plan for Family Planning (2021-2025). IMPACT is following up those initiatives closely and highlighting the importance of TMA and the private sector for the availability and accessibility of commodities in the country.

As a TMA Champion, the DSFa Director has ensured that the TMA is embedded in the FP initiatives and strategic documents. Since March 2020, DSFa is very committed in engaging the private sector in the supply of contraceptive and MNCH products. The private sector has thus been invited in the FP logistical committee

and in the national quantification of FP and MNCH commodities. Additionally, IMPACT has participated in all FP committees on the development of the *Plan Stratégique pour la Santé de la Reproduction et la Planification Familiale 2021-2024* (Strategic Plan for Reproductive Health and Family Planning 2021-2024), to ensure the ownership of the TMA principles by the members of the committee and the inclusion of the TMA for FP/RH commodities in this strategic document.

***IR1.1.2.SA5 Continue to participate with DSFa, World Health Organization (WHO), and stakeholders to validate and disseminate the 'National Child Health Policy 2019' version with a focus on newborn and child commodity security, started in Year 2***

This activity has been canceled since DSFa will no longer develop a specific policy for children but will focus on promoting the national health policy including all health areas and beneficiary groups (women, youth, children, etc.).

***IR1.1.2.SA6 Under the leadership of DSFa and in coordination with UNFPA, conduct call-to action meetings to mobilize resources necessary to secure MNCH commodities through private sector TMA TWG members***

IMPACT continues to invite private sector actors to participate in the different national quantification sessions to better help them understand the importance of those sessions in determining the quantity of health commodities needed by the country, but also to have an idea on the quantity and products they will import. On March 10, 2021, a debrief session on MNCH commodities was organized by DSFa, DPLMT, and pharmaceutical wholesalers.

Additionally, the Madagascar Pharmacists' Association (APM) invited IMPACT to present the benefits of the private sector in joining the TMA process during their quarterly meeting held on March 19, 2021, and the importance of private sector participation in the process and data sharing.



*Photo 3: The President of the APM, a TMA Champion, opening their quarterly meeting – March 19, 2021*

Twelve new commercial health commodities enterprises, including pharmaceutical wholesalers, laboratories, and pharmaceutical manufacturers, have expressed their interest in the TMA process and requested to be part of future TMA TWG meetings.

Further details on the participation of the private sector in both workshops will be provided in IR3.



**IR1.1.3: Build the capacity of TMA Champions, with the MOPHP, to successfully steward and lead the TMA TWG and subcommittees**

**IR1.1.3.SA1 Train two newly emerged TMA Champions on TMA 101**

A new TMA Champion, Andrianandrasana Tahina Hajaniaina, Magistrate of Madagascar and newly appointed Senator, was identified in March 2021 and has been added to the existing nine TMA Champions, bringing the list of TMA Champions to 10. He was previously the deputy public prosecutor at the anti-corruption center (*Pôle Anti-Corruption* or PAC) of Madagascar where he had experience dealing with the illicit medicines market. He will be an important asset for IMPACT in the endeavor to boost the actions against the illicit medicines market.



*Photo 4: Mr Tahina Andrianandrasana attending his TMA Champion training, March 17, 2021*

Motivated to better the Malagasy population’s well-being, he is the rapporteur of the cultural, communication, and social (including health) commission at the Senate.

The new Champion was trained in TMA 101 on March 17, 2021.

**IR1.1.3.SA2 Finish the advocacy training started in Year 2 and conduct refresher training sessions in leadership and advocacy for the TMA Champions.**

The TMA Champions and the Director of DPLMT received a training on policy advocacy over four sessions held on March 23, 25, 31, and April 7, 2021 facilitated by PATH staff in Senegal and Kenya. The training was



*Photo 5: TMA champions, Facilitators and IMPACT staff during the virtual session 3 of the policy advocacy training – March 31, 2021*

done both virtually and in person for the sessions on March 23 and April 7, and fully virtual for the sessions on March 25 and 31, thus enabling participants to manage their availability.

As an exercise during the training, the Champions chose the topic “The illicit market affecting the implementation of the TMA” and worked together to identify root cases and solutions for the issue. Although

it was an example used for a training exercise, all the TMA Champions agreed to make it a priority action after the training.

The IMPACT project had planned an in-person study tour in Vietnam for the champions in Year 2, but the COVID-19 pandemic delayed these plans. IMPACT has now decided to hold this as a virtual event with the ten TMA Champions in Quarter 4. Because it is virtual, IMPACT is planning to select TMA experiences from a variety of countries (Vietnam, Kenya, DRC, and Nigeria) and will organize virtual presentations, discussions, and exchanges of ideas with a variety of stakeholders (e.g., representatives from government, private sector, implementing partners) to benefit the IMPACT champions and improve their TMA knowledge and engagement.

***IR1.1.3.SA3 Enhance the presence and involvement of Champions in all TMA-related activities both at central and regional levels.***

IMPACT held a meeting with seven TMA Champions who were available on January 28, 2021, to reflect on their involvement in the implementation of TMA initiatives and in the achievement of the TMA roadmap action plan.

To ensure continued champion-led TMA activity implementation, each Champion selected the subcommittee activities that suit them best so that they can bring their support and influence on the activities.



*Photo 6: Meeting between the TMA Champions  
– January 28, 2021*

***IR1.1.4: Disseminate the TMA results from roadmap analyses, studies and market assessments to all key stakeholders, with the leadership of the TMA Technical Working Group, and in collaboration with the IMPACT Knowledge Management platform***

The TMA roadmap signed by the SG of MOPH was disseminated to all directorates collaborating with IMPACT on TMA, the TMA Champions, and to all members of the TMA TWG.

The dissemination of the findings of the malaria market assessment has been disseminated on November 24, 2020, with the TMA TWG members and the members of the RBM group. The full report will be shared with all the stakeholders in early Quarter 4.

**III.2. IR2: Strengthened capacity of the GOM to sustainably provide quality health products to the Malagasy people.**

**Sub-IR 2.1: Health commodities and pharmaceuticals are continuously accessible and available in the public sector.**

***IR2.1.1: Implement an integrated forecast and supply planning process for the public sector with related tools for commodity needs assessments.***

***IR2.1.1.SA1 Continue to provide capacity building through technical coaching and mentoring of GOM programs staff (NMCP, DSFa, and DPLMT) on forecasting and supply planning, including the use of Quantimed and Pipeline and incorporating the SALAMA team as a key technical resource.***

In Quarter 2, IMPACT continued to provide technical support to the DSFa and NMCP to prepare the validation meeting for the malaria and MNCH commodity forecasts and supply plans for the period of 2021-2022 and 2023 by the Comité de Gestion Logistique (CGL). IMPACT supported DSFa and NMCP to review and finalize the forecasting exercise and generating supply plans with Pipeline software, as well as writing the quantification report. The quantification results of malaria and MNCH commodities and multi-years' plans were validated by the Comité de Gestion Logistique (CGL) led by the SG of the MOPH, and the corrected version of the quantification report was submitted to UTGL on February 1, 2021. The DPMLT will use the supply plans as a basis for approving clearance for imported commodities.

***IR2.1.1.SA2 Provide technical and financial support to the UTGL members to conduct annual quantifications exercises and semester reviews to ensure adequate resources are mobilized to procure malaria, FP/RH, and MNCH commodities to cover the public sector and private sector needs.***

During Quarter 2, IMPACT supported the NMCP to collect and analyze health facilities and hospital services data from DHIS2 and GESIS, validate the list of commodities, select the method of quantification to use, and collect and analyze consumption data.

Moreover, IMPACT's support to the NMCP was intended to prepare for the national malaria quantification exercise planned from March 30<sup>th</sup> to April 2<sup>nd</sup>, however the workshop was postponed to a later date due to COVID-19. Instead, IMPACT collaborated with the NMCP to host a four-day meeting (March 30<sup>th</sup> to April 2<sup>nd</sup>) to conduct quantification and gap analysis of malaria commodities as part of the Malaria Operational Plan (MOP) FY2022 development process. The forecasting and supply plan generated during the workshop will serve to mobilize resources necessary for President's Malaria Initiative (PMI) and the Global Fund procurements for the period of 2022-2023.

***IR2.1.1.SA3 Coordinate with GHSC-PSM on generation of orders and tracking shipments/deliveries of malaria and FP/RH commodities procured with USG funding and according to agreed-upon supply plans.***

IMPACT worked with GHSC-PSM and the Global Fund principal recipient to track malaria orders in the pipeline and to disseminate weekly updates for SALAMA, DSFa, USAID, and the NMCP on upcoming deliveries of malaria commodities in Madagascar. During Quarter 2, some commodities ordered for 2021 were delivered to Madagascar, and IMPACT organized their delivery to SALAMA for malaria commodities and to PSI warehouses for FP commodities. This is a continuous activity throughout the life of the project.

The table 5, 6, and 7 below shows the status of delivered commodities received in Quarter 2 and the planned GHSC-PSM deliveries of malaria and FP commodities procured by PMI and USAID, respectively.

**Table 5:** Quantities of PMI procured malaria commodities delivered during Quarter 2 of FY21.

<b>Product</b>	<b>Requested delivery Date</b>	<b>Quantity</b>	<b>Status</b>
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 50 x 3 Blister Pack Tablets	9-Dec-20	1,500,000	Delivered at SALAMA on March 12,2021
Artesunate (w/ 1 Amp NaHCO3 5% + 1 Amp NaCl 0.9%) 60 mg Vial, 1 Set	25-Jan-21	100,000	Delivered at SALAMA on April 14, 2021

**Table 6:** Status of orders of PMI malaria commodities

Product	Requested delivery Date	Quantity	Status	MOP reference
Artesunate/Amodiaquine 25/67.5 mg Tablet, 25 x 3 Blister Pack Tablets	1-Apr-21	135,650	Order delayed, Estimated delivery date (EDD) is July 16, 2021	MOP20
Artesunate/Amodiaquine 25/67.5 mg Tablet, 25 x 3 Blister Pack Tablets	31-Oct-21	59,175	Estimated delivery date of October 31,2021	MOP20
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	25-Jan-21	115,375	Order delayed, Estimated delivery date (EDD) is July 22, 2021	MOP20
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	1-Apr-21	842,125	Order delayed, Estimated delivery date (EDD) is July 16, 2021	MOP20
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	31-Oct-21	445,250	Estimated delivery date of October 31,2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 3 Blister Pack Tablets	25-Jan-21	67,125	Order delayed, Estimated delivery date (EDD) is July 22, 2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 3 Blister Pack Tablets	1-Apr-21	560,400	Order delayed, Estimated delivery date (EDD) is July 16, 2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 3 Blister Pack Tablets	31-Oct-21	219,175	Estimated delivery date of October 31,2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	25-Jan-21	67,500	Order delayed, Estimated delivery date (EDD) is July 22, 2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	1-Apr-21	532,975	Order delayed, Estimated delivery date (EDD) is July 16, 2021	MOP20
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	31-Oct-21	231,575	Estimated delivery date of October 31,2021	MOP20
Artesunate (w/ 1 Amp NaHCO <sub>3</sub> 5% + 1 Amp NaCl 0.9%) 60 mg Vial, 1 Set	1-Apr-21	311,000	Estimated delivery date of July 6,2021	MOP20
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Single Test Kits	10-Oct-21	2,243,550	Order delayed. Supplier assignment finalized. Estimated delivery date (EDD) not yet defined	MOP20
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Tests	10-Oct-21	896,050	On hold pending funding. Estimated delivery date of October 31, 2021	MOP20
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Tests	10-Oct-21	1,361,050	Supplier assignment finalized. Estimated delivery date (EDD) of October 31,2021	MOP20
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Tests	26-Feb-21	2,000,000	Order delayed, Estimated delivery date (EDD) is September 8, 2021	MOP20

Product	Requested delivery Date	Quantity	Status	MOP reference
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Single Test Kits	26-Feb-21	1,375,475	Order delayed. Supplier assignment finalized. Estimated delivery date (EDD) of October 31,2021	MOP20
Examination Gloves (Nitrile) Small, Powder-Free, Non-Sterile, ASTM Standard, 100 Each	26-Dec-21	449,000	Estimated delivery date of December 26,2021	MOP20
Examination Gloves (Nitrile) Large, Powder-Free, Non-Sterile, ASTM Standard, 100 Each	26-Dec-21	1,795,000	Estimated delivery date of December 26,2021	MOP20
Examination Gloves (Nitrile) Medium, Powder-Free, Non-Sterile, ASTM Standard, 100 Each	26-Dec-21	2,244,000	Estimated delivery date of December 26,2021	MOP20

Shipments of Artemisinin-based Combination Therapy (ACTs) have been delayed due to Covid-19 related logistics challenges and manufacturers postponing the Good Availability Date (GAD) from February to April 2021 and then to July 2021, resulting in a two-month delay. This situation could lead to stock outs at all levels of the supply chain.

*Challenges:*

- The resurgence of COVID-19 delayed some in-person activities, such as supervisions visits and workshops for quantification.
- The expected arrival dates of ACTs and RDTs have been delayed two more months and will result in shortages in the country.
- The lab supplies procurement took longer than planned due to absence of clear technical specifications in ARTMIS. The codes of lab supplies have been created by GHSC-PSM and orders will be entered in Quarter 3.

*Solutions:*

- Reschedule visits and workshops and search for ways to organize supervision visits and workshops virtually.
- Reduced quantities to ship to districts from a maximum of six months to three months with no security stock and careful monitoring of stock levels by the GAS committees.
- Organized emergency distribution of malaria commodities to respond to critical stock status in districts.

**Table 7:** Status of orders of USAID Family planning commodities

Product	Requested delivery Date	Quantity	Status
Etonogestrel 68 mg/Rod, 1 Rod Implant, 1 Each	30-Jun-21	41,040	* First delivery of 17,496 pieces; Estimated delivery date of September 23, 2021 * Second delivery of 23,544 pieces; Estimated delivery date is November 4,2021
Pregnancy Test Kit, hCG, Urine, 50 Each	31-May-21	350,200	Order put on hold by USAID Madagascar due to enough existing stock in the country

Depot (IM) Medroxyprogesterone Acetate 150 mg/mL (1 mL) Vial, w/ AD Syringe, 1 Each	31-Jan-21	2,127,500	* First delivery of 1,005,000 ampoules, Estimated delivery date of June 7, 2021 * Second delivery of 1,122,500 ampoules Estimated delivery date is still not yet defined
Levonorgestrel/Ethinyl Estradiol 150/30 mcg + Fe 75 mg, 28 Tablets/Cycle (PS), 1 Cycle	30-Jun-21	2,890,551	Pre-alert received on April 6, 2021; scheduled to be delivered in country by August 9, 2021

**IR2.1.2: Increase the capacity of the MOPHP to provide oversight to public Supply Chain Management (SCM).**

**IR2.1.2 SA1 Technically and financially support the UTGL to organize semester meetings to jointly plan activities of all partners in the supply chain; to analyze routine data on key indicators including stock outs in public hospitals and CSBs; and to evaluate past achievements and plan appropriate corrective measures.**

In Quarter 2, IMPACT:

- Supported the NMCP to update the malaria commodities stock dashboard on a monthly basis. The dashboards are shared with RBM members to keep them informed on the stock levels at the central medical stores (SALAMA) and of all potential risks of stock imbalances and actions taken to mitigate any stock excesses or stock outs. Actions include discussions with GHSC-PSM to expedite shipments while waiting on the completion of the quality control process and organization of joint validation meetings for district cyclical orders.
- Updated and submitted the Quarter 2 supply plan and the PPMRm to GHSC-PSM, which highlights that all commodities except ASAQ 25/ 67.5 mg and Primaquine tablets are recommended at stock minimum levels (7 months). IMPACT has discussed with GHSC-PSM to proceed with expedited shipments for ASAQ and RDT to avoid stock outs in-country. The dashboard highlighting stock levels is attached as an Annex F of this report.

**IR2.1.2 SA3 Technically support the central level GAS Committees to develop quarterly distribution plans for malaria, MNCH, and FP/RH products based on reports/orders submitted by Pha-G-Dis. Commodities will be transported to districts through the service contract signed between IMPACT and SALAMA.**

### Malaria

In Quarter 2, IMPACT:

- Continued to coach two new NMCP professionals and the national malaria GAS committee to analyze consumption reports and plan distribution of malaria commodities to the 114 districts to ensure the availability of malaria commodities.
- Supported the organization of seven virtual meetings with the 114 district GAS committee members to validate their quarterly orders/reports for the resupply of malaria commodities.

The table 8 below shows quantities distributed during Quarter 2 to the 114 districts.

**Table 8:** Distribution of malaria commodities to the 114 districts

Technical specification of the product	Treatment/test/tablet	Quantity delivered-UCP	Quantity delivered-IMPACT	Total quantity
Artesunate/Amodiaquine 25/67.5 mg Tablet, 25 x 3 Blister Pack Tablets	treatment	251,975		251,975
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	treatment	4,325	216,275	220,600

Technical specification of the product	Treatment/ test/tablet	Quantity delivered- UCP	Quantity delivered- IMPACT	Total quantity
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 3 Blister Pack Tablets	treatment	703,400		703,400
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	treatment	377,350	75,525	452,875
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Tests	test	1,469,100	-	1,469,100
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 50 x 3 Blister Pack Tablets	tablet		33,450	33,450

## MNCH

In Quarter 2, IMPACT:

- Supported the DSFa/ Service of Maternité Sans Risque (SMSR), in collaboration with Accessible Continuum of Care and Essential Services Sustained (ACCESS), UNFPA, and United Nations of International Children's Emergency Fund (UNICEF), to develop a distribution plan for Chlorhexidine 7.1% tube 20gr procured by UNICEF. IMPACT transported 102,893 tubes to 45 districts in 8 regions supported by USAID. This quantity is expected to cover the needs of those 45 districts for 6 months. UNICEF will transport and distribute requested quantities to an additional 5 regions: Analamanga, Androy, Anosy, Atsimo Andrefana, Betsiboka (district of Maevatanàna) in May 2021.
- Transported the UNFPA-procured Misoprostol (30,135 packs of 4 tablets for CSBs and 36,729 packs of 3 tablets for CHVs) to cover the needs for an estimated 4 months in 100 districts that have submitted orders. Then, the RLA collaborated with ACCESS and the district GAS committees to organize distribution to health centers and to the community level.

### ***IR2.1.2 SA4 Provide technical assistance to support selected district level GAS Committees to analyze consumption reports from the CSB and plan resupply of malaria, MNCH, and FP/RH products.***

Through the assistance provided by the RLAs to 78 districts, IMPACT:

- Coached the district committee of Fenerive-Est to evaluate the available stock of Chlorhexidine gel donated by UNICEF and identified a surplus of 1,000 tubes that were redeployed to the district of Tamatave II.
- Supported the functionality of district GAS and UTGL regional committees:
  - o 10 out of 13 UTGL regional committees held a quarterly meeting to analyze district stock levels, develop action plans to solve issues with the management of health commodities and reporting in regions and to find solutions for the districts for stock shortage, under stocks, or overstocks, and to disseminate the recently updated Gestion des Intrants de Santé Terms of References, and plan quarterly activities (supervisions visits and audits). Three regions (Sava, Diana, and Vatovavy Fitovinany) postponed the UTGL meetings due to the COVID-19 outbreak in March and rescheduled the meetings to April. This quarter, 10 UTGL meetings were held compared to eight in Quarter 1, due in part to the SG's official note on the creation of the UTGL and GAS coordination committees disseminated to regional and district health teams in February, as well as increased leadership of EMAR to organize and lead the meetings. The UTGL sensitized Pha-G-Dis and hospitals to adhere and use the Rapport- Bon de commande template while ordering commodities to SALAMA. As a result, all the 78 districts (100%) ordered malaria commodities using the template and met the deadline set by the PNL. All members of the districts GAS committees and hospitals participated in the validation virtual meeting hosted by the PNL.
  - o 60 out of 78 district GAS committees organized quarterly meetings to analyze stock, plan distribution commodities to the CSBs, discuss problems related to commodity management and seek solutions, and

calculate quantities to order from SALAMA and the NMCP for resupply. Facilitated by the SG's note showing commitment to the strategy, 60 district GAS committees held meetings in Quarter 2 compared to 43 in Quarter 1. The district GAS committees are now autonomously organizing meetings, and no longer depend on IMPACT RLAs support. However, the RLAs will continue to support EMAR and EMAD to organize meetings if necessary. The table below shows redeployments validated by district GAS committees based on stock status analysis.

**Table 9: Redeployments validated by District GAS committees based on stock status analysis.**

Technical specifications	Unit:	Quantity	From (supplier)	To (beneficiary)
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Tests	test	450	Pha-G-Dis Morondava	CHRR Morondava
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 150 Tablets	tablets	5,400	Pha-G-Dis Manja	CHRR Morondava
Oxytocine injectable	vial	2,000	Pha-G-Dis Ampanihy	CHU Tulear
Oxytocine injectable	vial	500		
Magnesium sulfate injectable	ampoule	150	Pha-G-Dis Ampanihy	CHU Tulear
Chlorexidine	doses	1,000	Pha-G-Dis Fenerive Est	Tamatave II

**IR 2.1.2.SA5 Strengthen the capacity of selected Regional (EMAR) and District (EMAD) teams to conduct on-the-job supervisions visits and implement the SPARS (Supervision, Performance Assessment, and Recognition Strategy) with the aim of increasing Pha-G-Dis stock managers' ability to correctly manage essential medicines and commodities (including reporting and use of existing LMIS tools).**

In Quarter 2, IMPACT strengthened the capacity of EMAR and EMAD to conduct supportive supervision activities at Pha-G-Dis, Pha-Ge-Com, and hospitals in order to improve the management of health commodities and reporting.

At the Pha-G-Dis level:

- 48 Pha-G-Dis were supervised by EMAR and EMAD (compared to 34 Pha-G-Dis supervised in Quarter 1). The resurgence of COVID-19 in Quarter 2, and the remoteness of certain districts that make them particularly hard to reach for supervision in the rainy season, prevented IMPACT from reaching the full target of 60.
- During the supervision visits, the SPARS methodology and tool was applied with 43 Pha-G-Dis.

The table 10 below presents the evolution of the performance of Pha-G-Dis supervised during the last three quarters.

**Table 10: Summary of the scores obtained from the supervision**

STATUS Pha-G-Dis	# district supervised in Quarter 4, 2020	# district supervised in Quarter 1, 2021	# district supervised in Quarter 2, 2021
Efficient(score>80%	19	25	31
Medium(50%<NOTE>80%	13	9	11



Low<50%	2	0	1
<b>TOTAL</b>	<b>34</b>	<b>34</b>	<b>43</b>

At the Pha-Ge-Com level:

- 67 Pha-Ge-Com were supervised (compared to 19 Pha-Ge-Com supervised in Quarter 1). This is due to increased collaboration and joint planning with ACCESS, EMAR, and EMAD.

At the hospital level:

- 18 (2 CHRDR: Centre Hospitalier de Référence du District 1 or CHRDR1, 10 CHRDR2, 3 Centre Hospitalier de Référence Régional or CHRR, and 3 Centre Hospitalier Universitaire or CHU) hospitals were supervised in Quarter 2 (compared to only two hospitals supervised in Quarter 1). This increase is due to better coordination and planning for supervision visits with EMAR and EMAD, including hospitals.

Capacity building:

The table below shows the number of supply chain professionals who have benefited from the training and capacity building carried out by the EMARs.

**Table 11:** Number of supply chain professionals trained by the EMARs.

Structures that received on-the-job training	Participants	men	women	Topic for training
<ul style="list-style-type: none"> <li>- CHR2 Ambatolampy CHRR Morondava</li> <li>- CSB2 Sanfily</li> <li>- CHR1 Ankazoabo</li> <li>- CSBU Belo sur Tsiribihina</li> </ul>	<b>12</b>	<b>5</b>	<b>7</b>	Training on the management of health commodities: <ul style="list-style-type: none"> <li>- warehousing and storage rule,</li> <li>- filling in of management tools (stock sheet, purchase order report; correct filling of cash and Bank books)</li> <li>- quantification (AMC, SoH, Quantity to order),</li> <li>- management of obsolete and damaged commodities</li> </ul>
<ul style="list-style-type: none"> <li>- Pha-G-Dis Beroroha</li> <li>- Pha-G-Dis Marovoay</li> </ul>	<b>2</b>	<b>1</b>	<b>1</b>	On-the-job training on Channel software: <ul style="list-style-type: none"> <li>- Channel data export method without movement</li> <li>- Data security,</li> <li>- creation of microcomputer password</li> <li>- backup data base in another location</li> </ul>
<ul style="list-style-type: none"> <li>- EMAD &amp; Prestataire Pha- G-Dis</li> </ul>	<b>19</b>	<b>10</b>	<b>9</b>	Capacity building in LMIS: <ul style="list-style-type: none"> <li>- Mastery of spreadsheet (Excel).</li> <li>- Installation of the Channel software.</li> <li>- Creation of microcomputer password.</li> <li>- Addition of new product and new site.</li> <li>- Picking List and placing of orders,</li> <li>- practical simulation on database transfer and software installation</li> <li>- data base backup in another location and data security,</li> </ul>
<ul style="list-style-type: none"> <li>- Districts staff (EMAD- Comité GAS, Prestataire Pha-G-Dis : 75)</li> <li>- CSB staff (Chef CSB, Sagefemme ; Dispensateur, PCogé, Trésorier : 73)</li> <li>- Hôpitaux staff (Chef CHR2, Dispensateur : 16)</li> </ul>	<b>164</b>	<b>55</b>	<b>109</b>	Capacity building on the management of health commodities <u>Pha-G-Dis, CSB and hospitals</u> <ul style="list-style-type: none"> <li>- Quantification (AMC, SoH, Quantity to order);</li> <li>- Filling of management tools (Stock sheet, inventory report, purchase order report);</li> <li>- Expiry management and waste management, sharing of the Guide for the destruction of expired and damaged pharmaceutical products</li> <li>- Reminder on the storage and warehousing standards for medicines.</li> </ul> <u>GAS Committee:</u> <ul style="list-style-type: none"> <li>- Rational management of health commodities.</li> <li>- The method of calculating the projected AMC for malaria commodities taking into consideration the seasonality.</li> </ul>
<b>TOTAL</b>	<b>197</b>	<b>71</b>	<b>126</b>	

**IR2.1.2.SA7 In coordination with DPLMT, DSFa, SALAMA, DRSP, and SDSP, conduct call-to action meetings to mobilize resources necessary to upgrade the storage standards and conditions of the Pha-G-Dis to the best practice standards in order to maintain good quality of stored commodities (renovation, cold chain, pallets, shelves, thermometers, management tools, etc.)**

In Quarter 2, IMPACT, after conducting a needs assessment in the 78 supported- districts in January 2021, started exploring private sector partnerships to support improvements of the storage conditions for Pha-G-Dis in five regions:

- In Sava, the RLA discussed partnerships with STAR Company in SAMBAVA and de l' Exotic (private company exporting vanilla) to request a contribution for the electricity cabling, allocation of pallets, and replacement of part of the roof of the Pha-G-Dis of Sambava.

- In Menabe, the Medical Inspector of Morondava connected with COSIM (Comptoir du Sel Iodé du Menabe Iodized Salt Counter of Menabe) and LOUVAIN Cooperation partnership for renovation of the Pha-G-Dis.
- In Atsimo Andrefana, the RLA contacted a local Non-Governmental Organization (NGO) for a donation of shelves and pallets for the Pha-G-Dis of Ankazoabo.
- In Boeny, the RLA and SRD contacted AQUALMA to contribute to the renovation and equipping of the Pha-G-Dis (I or II or both) for example with shelves, palettes, and light fixtures.

IMPACT is currently awaiting feedback from the companies contacted. Other RLA will explore similar opportunities for partnerships in the next quarter. The Axian Foundation will facilitate the development of MOUs with each private sector company.

***IR2.1.2.SA9 Organize coordination meetings with key partners (ACCESS, Mahefa Miraka, UCP, UNICEF, PIVOT, INTERAIDE, IPM) both at central, intermediate, and peripheral levels to plan interventions to support the supply chain of the priority health areas (malaria, FP, and MNCH) at all levels.***

In Quarter 2, IMPACT:

- Supported the organization of 17 regional coordination meetings with the TFPs (IMPACT, ACCESS, Mahefa Miraka, and Unité de coordination des Projets UCP) throughout all 13 regions (compared to 9 regional coordination meetings held in Quarter 1). These quarterly meetings are important to better coordinate among the USAID Implementing partners and other partners (UCP, UNICEF, INTERAID, and PIVOT) and address issues related to stock and distribution of health commodities; and mitigate potential availability problems ahead of time.
- Due to the resurgence of COVID-19 cases at the regional level, the teams of SAVA and Sofia held virtual meetings. The other regions organized face-to-face meetings.

***IR2.1.3: Support efforts to strengthen the LMIS and SCM M&E systems***

***IR2.1.3.SA1 Following the LMIS evaluation and subsequent strategic plan to improve the LMIS, support the Ministry of Health to select new LMIS software, and to prepare for a small-scale demonstration.***

In Quarter 2, IMPACT implemented the activities defined in the LMIS road map developed in December 2020 and validated by the SG in March 2021:

- Supported DPLMT to organize three virtual meetings with LMIS software developer companies to demonstrate their applications (Odoo software, Open LMIS software, m-supply software). The three meetings were organized on March 3rd, March 12th, and March 26th. Participants at the meetings represented DPLMT, DEPSI, WHO, UNFPA, and IMPACT.
- The LMIS committee led by the DPLMT compiled and summarized the provided information on the three LMIS software options and compared them to the minimal requirements of LMIS software needed for Madagascar.
- IMPACT started developing a tender document to issue to the LMIS developer companies to get more information necessary for a transparent and appropriate selection of the web based LMIS software. The new LMIS software should lead the country to improve timeliness, completeness, and quality of consumption and distribution data. It is planned that the tendering process will be released in July 2021.

***IR2.1.3.SA2 Conduct two End User Verification surveys in randomly selected facilities in the USAID supported regions and support the MOPH (UTGL or DPLMT, the NMCP, and DSFa) to implement corrective measures addressing previous weaknesses.***

In Quarter 2, IMPACT:

- Hosted a virtual dissemination meeting on February 5<sup>th</sup> with the RLAs on the results of the second End Users Verification (EUV) reports. The objectives of the session were to share the results and the recommendations and to identify priority corrective actions. The actions that the RLAs committed to prioritize are:
  - o Conduct dissemination meetings in their supported districts and plan corrective measures.
  - o Reinforce the capacity of Pha-G-Dis staff in estimating quantities of medicines to order, correctly completing the stock cards, and monitoring storage conditions of Oxytocin.
  - o Coordinate with other partners (particularly ACCESS) to coach and train Pha-Ge-Com staff on the reordering system, quantification, and monitoring best storages conditions.
  
- Held a virtual dissemination meeting on February 2<sup>nd</sup> with the MNCH commodity TWG members to present the second EUV report. Participants represented DSFa, DPLMT, UNFPA, SALAMA, USAID, UNICEF, UNFPA, ACCESS, and IMPACT. As a result of the meeting, the DSFa issued a note shared with the regions and districts emphasizing the correct management of MNCH commodities free of charge. Instructions on how to use the existing Order-Report (Rapport- Bon de commande) template was developed by DSFa and disseminated to the districts.

***IR2.1.4: Support NMCP in the implementation of Community-based Continuous Distribution (cCD) of LLIN in 12 districts***

***IR2.1.4.SA1- In coordination with the National Malaria Control Program (NMCP), Roll Back Malaria (RBM) and PMI, continue to organize a coordination meeting to ensure the storage, transportation of LLIN, registration, and distribution including voucher distribution, and the 301,600 LLINs for cCD to 12 targeted districts.***

Among 1 million procured LLIN, 787,800 have been targeted to cCD, the balance has been used for emergency LLINs and 2021 mass campaign buffer stock. After distributing 103,700 LLINs to the 6 districts of group 1 in Quarter 1 (Toamasina II, Brickaville, Mananjary, Manakara, Vohipeno and Toliara II), 197,900 LLINs (33,269 PBO nets and 164,631 standard LLINs) remained in stock at the central level in Antananarivo at the end of December 2020. Following the National Coordinating Council (NCC) meeting on February 19<sup>th</sup>, 2021, the remaining 33,269 PBO LLINs will be used to fill the gap of the 2021 mass campaign for PBO nets requested for the two pilot districts (Boriziny/Port-Bergé and Toamasina II) and the remaining 164,631 standard LLINs will serve as buffer stock for the 2021 mass campaign.

**Table 12:** Number of LLINs transported from PARC and PAs to Kom' Lay

	PARC level				PA level				Kom' Lay level		Household's level (% achievement compared to # of LLIN received by Kom' Lay)	
	Number of PARC	Targeted LLINs to be transported to PARC	LLINs transported to PARC	%	Targeted LLINs to be received by PA	LLINs received by PA	%	Targeted LLINs to be received by Kom' Lay	LLINs received by Kom' Lay	%	LLINs distributed by Kom' Lay	%
<b>TOTAL of 12 districts</b>	12	985 400	787 500	80 %	787 500	787 500	100 %	787 500	787 500	100 %	786 278	99 %

- 99% of the LLINs planned for the 12 targeted districts were already distributed to targeted households following the efforts of Kom' Lay members supported by TA and SupTA.
- The remaining 1,222 LLINs (stored at Kom' Lay level) will be distributed to the households at the beginning of April and will be reported in the Quarter 3 report.

**IR2.1.4.SA2- Reinforce the M&E system to collect, analyze and disseminate accurate and timely data on LLIN distributed through continuous distribution in 2,917 Kom' Lay**

The table below summarizes the number of LLIN procured, distributed and the remaining quantity

**Table 13:** Number of LLIN procured, distributed, and the remaining quantity

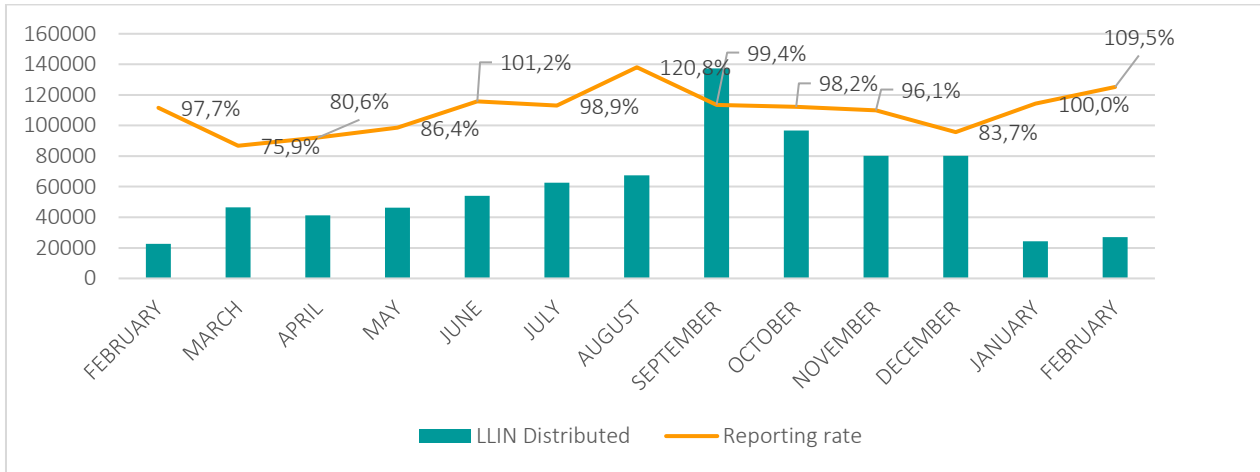
Procured LLIN by USAID/PMI	Planned for cCD	Distributed as emergency LLIN in 2020	LLINs effectively sent to districts	LLINs distributed by Kom' Lay	Remaining to at central level for 2021 mass campaign buffer stock
1,000,000	985,400	14,600	787,500	786,278	197,900

Joint supervision carried out for monitoring of activities, supervision of actors, and quality control of data:

- From February 10th to 14th in Mananjary, Manakara, Vohipeno, and Farafangana districts by three participants from NMCP, School Health Division, and IMPACT.
- From February 11th to 17th in Bekily district by three participants from NMCP, School Health Division, and IMPACT.

These joint supervision missions allowed the participants to check the process of implementing cCD LLINs from the selected warehouses to PA and Kom' Lay to the availability of LLINs at household level. This activity enabled the identification of problems encountered by community actors during the distribution and allowed them to reduce recommendations for improving future activities.

**Graph 01:** LLINs situation distributed with reporting rate.



- In general, reporting performance is between 83% and 120%. Some districts are unable to distribute their quotas at the scheduled month, so the distribution is cumulated the next month, but the number of LLINs distributed varies month to month depending on the availability of LLINs at the Kom' Lay level.
- LLIN distribution data is not yet available in DHIS2 for March 2021 and will be reported in Quarter 3.
- As planned, IMPACT ensured the payment of the Kom' Lay management fees through the collaboration with Paositra Money. The goal for this period is to be able to ensure the payment of 2,989 Kom' Lay but following the delay in fund disbursements due to the measures taken against COVID-19, a part of the Kom' Lay payment will be completed in early Quarter 3. As means of payment, the community actors have been paid by mobile money in collaboration with Paositra Money in some regions where Paositra Money is located, and IMPACT had an alternative form of payment for IMPACT staff in localities without Paositra agency.
- One of the last activities before ending the cCD is the organization of a capitalization workshop to identify good practices and lessons learned. After discussions with the NMCP, these workshops will be planned at the regional level for the EMADs, Circonscription SCOLAIRE (CISCO) team, Technicien Accompagnateur (TA), CSB, and Zone d'Administration Pédagogique (ZAP). A national workshop will be organized but following the COVID-19 restrictions, this activity will be reported in Quarter 3.

*Challenges:* Delay of cCD distribution data collection and reporting at the Kom' Lay level

*Solution:* Mobilization of SupTA and TA to conduct field visits to collect data in collaboration with Kom' Lay focal points

**IR2.1.4.SA3 - Continue to disseminate Social Behavior Change through mass media campaigns, household visits, radio spots, posters, SMS, etc. to mobilize households and school children in the 12 targeted districts to correctly use and maintain LLINs.**

- Raising awareness of school directors and teachers for cCD activities has been completed in Quarter 2 through the routine action plan of the School Health Division of the MoE (Ministry of Education).
- The social mobilization activities conducted by the CHVs continued while taking into account the preventive measures of COVID-19.

***IR2.1.5.SA3 - Support technically and financially the NCC in planning, logistics, and distribution activities for the 3,677,000 LLINs procured under PMI/USAID funding for the mass campaign distribution to more than 5,161,000 population in 4,228 fokontany, 353 communes, 22 districts in 03 regions (Atsinanana, Atsimo Andrefana, and Vatovavy Fitovinany). CRM will be considered for the storage and during transportation.***

The IMPACT team is involved in strategically and technically supporting the NMCP for the 2021 LLIN mass campaign by actively participating in the NCC and its sub-committee (technical, logistics, SBC, M&E). A focal point is ensuring local technical assistance for strategic advice in interaction with the AMP team as well as coordination support. Other IMPACT staff are members of subcommittees and technically contribute to the work for logistics, SBC and M&E

- 3,677,000 LLINs funded by PMI/USAID arrived and all the LLINs (100%) have already been received at the central warehouses identified by IMPACT in Antananarivo and Tamatave.
- After the validation of the management tools by the NCC, IMPACT launched the process to identify service providers to produce the management tools.
- In accordance with macro logistics planning the recruitment process for 13 transportation providers and 13 Civil Society Organizations (CSO) has been launched.
- A LLIN mass campaign coordinator was appointed, and 27 technical coaches were identified and have received some orientation on the coaching system and the LLIN mass campaign micro planning (data collection and geographic and logistics information for each fokontany).
- The development of micro-planning is the LLIN mass campaign key preparation activity for Quarter 2 and Quarter 3 that will be carried out in four steps: i) setting-up of the mapping and micro planning by CSB, ii) completion of the CSB micro planning data by SDSP, iii) compilation and pre-validation at regional level and iv) validation of all micro-planning by NCC and sharing micro-planning with the SDSPs for implementation.
- During Quarter 2, 34 out of 101 targeted districts have completed the first step of mapping and microplanning by CSB, and all remaining steps will be set-up throughout Quarter 3.

***IR2.1.5.SA5 - Contribute to social mobilization activities at all levels in collaboration with the NCC's communication subcommittee.***

- Communication strategy has been developed and the communication plan is being finalized with the NMCP and the AMP consultant.
- SBC management tools are revised to consider the recommendations from the LLIN mass campaign in 2018.
- Launching of the duplication of these communication materials and advocacy documents (technical sheet and one-pager for the LLIN campaign).

***IR2.1.5.SA6 - Assist NMCP in implementing a M&E system, with a real-time data collection and setup reporting documentations of the 2021 LLIN campaign.***

- Monitoring and reporting tools have been validated by NCC and the identification of the service provider for production of the tools has started.
- Launch of the recruitment process for an agency to develop an Android SMS real-time data collection system. This agency will be operational from May.

***IR2.1.5.SA7 - In collaboration with NMCP and the financial contribution from RBM, work closely with the technical assistance from the Alliance Malaria Prevention (AMP) in the preparation and monitoring of the implementation of activities on technical, SBC, and logistical aspects for the 2021 LLIN campaign.***

- The support provided from the AMP's consultants, namely Dr Marcy Eskine, M DIOUF, and Valence NIMBONA, resumed in Quarter 2 and they provided remote support to NMCP and IMPACT in the preparation of the 2021 LLIN campaign. The support is based on the finalization of strategic documents, management tools, SBC C support, and the development of micro planning.

Main challenge: Delay of the LLIN mass campaign preparatory activities (descent of PNLP and EMAR coaches for micro planning, descent for regional advocacy) implementation due to COVID-19 restrictions.

Solution: Update and reschedule the mitigation and compliance plan of the LLIN mass campaign activities implementation due to COVID-19 restrictions.

### **Sub-IR 2.2: The public-sector supply chain achieves financial sustainability.**

***IR2.2.1: Based on total cost analysis of the public supply chain, prepare evidence to analyze different supply chain alternatives on the total cost to determine progressive integration of commodities managed by vertical programs into SALAMA circuit and reduce dependence to donor funding for different cost categories of the supply chain.***

A large volume of data was collected from districts, Pha-Ge-Com, and hospitals at the peripheral level as well as at SALAMA on different costs related to the supply chain, and TCA data analysis continued throughout the quarter.

***IR2.2.1.SA1 Finalize the total cost analysis (TCA) and prepare to support the MOPH to identify alternative supply chain strategies to plan to explore oppose different modeling of the effects on the total cost of proposed changes in the supply system and identify next steps for piloting alternative supply chain options.***

In Quarter 2, IMPACT:

- Continued to support the TCA steering committee to complete the data collection and analysis.
- Organized a meeting with the SALAMA management team on February 17th, 2021, to discuss preliminary results and findings of the TCA. A second meeting with the TCA steering committee and SALAMA was held on March 19th, 2021, at the DPLMT meeting with the TCA steering committee and SALAMA to discuss and validate preliminary results and findings of the TCA.
- Started writing the TCA report and preparing for its dissemination scheduled in May.

***IR2.2. SA3 Support UTGL to develop a new strategic plan for integration of all essential medicines and commodities (PAIS) through the unique circuit of SALAMA.***

- Organized technical meetings on January 20<sup>th</sup>, 2021, at the DPLMT with the TCA steering committee members to discuss the preliminary evaluation report conducted with vertical programs, UCP (the principal recipient of Global Fund), vertical programs (HIV, Malaria, Tuberculosis), 80 selected health facilities, and TFPs (IMPACT, UNICEF, UNFPA). Feedback was collected and a second meeting was held on 12<sup>th</sup> February 12<sup>th</sup>, 2021, at the DPLMT in order to validate the report. The final report will be ready for dissemination in Quarter 3 and will inform the strategic planning ' The strategic plan of integration (PAIS) will be based on



the definition of products to integrate, the agreement with vertical programs and donors, as well as costs of the integration which is being analyzed through the TCA.

**IR 2.2.SA4 Support SALAMA to fully integrate the procurement of MNCH products into the list of products provided and distributed by SALAMA. Support will be provided to prequalify suppliers of MNCH products to ensure procurement of good quality and at affordable costs.**

IMPACT continued to technically support SALAMA and DSFa to integrate MNCH commodities (Oxytocin, Gentamycin) into the tender document of SALAMA. Currently, quantities forecasted in 2021 are integrated into the tender document published by SALAMA.

**IR2.2.2: Reinforce the capacity of the MOPHP to oversight and monitor the management of Financement pour l’Approvisionnement Non-stop en Médicaments (FANOME).**

In collaboration with DPLMT and DSSB, the FANOME committee is in the process of reviewing the decree defining management of the FANOME recovery system. There is a plan to update the FANOME system throughout the year and depending on Total Cost Analysis findings.

### **III.3. IR 3: Expanded engagement of the commercial health sector to serve new health product markets, according to health needs and consumer demand.**

#### **Sub-IR 3.1: Commercial actors are incentivized to expand into new health product markets.**

**IR3.1.1: Strengthen partnership with Private Sector Humanitarian Platform (PSHP) and non-PSHP members in participating to the implementation of solutions on transportation, supplying, supervising and providing data collection and reporting about the priority health areas (malaria, FP, MNCH) health products, and in coordination with IR4, support private sector engagement (PSE) in procurement of health commodities such as YES condom and Sur’Eau 150 ml.**

During Quarter 2, IMPACT continued to implement the following activities in collaboration with the private sector:

**Table 14:** Summary of collaboration with private sector

Partner	Collaboration	Achievements
SOMAPHAR (Société Malgache Pharmaceutique)	Health commodities transportation with preferential rate	Social marketing products were transported from Antananarivo to Toamasina on January 5 <sup>th</sup> .
EDM Electricité De Madagascar	MOU for free transportation of health commodities from Vatomandry district to CSB Antanambao Mahatsara in the Atsinanana region	The MOU for transportation was presented to MOPH district representative (MI), Pha-G-Dis, and Pha- Ge-Com managers. Transportation is planned in Quarter 3.
TELMA	SMS broadcast with preferential rate. Reached: 1 627 362 persons	SMS broadcast campaign was launched on March 13 <sup>th</sup> (details provided in IR5)

SOMAPHAR supported IMPACT in the transportation of social marketing products from Antananarivo to Atsinanana (Volume: 13.12m<sup>3</sup>, value: 266,363,443 MGA / 72,000 \$; 1\$=3 804,97 MGA).

**Table 15:** Health commodities transported by SOMAPHAR during Quarter 2

Partner	Health commodities	Quantity	Destination and arrival date	Volume and value
SOMAPHAR	ZINC	3,704 blisters	Tamatave I / PSI January 5th	13,12 m <sup>3</sup> 266,363,443 MGA / 70 000 \$ (1\$=3 804,9 MGA)
	Protector Plus	4,500 boxes of XXX		
	ZINNIA F	18,144 cycles		
	ROJO FINI	180 cycles		
	SAFETY BOX TRICLOFEM	749 unit		
	SERINGUE 1ml for TRICLOFEM	74,880 unit		
	SUREAU 150ml	2,480 bottles		
	TRICLOFEM (1 x 2,880 Doses)	74,880 doses		

**IR3.1.2: Set up and strengthen the LMIS for the private sector (drug shops, pharmacies and pharmaceutical wholesaler).**

**IR3.1.2 SA1 - Identification of drug shops and pharmacies that will share their LMIS data**

In coordination with MOPH/DPLMT, a field visit was conducted in the Vatovavy Fitovinany region to identify drug shops and pharmacies for the LMIS data sharing project. The next identification field visit planned for Quarter 3 in Sofia is postponed due to COVID-19 restrictions.

**Table 16:** Number of drug shops and pharmacies visited.

Region	Targeted outlets		Achieved		Observations
	Pharmacies	Drug shops	Pharmacies	Drug shops	
Vatovavy Fitovinany	4	25	3	25	28/29* signed the agreement letter to send LMIS data

\*One pharmacy did not sign as it has closed definitely.

Key findings during the field visit are presented in Annex H.

**Conduct training of the pharmacies and drug shops on LMIS data collection and submission using electronic tool.**

**- Drug shops:**

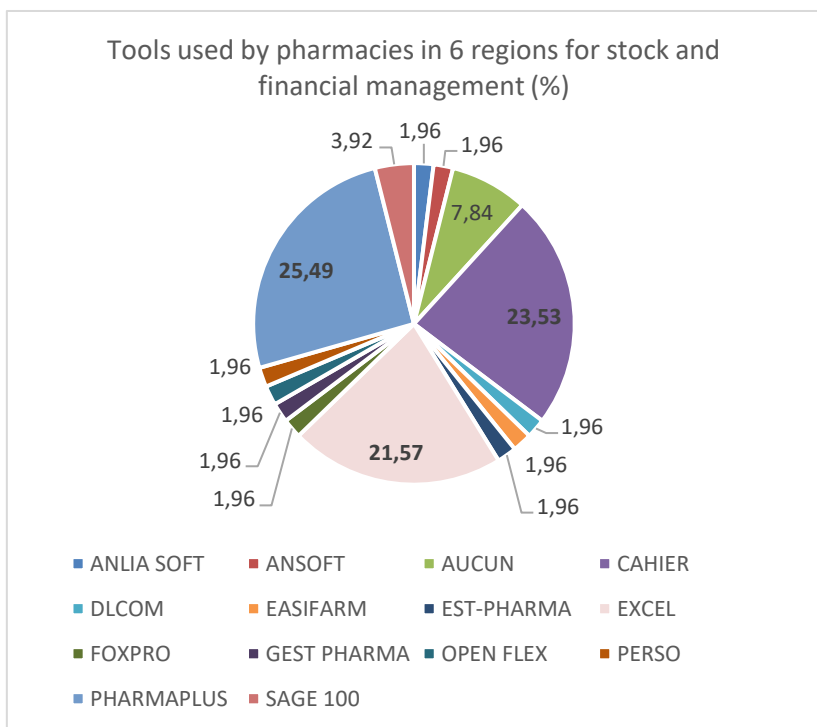
The new proposed LMIS electronic tool was presented and tested on January 13<sup>th</sup> and 14<sup>th</sup> by the MOPH and IMPACT (4 persons from DEPSI, 2 from DPLMT, and 9 from IMPACT). During the meeting trainers were able to test the application and its functionalities.

In addition, the tool was presented to the Director of DPLMT to have her involvement in the next steps of implementation (ToT, drug shops training, etc.). Recommendations during the two sessions and feedback from the Director of DPLMT were considered and was included into the updated version of the tool.

The ToT (DEPSI/DPLMT and IMPACT) previously planned in Quarter 2 will be postponed Quartering 3 due to COVID-19 restrictions.

The memo about tablets distribution was finalized but detailed information relating to pharmacies will be added before submission for USAID approval.

**- Pharmacies**



Following field visits in six regions of Madagascar, 51 pharmacies were visited and signed agreement letters for LMIS data collection. Interviews show that various tools were used for the stock and financial management. Most of pharmacies use Pharmaplus (25.49%), Excel (21.57%), and books (23.53%).

As a short-term solution defined in the LMIS roadmap, a tool will be developed to extract data (for the three health areas: malaria, FP/RH, and MNCH) from the current pharmacy software to an Excel sheet. This extracted data will be sent to the central system managed by DEPSI for program use such as quantification exercises, reporting,

market share analysis, etc. To introduce pharmacies to LMIS data collection, and to support MOPH (DEPSI/DPLMT/DAMM) in the private sector data collection, an excel template was elaborated. The template draws on sales data related to the three priority health programs (malaria, FP, and MNCH) and a list of essential health products on a monthly basis. This template was validated by the MOPH in Quarter 2 and will be presented to the Ordre National des Pharmaciens (ONP) in Quarter 3 for their approval, involvement, and sharing to regional pharmacies to be used afterwards.

**- Pharmaceutical Wholesalers**

Pharmaceutical wholesalers also use various type of software for their financial and stock management. For the integration of pharmaceutical wholesalers in the LMIS national system based at DEPSI, the DAMM, with technical support from IMPACT, shared an Excel template to be completed every three months related to the malaria, FP, and MNCH programs.

The DAMM entrusted IMPACT to draft a document defining roles, responsibilities, and engagement of the MOPH and wholesalers on LMIS data collection. This document will be developed and signed in Quarter 3 by the SG of the MOPH.

**IR3.1.3: Continue to involve PSHP and non PSHP members (Wholesalers and pharmacies) to participate in the implementation of the TMA roadmap finalized and validated in Year 2.**

During Quarter 2, PSHP continued to ensure the private sector’s attendance at the four workshops organized by the MOPH and supported by IMPACT to:

- Actively participate and represent on the PPN/PDPN document updates through the text and regulations sub-committee related to health commodities (IR1.1.1)
- Engage in the importation of MNCH commodities and be motivated to participate in the national quantification exercises.

In addition, 37 private sector members attended a meeting organized by the Pharmacies Associations (APM) and IMPACT. Achievements and activities with the private sector were presented by IMPACT during the session to encourage and motivate the private sector to get more involved in the IMPACT project activities. (CSR focused on health, partnerships, LMIS data collection, and TWG-TMA participation). For this last activity, participants highlighted:

- Apprehension around data submission, including clarification on the submission process, data confidentiality, and results sharing. IMPACT will report these points to the MOPH to be included in the LMIS strategy and implementation.
- Willingness to participate in the following quantification exercises on malaria on Quarter 3: 12 new private sector actors (pharmaceutical wholesalers and laboratories).

**Table 17:** Private sector participating in GTT-TMA during Quarter 2

Date	Session	Number of participants from the private sector	Participants
January 12th 2021	PPN – PDPN	3	3 pharmaceutical wholesalers
February 7 <sup>th</sup> 2021	Communication and demand creation	6	2 pharmacist association, 2 pharmacist union 1 pharmaceutic wholesaler, 1 OSTIE
February 11th 2021	PPN- PDPN document updated presentation	6	4 pharmaceutical wholesalers 1 drug shop association 1 health equipment and material provider
March 11th 2021	Presentation of SMSR commodities quantification results	6	5 pharmaceutical wholesalers, 1 pharmacist association

**IR3.1.4: Support professional associations to oversee the functionality of health businesses.**

**IR3.1.4 SA1: Formalize new drug shop associations and revitalize the existing regional drug shop associations.**

During Quarter 2, IMPACT supported the creation of one drug shop association, the *Association des Dépôts de Médicaments de la Région SAVA* (ADM-SAVA), which was officially registered in March 2021.

In February, the GS of the MOPH held a meeting with the *Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle* (DPLMT) and the *Ordre National des Pharmaciens de Madagascar* (ONP) on the need for a national census of legal drug shops and on how to conduct it. During this meeting, the GS of the Ministry ordered the DPLMT to launch this census from the end of February to March 31, 2021, and the regional representatives (DRSP and their staff in the regions and districts have been asked to be in charge of this operation). IMPACT provided support by paying for the radio broadcasting announcement in the covered regions for this census. DPLMT also requested support to build the database for the census results. Following this deadline of March 31, the support of IMPACT on the database entry will start at the beginning of July and the final result of the census is supposed to be presented by the end of July.

**Table 18:** Number of Regional Drug Shop Associations Created

	Years 1-2 Actual	Year 3 Actual		Year 3 Target
		QUARTER 1	QUARTER 2	
Formal drug shop associations created	1 (Atsinanana)	1 (Analanjirofo)	1 (SAVA)	4 (50%)

***IR3.1.4 SA2: Support the development of business management capacity-building within associations by training potential peer trainers.***

To sustain the business management capacity-building post-project, IMPACT has been identifying potential peer-trainers among the drug shop owners who participated in the in-person business management trainings. Selection criteria were based on (i) geographic location (trying to maximize the number of different districts which have a peer trainer), (ii) dynamism of candidates, (iii) strong communication skills, and (iv) proactive participation during the training. Very often, the identified candidates are also actively involved in the creation of the drug shop association in their region.

Due to COVID-19 travel restrictions, in the last half of Year 2, IMPACT developed video training as a substitute for the in-person business management training course. Without the opportunity to observe the course participants and interact with them in person, it was difficult to identify strong peer trainer candidates, and the team developed the following selection criteria, which could also be evaluated during follow-up calls after the video training:

- Post-training test score  $\geq 7$  (out of 11)
- Willingness to become a peer trainer.
- Education level (beyond high school)
- Implementation of the new management tools provided in training.

From Year 1 through Year 3 Quarter 2, IMPACT has identified a total of 36 potential peer trainer candidates (5 in Atsinanana, 6 in Boeny, 12 in SAVA, 5 in DIANA, and 8 in Analanjirofo) during in-person trainings and video training follow-up calls. The project is now applying the above criteria to finalize selection of peer trainer candidates, with a goal of having four candidates in each of the five regions scheduled for training in Years 1 and 2 (Analanjirofo, Atsinanana, Boeny, SAVA, and DIANA). The training of trainers (TOT) for these 20 candidates will be held when the team is comfortable that it is safe to convene a group of this size, from multiple regions for an in-person event.

*Challenges for IR3.1.4SA1:* Due to COVID-19 restrictions, public servants were not always available to complete the official registration of drug shops associations, and the staff in those regional offices would sometimes ask for additional documents not listed in the regulations (e.g., the logo for the association) before delivering the registration document. IMPACT kept following up with the drug shops, advising them on how to deal with the additional requests. (SA2) As described above, the identification and selection of peer trainer candidates from regions which had not been visited in person was a challenge, but through thoughtful analysis and reflection, the team was able to develop selection criteria which could be used during phone interviews.

***IR3.1.5: Increase access to finance for private health commodities supply chain stakeholders/Expand supply-side financing.***

IMPACT continues working with USAID partner banks Accès Banque Madagascar (ABM) and Baobab Banque Madagascar to build the institutions' capacity to meet financing needs of commercial health commodities

enterprises, by training bank staff on the characteristics of the sector and how to better serve it and by developing new bank products tailored to the needs of health enterprises.

***IR3.1.5.SA1: Train and support USAID partner banks in credit analysis and loan structuring for health commodities businesses.***

In Quarter 2, the A2F team collaborated with the SHOPS Plus project to prepare training materials to be used for the partner banks’ “health sector champions” and bank training departments. The materials include an overview of the private health sector in Madagascar and opportunities for the banks, as well as information on how to optimize use of the U.S. International Development Finance Corporation (DFC) guarantee and how to record guaranteed loans in DFC’s Credit Management System (CMS). The IMPACT GESI team also helped develop training content focusing on the benefits partner banks can gain by integrating gender considerations into their approach for commercial health commodities enterprises in Madagascar.

**Table 19:** Number of Bank Staff Trained on Working with Health Commodities Enterprises

	Years 1-2 Actual	Year 3 Actual		Year 3 Target
		QUARTER 1	QUARTER 2	
Bank staff trained	211 (105 men, 106 women)	27 Sambava Baobab 14 (8 men, 6 women) ABM 13 (9 men, 4 women)	0	30 (90%)

***IR3.1.5.SA2: Implement partnerships with other financial institutions to facilitate access to finance in regions not covered by the existing partner banks.***

No activity in Quarter 2.

***IR3.1.5.SA3: Increase utilization of financial products and tools developed with partner banks in previous years (e.g., pharma loans, motorbike loans, etc.).***

**ABM:**

- Negotiation on the Pharmaloan product has resumed with new interlocuters at SOPHARMAD.
- Following the relaunch of the Motorbike loan product, 19 requests from PAs were submitted to ABM in Quarter 2. As of March 31, one new motorbike loan had been approved and disbursed, making a total of four motorbike loans since the beginning; five loan requests were still being analyzed; and 13 requests had been rejected by the bank. Due to the economic impact of the COVID-19 pandemic, fewer PAs meet ABM’s loan eligibility criteria. ABM and IMPACT are investigating another supplier that might be able to offer motorbikes at lower prices.
- IMPACT organized a meeting between ABM and the Association des Pharmaciens de Madagascar (APM), ONP, and the Syndicat des Pharmaciens de Madagascar to discuss the needs of their members. The principal needs described were: (i) financing the purchase of existing pharmacies whose owners have died, and (ii) financing the creation of a new pharmacy for newly graduated pharmacists. IMPACT is working with ABM to prepare offers to meet these needs, and the bank plans to present the new offers during the “Atelier Pharma” event organized by APM in early April 2021.
- For International Women’s Day on March 8, ABM and IMPACT team had a virtual meeting with APM and the president of Entreprendre au Féminin Océan Indien (EFOI) to present a special financial offer which uses a subsidy from the German development bank KfW to reduce the normal interest rate by 50 percent on loans to businesses promising to maintain or increase their number of employees during the pandemic. An SMS was sent to 26 women pharmacists and 4 members of EFOI to make them aware of the offer, but unfortunately at the end of Quarter2 , no loan requests had been received by the bank. The target clientele has expressed reluctance to make new investments during the pandemic.

**Baobab:**

- The bank’s new General Manager asked the team to prepare a new marketing approach for the private health sector, including health commodities enterprises. The IMPACT and SHOPS Plus A2F teams worked closely with Baobab to prepare this new marketing offer, which will be submitted to the General Management for review by the beginning of April.

**Table 20:** Loans Disbursed to Health Commodities Enterprises by Partner Banks

	Years 1-2 Actual			Year 3						Year 3 Targets	
				QUARTER 2 Actual <sup>1</sup>			Cumulative Total				
	Non-DFC	DFC	Total	Non-DFC	DFC	Total	Non-DFC	DFC	Total	Total Target	% Achieved
<b>Number of loans disbursed by ABM</b>	15	6	21	4	1	5	6	2	8		
Men	6	3	9	2	0	2	3 <sup>2</sup>	1 <sup>1</sup>	4		
Women	8	3	11	2	1	3	3	1	4		
Unknown	1	0	1	0	0	0	0	0	0		
<b>Number of loans disbursed by Baobab</b>	25	7	32	6	0	6	13	0	13		
Men	13 <sup>2</sup>	4 <sup>2</sup>	17	3	0	3	7	0	7		
Women	11	3	14	3	0	3	6	0	6		
Unknown	1	0	1	0	0	0	0	0	0		
<b>Total number of loans disbursed</b>	40	13	53	10	1	11	19	2	21	100	21%
Men	19	7	26	5	0	5	10	1	11		
Women	19	6	25	5	1	6	9	1	10		
Unknown	2	0	2	0	0	0	0	0	0		
<b>Value of loans disbursed by ABM</b>	\$53,442	\$44,347	\$97,789	\$5,831	\$2,740	\$8,571	\$6,168	\$6,833	\$13,001		
Men	\$17,282	\$8,525	\$25,807	\$5,671	\$0	\$5,671	\$5,942 <sup>1</sup>	\$4,093 <sup>1</sup>	\$10,035		
Women	\$35,249	\$35,822	\$71,071	\$160	\$2,740	\$2,900	\$226	\$2,740	\$2,966		
Unknown	\$911	\$0	\$911	\$0	\$0	\$0	\$0	\$0	\$0		
<b>Value of loans disbursed by Baobab</b>	\$62,130	\$37,157	\$99,287	\$16,146	\$0	\$16,146	\$57,280	\$0	\$57,280		
Men	\$34,606 <sup>3</sup>	\$28,484 <sup>2</sup>	\$63,091	\$9,099	\$0	\$9,099	\$12,168	\$0	\$12,168		
Women	\$27,095	\$8,673	\$35,768	\$7,047	\$0	\$7,047	\$45,112	\$0	\$45,112		
Unknown	\$429	\$0	\$429	\$0	\$0	\$0	\$0	\$0	\$0		
<b>Total value of loans disbursed</b>	\$115,572	\$81,504	\$197,076	\$21,977	\$2,740	\$24,717	\$63,448	\$6,833	\$70,281	\$120,000	59%
Men	\$51,888	\$37,009	\$88,898	\$14,770	\$0	\$14,770	\$18,110	\$4,093	\$22,203		
Women	\$62,344	\$44,495	\$106,839	\$7,207	\$2,740	\$9,947	\$45,338	\$2,740	\$48,078		
Unknown	\$1,340	\$0	\$1,340	\$0	\$0	\$0	\$0	\$0	\$0		

Eleven loans totaling \$24,717 were disbursed to 10 private health commodities enterprises in Quarter 2 (one entity received two loans in QUARTER 2), of which six were to women-owned businesses. Although the number of loans disbursed this quarter was almost the same as in Quarter 1 of this fiscal year (11 loans in Quarter 2 vs. 10 loans in Quarter 1), the value of loans disbursed decreased by more than 45 percent this

<sup>1</sup> All Quarter 2 loan numbers for Baobab are for January and February only; March numbers will be reported in Quarter 3.

<sup>2</sup> Change from prior period reporting: one loan from ABM, originally reported as a non-DFC loan in Year 2 Quarter 1, was actually a DFC loan.

<sup>3</sup> Change from prior period reporting: one loan from Baobab, originally reported as a non-DFC loan in Year 1-2, was actually a DFC loan.

quarter. This may be attributable to an economic slowdown due to the COVID-19 pandemic. To date, the quality of loans made by the partner banks with support from IMPACT remains high.

***IR3.1.5.SA4: Continue development of financial risk mitigation mechanism to health commodities enterprises.***

IMPACT continues to explore the idea of developing a financing mechanism for pharmacies and drug shops by studying their financing needs and habits. Several investigations based on data analysis and meetings have been conducted:

- MERL/AXIAN sampling for data collection for 100 drug shops
- SOPHARMAD customer sample data for 205 clients (pharmacies and drug shops)
- Business Health Survey data for three regions (Analanjifofo, Atsinanana, Boeny) from the regional training sessions led in collaboration with DPLMT, for a total of 83 drug shops
- AccèsBanque survey of pharmacies and 35 drug shops

The study has focused on the purchasing habits of drug shops: how often they purchase inventory, in what amounts, from which suppliers, how transactions are done, the delivery process, etc. If financing gaps are identified, the next steps would be the design of a sustainable financing mechanism to be proposed and discussed with the partner banks and all the stakeholders.

Challenges for IR3.1.5: The partner banks have generally slowed their lending during the pandemic. Although both banks are willing to lend to the health sector during this crisis, the number of loans requested by private health commodities enterprises is still low this fiscal year, but the number of drug shops requesting larger (higher value) loans is increasing. The A2F team is planning a Tot for bank health champions to improve the awareness of health sector financial products in regional bank branches.

***IR3.1.6: Provide business strengthening capacity building to health commodities enterprises and develop partnerships with private companies to sustain training.***

***IR3.1.6 SA1: Update business-strengthening training curricula for drug shops based on comments and remarks from previous trainings.***

During Quarter 2, the team developed or revised three sets of training materials:

- **Video training kit for Atsimo Andrefana:** Revisions were made based on feedback from drug shops in DIANA and SAVA who had used the video kits. 39 revised video kits were shipped to Toliara for legal drug shops in the region. The video training kits include the same training modules (regulatory refresher, inventory management, and basic book-keeping) as for the in-person training. The videos are the slides of the modules with an audio narration by the trainers, that are filmed and saved on DVDs or USB flash drives.
- **Development of ToT materials for drug shop peer trainers.** Training materials include two parts: 1) how to prepare and conduct training for drug shops owners by using an andragogical approach, and 2) the modules to be provided during drug shops trainings (Bookkeeping and Drug Shop Regulatory Texts. To reduce the cost of trainings for drug shops, IMPACT is proposing that the trainings be held during general assembly meetings of the regional associations.



*Photo 7: IMPACT team member delivering video training kit to a drug shop in Betioky*



- **Development of ToT materials for SPD and SRD:** The team also prepared training materials for SPD and SRD for them to train PAs and PARCs on basic management skills, mainly bookkeeping. PSI wants to offer this training in recognition of PAs’ and PARCs’ collaboration in distributing social marketing products in their communities.

**IR3.1.6 SA2: Provide initial business-strengthening training to drug shops in four new proposed regions.**

Atsimo-Andrefana is among the four regions selected this fiscal year to receive business training and an awareness raising session, but due to the COVID-19 travel ban, training is being offered by video. Although DPLMT lists 71 legal drug shops in the region, contact information was only available for 14. By the end of Quarter 2, only five drug shop owners had been able to travel to Toliara to pick up their video training kits and only three had completed the training.

In collaboration with the regional team, IMPACT decided to broadcast radio messages to inform more drug shops in the region about the training. Unfortunately, no additional drug shops had picked up video kits as of March 31, following the radio announcements. When on field missions in Quarter 3, the regional IMPACT team will distribute the video training kits to drug shops in district located far from Toliara which are still reachable by road.

Since no in-person sessions could be held during Quarter 2, the number of drug shops attending awareness sessions about legislation has not changed from the previous quarter.

**Table 21:** Number of Drug Shops Attending Awareness Sessions and Business Training

	Year 1-2	Year 3		
	Actual	Quarter 1 Actual	Quarter 2 Actual	Target
Number of people trained in business and financial management	101 (64 men, 37 women)	25 SAVA (14 men, 11 women)	3 Atsimo Andrefana (1 man, 2 women)	125 (22.4%)
Number of drug shops attending regulatory information session led by DPLMT	85 (47 men, 38 women)	37 SAVA* (21 men, 16 women)	0	NA

\*In addition, 14 illegal drug shops attended a separate session on regulatory compliance by DPLMT and DRSP.

The next training session for the drug shops will be in Vatovavy Fitovinany region, planned in Quarter 3.

**IR3.1.6 SA3: Provide one-to-one business coaching to enterprises/individuals identified as potential peer trainers or key partners in health commodities supply chain.**

To reinforce the implementation of newly acquired knowledge, training sessions are followed by one-on-one coaching for selected participants. Coaching sessions are usually conducted at the drug shop, to observe the existing management tools used by the drug shop owners and to explain to her or him how to use the new tools provided during the training session. During Quarter 2, three drug shop owners identified as potential peer trainers were coached by telephone.

**Key findings during coaching sessions:**

- All coached drug shops have been in business for more than seven years and work closely with doctors at the public hospital or CSBs to supply the health commodities needed by the local community.
- All coached drug shops reported using the new management tools provided during training and they stated that they are also using the IMPACT management tools in their other (non-health sector) businesses.
- Although they find the management tools practical and helpful, drug shops reported that it is difficult for one person to dispense drugs to clients while also recording all transactions in the management tools.

Ideally, there would be one person in charge of the shop management and another person responsible for drug dispensing. This reinforces the need for regulatory reform to change the current rules that stipulate only one person (the owner) to run a drug shop. The ADDO model, using certified managers and dispensers, would allow more flexibility.

- By using the debtors’ book, owners have seen a decrease in the number of debtors, because clients are reluctant to sign the book for each debt they take.
- Using the transaction journal helps drug shop owners better manage their cash and increase drug orders.
- IMPACT made recommendations during coaching on how to better comply with drug shop regulations.

**Table 22:** Number of Drug Shops Receiving One-to-One Coaching

	Years 1-2 Actual	Year 3 Actual		Year 3 Target
		QUARTER 1	QUARTER 2	
Drug Shops owners Coached	16 (10 men, 6 women)	3 SAVA (1 man, 2 women)	3 SAVA (2 men, 1 woman)	20 (30%)

**IR3.1.6 SA4: Continue collaboration with training providers to integrate IMPACT training content into existing curricula for pharmacies and drug shops.**

FORMASANTE, a subsidiary of the SOPHARMAD pharmaceutical wholesaler, provides training to private sector enterprises in the health commodities distribution chain. IMPACT identified FORMASANTE as a potential partner to help ensure the sustainability of business training for pharmacies and drug shops and drafted an MOU for a partnership between the project and FORMASANTE. The negotiation has taken some time due to staff changes within FORMASANTE. Meanwhile, IMPACT is continuing to look for new potential partners interested developing business management training for drug shops and pharmacies in Madagascar.

**IR3.1.6 SA5: Develop new technology methods for providing remote training to drug shops and pharmacies.**

The team conducted a comparative analysis of remote and in-person training methods based on feedback from the first video distance learning provided to drug shops in DIANA and SAVA. Details of the comparison are presented in Annex E this report.

During Quarter 2, the A2F team also participated in discussions and training on the use of the new tablet-based data collection and management tool for drug shop. A preparatory phase, consisting of practicing with real data from one-two drug shops, will be completed to allow the trainers to master the tool before the training of drug shops in the field, initially planned for the region of Atsinanana in Quarter 3

**Challenges for IR3.1.6:**

- SA1. The low educational level of many drug shop owners means that it is challenging to cover very many topics during a short business training. To help ensure that peer trainers can successfully offer business training, IMPACT is simplifying the modules for the ToT, and for this first session, the sole business training module will be on financial bookkeeping.
- SA2. Two of the biggest challenges facing the capacity building activities for drug shops are the large number of illegal shops—those with no licenses or falsified licenses—and the absence of contact details for drug shops in the DPLMT database. The MOPHP therefore decided to launch the national drug shop census campaign, with a request for support from IMPACT. The census and an improved database tool are critical for better supervision and capacity building for drug shops, but these activities were launched very quickly, without much preparation, so the final outputs may not be of the quality required.
- SA5. The lack of a reliable internet connection and even electricity for drug shops in remote areas limits the options for offering remote or virtual training, because online training is not possible. IMPACT is therefore

providing kits with printed training materials and videos (on DVD and flash drives) of the PowerPoint training slides with audio narration, as well as individual phone calls to follow up on training progress. The distribution of these kits is further complicated by the lack of contact information for many drug shops in some regions, further emphasizing the importance of the DPLMT census and database improvement. For the tablet-based data collection activity, the challenge is in how to load each drug shops initial inventory data into the tablets.

### **Sub-IR 3.2: GOM facilitates the work of the commercial sector.**

#### ***IR3.2.1: Facilitate high-level advocacy by the commercial sector to expand favorable FP policies and regulations (this activity will be covered under IR1 through TWG/AMT subcommittee in charge of Regulations).***

In Quarter 2, IMPACT:

- Attended the face-to-face meeting organized within the TWG/TMA “Regulatory Texts” subcommittee, the aim of which was to plan dissemination of existing regulatory texts that are still in force and do not need amendments and to select the texts to be amended. A dissemination plan was proposed during the meeting but is still awaiting validation by the stakeholders.
- Prepared a draft guide of revised registration procedures, which will be submitted for validation by the subcommittee for the next quarter.

#### ***IR3.2.2: Foster sustainable capacity development in regulatory reforms within the GOM.***

#### ***Technical assistance to ensure medical products prequalified by SALAMA and technical/financial partners (TFP) are registered in line with the MOU between DAMM and SALAMA, and the DAMM and TFPs***

In Quarter 2, IMPACT:

Supported DAMM in reviewing 100 out of the nearly 400 product files on unregistered products procured by SALAMA and TFPs to grant their market authorization. This process will continue in Quarter 3.

- Obtained a rapid waiver clearance from DAMM in less than a month (the process normally takes two months), to authorize the emergency importation of Sulfadoxine- Pyrimethamine (SP) as part of the support to the NMCP for the prevention of malaria in pregnant women. The normal registration process will follow later in the year, but this allowed quick access to the PMI procured products.
- Participated in the first meeting to reactivate the inter-ministerial committee to fight against the illicit drug market. A one-year action plan was developed for January to December 2021 to revitalize the activities of the committee. Key activities identified are: 1) review the membership of the committee 2) advocate to the Prime Minister for appointment of a new Executive secretary of the committee in replacement of the actual SE who retired, and the place is vacant 3) Review regulatory texts in relation of illicit market 4) conduct inspection visits to known illicit markets in Antananarivo 5) sensitize the population on dangerous and counterfeit medicines sold in illicit markets.
- Supported the development of an MOU between the Minister of Public Health and WHO/Madagascar on quality assurance procedures for the supply of essential medicines and vital health products. The purpose of the MOU is to develop and strengthen the collaboration and exchanges between the two parties to improve national drug quality assurance. The MOU was signed on February 17, 2021.
- Supported the process of harmonizing registration and quality assurance procedures between SALAMA and DAMM. SALAMA shared its internal procedures for drug prequalification and quality assurance with the DAMM technical team. A meeting to review the MoU will be held in Quarter 3.

### IR3.2.3: Develop and pilot an accreditation program for retail drug depots.

On February 2, 2021, the MOPH signed a ministerial decision to create and establish the ADDO Steering Committee. The process for appointing the representatives of the various entities that make up the steering committee is ongoing. Meanwhile, a document describing the model of accredited retail drug depots for Madagascar has been developed and shared with the MOPH (DPLMT and DAMM) for feedback.

### III.4. IR 4: Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy people.

#### Sub-IR 4.1.1: Socially marketed products are continuously available at convenient and accessible locations.

#### IR4.1.1: Distribution of socially marketed products across ten (10) regions for MNCH and FP/RH products and distribution of only FP/RH products in three (3) *Projet d'Amélioration des Résultats Nutritionnels (PARN) Regions through PARCs and PAs*

In Quarter 2, IMPACT continued to distribute a range of socially marketed FP/RH and MNCH products to support the 13 USAID-supported regions. Table 23 and 24 show the distribution of FP/RH and MNCH health products compared to the Year 3 targets.

- **Table 23:** Distribution of FP/RH commodities in Quarter 1 and Quarter 2

FP PRODUCT	Year 3					Comments
	Year 3 Target	Achievement				
		Quarter 1	Quarter 2	Year 3	in terms of %	
Oral Contraceptive (Community Channel)	1,811,124	707,342	483,277	1,190,619	65.7%	The distribution of OC follows the number of Regular Users. The number of OC distributed seemed to decrease in Quarter 2 because of the starter batches distributed in Quarter 1 to the CHVs after their training in Haute Matsiatra and Vatovavy Fito Vinany. The overall achievement rate remains on track to achieve the Year 3 target.
Injectable DMPA-IM (TRICLOFEM) (Community Channel)	1,547,022	552,521	413,330	965,851	62.4%	The distribution of injectables follows the number of Regular Users. The number of DMPA-IM distributed seemed to decrease in Quarter 2 because of the starter kits distributed in Quarter 1 to the CHVs. The annual achievement rate is good. Notice that 91% of Injectables Regular Users used DMPA-IM in Quarter 2
FP condom Protector Plus (Community and	1,682,808	211,104	603,600	814,704	48.4%	The distribution of Protector Plus in the commercial channel resumed in February 2021 with an increased price from 100 Ar to 200 Ar to the end users. The cumulative achievement is good

		Year 3				
FP PRODUCT	Year 3 Target	Achievement				Comments
		Quarter 1	Quarter 2	Year 3	in terms of %	
Commercial Channels)						despite this late distribution to the commercial channel. The trend of distribution in the community channel decreased compared to last year at the same period probably due to COVID-19 pandemic given the historical distribution from January 2021 to March 2021. The distribution was stable for commercial channel in March 2021 since the distribution to this circuit resumed after the stockout before February 2021.
FP Youth Condom Yes (Commercial Channel)	346,000					The procurement of this product is not yet initiated.
DMPA-SC: Sayana Press (Community Channel)	498,073	81,607	58,223	139,830	28.1%	The distribution of the injectables follows the number of Regular Users. Among Injectables, use of Sayana Press by Regular Users is still low which explains the low achievement. Only 8.8 % of Injectables Regular Users used DMPA-SC in Quarter 2. IMPACT will work in collaboration with ACCESS to increase the regular use of Sayana Press and will recommend ACCESS to conduct refresher training of CHV on DMPA-SC.
Pregnancy Test (Community Channel)	103,000	75,635	22,694	98,329	95.5%	The pregnancy test kits are now distributed in five regions (Sofia, Melaky, Menabe, Diana, and Sava) according to the training of the CHVs done by Mahefa Miaraka. Almost half of this result are from starter kits allocated to CHVs in DIANA, SAVA, and Melaky in Quarter 1 (40,500 kits) which explains the high achievement.

**Table 24:** Distribution of MNCH Commodities in Quarter 1 and Quarter 2

MNCH PRODUCTS	Year 3					Comments
	Year 3 Target	Achievement				
		Quarter 1	Quarter 2	Year 3	in terms of %	
ORS/Zinc DTK (Community)	60,673	27,774	24,619	52,393	86.4%	The cumulative achievement included 7,900 starter kits of ORS/Zinc allocated to 3,950 CHV of the three regions of ACCESS (Atsinanana, Atsimo Andrefana, Vatovavy Fito Vinany). The cumulative achievement without the starter kits is 73.33%.
Sûr'Eau 150 ml	267,500	322,095	55,391	377,486	141.1%	There is high achievement due to the assumption when setting the target of Sûr'Eau 150 ml that only very few quantities would be procured in 2020 depending on the budget. However, IMPACT procured more products than planned and Sûr'Eau 150 ml satisfied consumer demand, especially during the COVID-19 pandemic.
Sur Eau Pilina (67mg Tablet) (Community)	2,793,000	1,253,340	1,826,500	3,079,840	110.3%	Distribution in Quarter 2 maintained a high rate as in Quarter 1 due to the rainy season combined with communication field team's mobilization. This result allowed 61,596,800 liters of water in the community to be purified during Quarter 1 and Quarter 2.
Arofoitra (CHX 7,1%) (Community)	31,289	3,765	10,805	14,570	46.6%	Arofoitra has a good achievement rate. IMPACT allocated 1,505 tubes of Arofoitra to ACCESS' CHVs in Tamatave II and Benenitra in Q1 and 5,380 tubes to ACCESS' CHVs in Vatovavy Fito Vinany and Boeny in Q2.
Pneumox (amoxicilline ) (Community)	134,567	71,919	32,503	104,442	77.60%	12% of this cumulative result were from starter batches for ACCESS in Quarter 1. The COVID-19 context and the beginning of cold weather resulted in an increase in the use of Pneumox.

- To coordinate the community-based distribution with ACCESS and Mahefa Miaraka, the distribution teams from both regions and districts attended 30 coordination meetings in Quarter 2 as detailed below. The regional teams attended 13 and the districts teams attended 17. During the meetings, they shared information on field activities and health commodities status.
- To boost the use of CHX among the primary target group, IMPACT is using the following approaches:
  - o Sensitization held by the communication field team using mobile sound system and flash sales

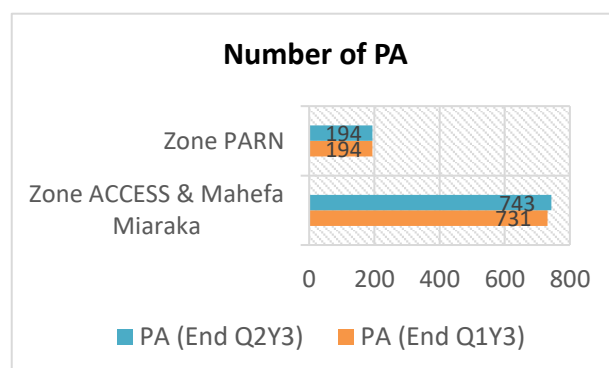
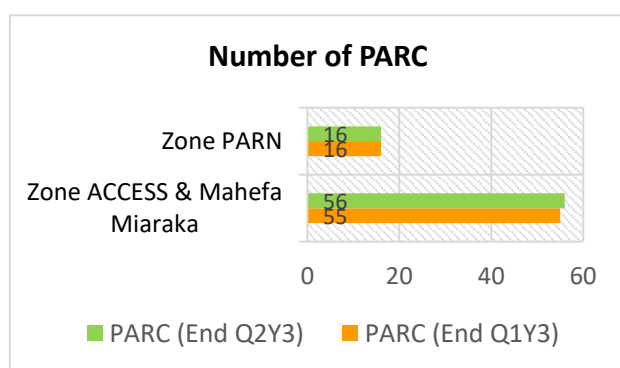
- Targeted SMS broadcasting sent to CHVs. The message were: “Sensitize pregnant women to use Arofoitra when they will go to give birth at the health center” and “Purchase Arofoitra at your usual PA, the pregnant women will use it when they will give birth”
- IMPACT has a radio spot which was shared with ACCESS who broadcasted it
- IMPACT schedules to broadcast the radio spot in Quarter 4

**Table 25:** Coordination meetings with partners in Quarter 2

Month	Number of Coordination meetings
January 21	3
February 21	11
March 21	16
<b>TOTAL</b>	<b>30</b>

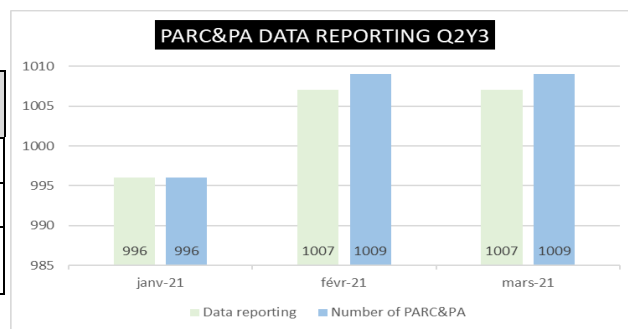
- The number of PA and PARC increased from 996 (71 PARC and 925 PA) in January 2021 to 1,009 (72 PARC and 937) in March 2021 due to extension in the ACCESS Zones in Marolambo.

**Graph 02:** Number of PARC and PA evolution in PARN and USAID zones



**Table 26:** Data reporting of PA and PARC

PARC and PA REPORTING QUARTER 2YEAR 3			
	jan-21	feb-21	march-21
Data reporting	996	1007	1007
Number of PARC&PA	996	1009	1009



**IR4.1.2: Establish a motivation system for PAs and PARCs and follow up on their quarterly performance to address supply chain inefficiencies in social marketing in order to prevent stock out.**

The newly hired PARC and PA in Marolambo district were trained on February 12 and 13, 2021 about stock and storage management. 12 participants attended the training (1 PARC and 11 PA). The Medical Inspector of Marolambo, also acting DRSP, inaugurated the training and the Clinical Manager of ACCESS attended as an observer. Trained PA and PARC distribute MNCH and FP products except injectable contraceptives as per instruction by ACCESS. PARC and PA who couldn't attend the training received technical support and distance learning by calling the SPD. The new PA were also followed up by PARC and the local ACCESS team until the SPD's visit. New PA and PARC in Marolambo received expendable equipment to fight against the COVID-19 pandemic.



*Photo 8: Trained PA and PARC in Marolambo with their certificate, PPE and COVID-19 expendables*

- In Quarter 2, 50 PARC and 576 PA who met the evaluation criteria of good management of stock (level of stockout, GPS tracked, stock sheets, order sheets and bills available and filled, Average monthly consumption and quantity-to-order sheets available and filled, Oral Contraceptive and Injectable follow-up sheet available and filled) and storage (dry and clean closet available to store the products, not directly exposed to sunlight rays, space around-the-closet respected, free from rats and pests, good ventilation) and attendance during CHV-CSB monthly review meetings in Quarter 1, received incentive packages (pens, shoulder bags, or hats).
- To motivate PA for the supply of health commodities at PARC, and in collaboration with Accès Bank, Mrs Abdou SAIDA, PA of the commune Maherivaratra, district of AMBANJA, obtained a bank loan for the purchase of a motorbike through the Motorbike Loan Operation.





Photo 9: SPD Fidèle and Mrs Abdou SAIDA with the Motorbike



Photo 10: Accès Bank Representant and Mrs SAIDA finishing the transaction

**IR4.1.3: Expand last-mile distribution and emergency distribution through a pilot to deliver health products using drones.**

IMPACT began to deliver health commodities to PA in the Antalaha district from Maroantsetra in March 2021, in addition to Maroantsetra and Mananara Nord within the pilot phase of delivery by drone.



Photo 11: First delivery of health product by drone to PA of Ampohibe in Antalaha. From the left to the right: the drone project coordinator, the DRSP of SAVA and the Medical Inspector of the Antalaha district receiving the package together

This first flight test in Antalaha was also attended by the Chief Fokontany and Chief CSB of Ampohibe and the local population.

**Flights and delivery**

From January to March 2021, 102 successful flights were recorded:

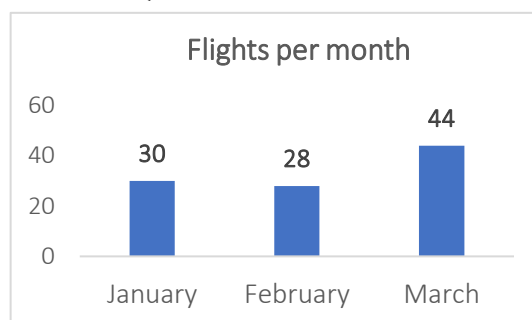
- Antalaha: 3 successful flights for 2 PA
- Mananara nord: 21 successful flights for 4 PA
- Maroantsetra 78 successful flights for 14 PA

**Table 27:** Summary of the flight and delivery

District	Flight distance			Total successful flights
	0-2 5km	26- 50km	51- 100km	
Maroantsetra	46	32		<b>78</b>
Mananara Nord			21	<b>21</b>
Antalaha			3	<b>3</b>

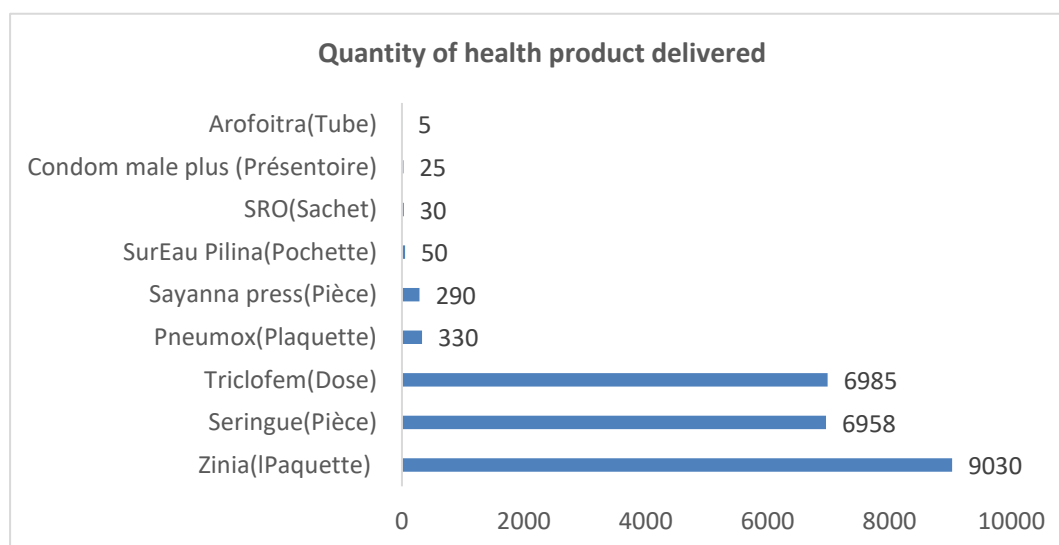
The graph below shows the number of flights per month. Deliveries increased because the drone transported the needs of PA in three districts (Maroantsetra, Mananara Nord, and Antalaha).

**Graph 03:** Number of flights per month in Quarter 2



**Quantity of product delivered in PA.**

This graph shows the quantity of health products delivered to the PA of Maroantsetra, Mananara Nord, and Antalaha during the quarter depending on the orders from the PA.



***IR4.1.4: In collaboration with IR2, DSFa, DPLMT and DSSB, develop, finalize and validate the scored criteria, standard and process to transition from PARC and PA to Pha-G-Dis and Pha-Ge-Com***

- In Quarter 2, IMPACT held informational meetings on the transfer of PARC and PA to Pha-Ge-Com and Pha-G-Dis with DPLMT, DSFa, DSSB, and SALAMA. One in-person meeting was scheduled with each department of the MOPHP and SALAMA to explain about the PARC and PA, the products they distribute, the management tools they use, what to transfer to Pha-G-Dis and Pha-Ge-Com, the methodology for the transfer, and the timeline.
- The main focal points of DPLMT, DSFa, and DSSB were identified and will be part of the transfer steering committee.

- As soon as the GS of the MOPH appoints a main focal point to lead all involved from the MOPH, the committee of transfer will hold a video meeting to set the roadmap.

**IR4.1.6: Define a product monitoring system and conduct a study of a product tracking system.**

- IMPACT explored technological solutions, such as barcodes to track each stage of the distribution and to mitigate the leakage of FP products (selected to start with this project) and the ability to identify FP social marketing products at the public sector.
- During control visits, this tracking system will make it easy to read the tracking code and check the stock status of the products stored in warehouses by using laser readers/scanners or to identify the origin of the product by using a cellphone.
- An international tracking system supplier sent a quote for the study and the implementation of a FP products tracking system for IMPACT. The price is higher than what was budgeted, thus PSI headquarters is still looking for competitive bids.

**IR4.1.7: Ensure preventive measures against COVID-19.**

- The distribution team continues to disseminate Personal Protection Equipment (PPE) and expendable equipment to PARCs and PAs to prevent COVID-19 while performing work and distribution of health commodities.
- SPD continues to space out the supervision visits to every two months and conducted remote supervision as an alternative using phone calls to reduce in-person contact.

**Table 28:** items distributed to PA and PARC.

	Bleach	Lump Soap	Hydroalcoholic GEL 500ML	Mask
DIEGO	304	380	152	380
SAMBAVA	364	455	182	455
MAJUNGA	144	180	72	180
ANTSIRABE	342	570	228	570
FIANARANTSOA	448	560	224	0
TULEAR	140	140	56	0
MORONDAVA	0	305	150	0
MANAKARA	700	995	404	0
MAINTIRANO	148	266	76	190
TAMATAVE	676	1 690	845	0
<b>Total</b>	<b>3 266</b>	<b>5 541</b>	<b>2 389</b>	<b>1 775</b>

**Sub-IR 4.1.2: Socially marketed products achieve cost recovery at an affordable price for consumers.**

**IR4.2.1: Leverage TMA findings from IR 1 to adjust the current product marketing mix and continue to propose options for the optimization of the current socially marketed products portfolio financial sustainability and explore brand extension of Yes With You condoms.**

According to the COGS analysis of the social marketing products, IMPACT increased the price of Protector Plus from February 2021 to improve cost recovery. The re-introduction of the Protector Plus in the commercial channel allowed IMPACT to catch-up on the annual sales result (48.4% of the annual target) though the two months of distribution. Despite this good achievement, some wholesalers procured Protector Plus with the

same amount of budget that they used to supply the product before the increase of price. Communication support including radio and TV broadcasting to the 13 USAID-supported regions, SMS broadcasting to PARC, PA, and CHV, and posters distributed to PARC and PA contributed to achieving this result and mitigating the effects of the price increase.

**Table 29:** Former price and new price of Protector Plus to community channel and commercial channel

		COGS (Cost of Goods Sold)	Unit Sell Price PSI to PARC/ and Great Wholesalers	% COGS Recovery Rate	Unit Sell Price PARC to PA/ or Great Wholesalers to Wholesalers	Unit Sell Price PA to CHV	Unit Sell Price CHV to End Users
	Products	Ariary	Ariary		Ariary	Ariary	Ariary
Former Price	<b>Protector Plus</b>	140,87	35,00	24,85%	45,50	60,00	100,00
New Price			80,00	56,79%	100,00	150,00	200,00

### III.5. IR5 - Increased demand for and use of health products among the Malagasy people.

**IR5.1.1:** *In collaboration with the TMA TWG demand creation subcommittee led by the MOPH (Direction de la Promotion de la Santé or DPS), develop and implement activities to increase demand and health products safe use through the National Communication Plan developed in Year 2.*

**Table 30:** Details of the TMA TWG demand creation subcommittee's 7th meeting

Meeting	Objective	Date and Venue	Participants	Key outcomes
Seventh meeting of the TMA TWG demand creation subcommittee led by the MOPH (DPS)	Identify the activities for each specific objective of the communication plan for the safe and rational use of health commodities.	February 3, 2021, at NMCP Androhibe	- Private Sector (OSTIE pharmacist unions, SALAMA) : 6 participants. - Public Sector : 8 participants. - NGOs : 2 participants.  Total : 16 (5 males ; 11 females)	Activities for each specific objective have been identified through an action plan. The implementation will be executed according to the position of DPS, private sector, or other NGOs (for example IMPACT) For instance: - - The members of the subcommittee will intervene on the rational prescription of medicines during the different meetings of health order (medical, pharmacy, etc.). - Development of an application on health commodities on the three health areas (malaria, family planning, and MNCH) targeted health prescriptors - Broadcasting of SMS to prescriptors

				- For the management of spoiled, expired, and unused drugs: creation of communication tools as flyers, job aids, etc.
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IMPACT supported the “Associations des Pharmaciens de Madagascar” to produce the directory of pharmacists by including a message on the rational prescription of medicines, validated by the DPS of MOPH. The message was “It is our responsibility as doctors and pharmacists to explain the dosage of medications to patients according to their diseases.”

**IRS.1.2: Provide technical and financial support to MOPH communication activities that are linked to the IMPACT mandate.**

In collaboration with the Gender, Equity, and Social Inclusion team, IMPACT supported the Ministry of Population for the celebration of International Women’s Day through the:

- Broadcast of 1,627,364 SMS in collaboration with Foundation Axian in the 13 USAID-supported regions to target women and men over 15 years old who use the Telma network. The message was “Ry vehivavy! Zonao isan’andro ny misitraka sy mahazo fanafody manarapenitra, manatona tobimpahasalamana” translated to “Dear Women! It is your daily right to benefit and receive quality medicines, go to a health center.” The message was validated by the Ministry of Population.
- Publication of an article in the Express Madagascar newspaper on March 8th on how to support women to contribute to sustainable development through the improvement of the access to health commodities. IMPACT implemented various activities in partnership with the women’s groups, such as the Conseil National des Femmes de Madagascar (CNFM) and the Entreprendre au Féminin Océan Indien (EFOI) to involve women in the process of discussion and validation of policies and regulations related to the supply and distribution of health commodities. Posts were made on Facebook with the same messages from the SMS campaign: “Dear Women! It is your daily right to benefit and receive quality medicines, go to a health center.” 6,393 people were reached through Facebook.

In collaboration with Banyan Global, SMS were sent to EFOI members and women pharmacists to encourage them to apply for a KfW (Kreditanstalt für Wiederaufbau) credit through AccèsBanque with a half price interest rate during March.

IMPACT is involved in the preparation of the LLIN mass distribution campaign led by the NMCP. In Quarter 2, IMPACT:

- Participated in the coordination weekly meetings led by the NMCP with IMPACT to update all the activities related to the LLIN mass distribution (as logistic, monitoring and evaluation, communication, etc.)
- Participated in the design and the production of the mass campaign communication tools, such as posters, job aids, etc. All the communication tools were validated during the workshop held in December 2020 and led by the DPS and they are expected to be produced in May to be delivered with the LLINs.

**Table 31:** Communication tools to be produced by IMPACT for the LLIN mass distribution campaign.

Communication Tools	Quantity
Advocacy document (French version)	700
Advocacy document (Malagasy version) for local stakeholder as chef district, mayor, to involve them in the mass campaign distribution	3,000
Poster for the date of distribution	124,987
Poster for localization of the distribution site	6,369
Poster for guidance on the correct use and maintenance of LLINs	12,738

Job Aid for mobilizer	43,020
Banner to announce to the population the LLIN mass distribution campaign	79

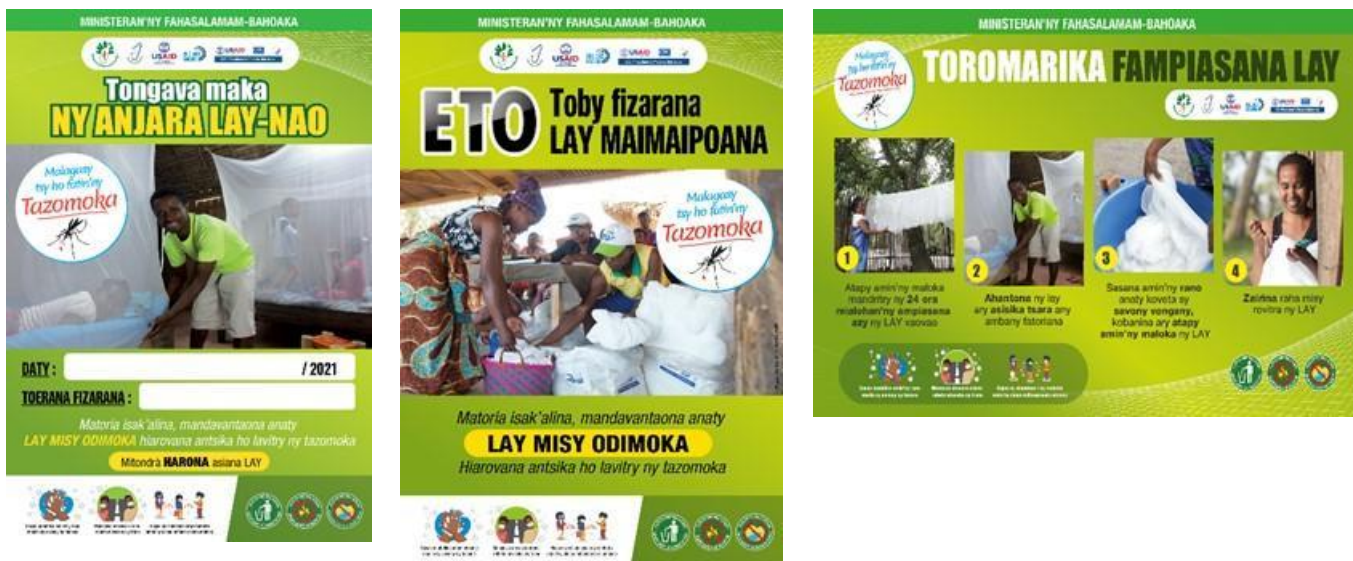


Photo 12: Posters for the LLIN mass distribution campaign,

Several targeted SMS were regularly sent to the Kom'LAY to inform and remind them of their tasks. For instance, SMS were sent to Kom'LAY to remind them to retrieve their LLINs from PA and to educate the community to bring their tickets during the distribution to receive their LLIN. Details of SMS sent are in Annex J.

**IR5.1.3: Conduct communication campaigns for promoting health products of the three prioritized health areas (Malaria, FP and MNCH) through radio, TV spots, job aids, and digital communication (including social media) incorporating gender messaging to promote and use health commodities for population and providers.**

**IR5.1.3.SA1 Conduct communication activities (broadcast radio and TV spots, produce printed media, organize events, etc.) to different target populations (general population and health service providers, including CHVs) to promote the use of health products for the three prioritized health areas (Malaria, FP, and MNCH), in collaboration with DPS, NMCP, and DSFA**

To increase demand of Sur'Eau Pilina and promote its use to ensure access to safe drinking water during the rainy season, 528 radio spots were broadcasted in 39 out of 60 targeted districts through the 10-USAID supported regions from March 1<sup>st</sup> to 10<sup>th</sup>.

To support the increase of the price of Protector Plus:

- 1,000 posters were produced to be displayed at PA and PARC.
- 1,333 radio spots and 252 TV spots were broadcasted through the 13-USAID supported regions from March 22nd to 31st.
- One SMS broadcast message was sent to PA, PARC, and CHV to inform them of the new price. 5,087 people were reached.



Photo 13: Poster: Posters on the new price of Protector Plus

### SMS Broadcasted

IMPACT continued to send targeted SMS to community health providers such as PA, PARC, and CHVs to inform them about:

- Storage management of health product especially the precautions of storage to avoid spoiled and expired medicines.
- The availability of products. CHVs were also reminded to encourage their communities to adopt good behaviors on how to use products. The message were:
  - “Hi, sensitize pregnant women to go to the health center for their prenatal care visit. They will receive SP tablet to protect them and her fetus against malaria. No Malagasy will not die from malaria.”
  - “Sensitize pregnant women to use Arofoitra when they will go to give birth at the health center”.
  - “Hi, the price of Protector Plus has changed, with always a good quality. It prevents from unwanted pregnancy and sexually transmitted infection”
  - “Purchase Arofoitra at your usual PA, the pregnant women will use it when they give birth”.

### ***IR5.1.3.SA2 Increase demand creation of health products by using mobile sound systems organized and conducted by the IMPACT communication team.***

To increase demand creation for Sur'Eau Pilina, CHX, Sur'Eau 150 ml, and Protector Plus condoms, IMPACT held social mobilization events at the community level. The communication field team carried out 113 animations with 28,340 people reached in 15 districts in six USAID-supported regions (Diana, Boeny, Analanjirofo, Atsimo Andrefana, Vatovavy Fitovinany, Menabe). For Protector Plus, the communities were informed of the new price.

### ***IR5.1.4: Provide technical and financial support to the Ministry of Youth and Sport (MYS) to develop and implement Youth SBC activities***

In order to finalize the signature of the MOU with the MYS, a meeting was held on March 24<sup>th</sup>, 2021, with the GS and the Director of Reproductive Health and Youth Protection. The keys outcomes are:

- That the MOU will be adjusted according to the new Youth strategy of MYS
- The MOU will be signed by the GS and the PSI Country Representative, not by the Minister of Youth and Sports because of his frequent unavailability.

Note : Activities on the Sexual Reproductive Health for Youth are coordinated under the lead of MOPH.

In collaboration with MYS and Blue Ventures, the first Youth training session was held from March 22<sup>nd</sup> to 26<sup>th</sup> in Ambatomilo, Tuléar, with the participation of 12 youth leaders (5 girls and 7 boys) from the Blue Ventures intervention areas. Youth leaders were chosen by Blue Ventures as dynamic youth who can sensitize other youth in their community. Protective measures against COVID-19 were respected with the wearing of masks, the use of disinfectant gel. Initially, the trainers from PSI and MYS were going to travel from Antananarivo, but due to COVID-19, the training sessions were conducted by a local team.

The training focused on reproductive health, gender and social inclusion, consequences of early marriage and pregnancy, and communication skills.



Photo 14: The participants of the training session



Photo 15: Youth leader educating another Youth

### III.6. Cross-Cutting Activities

Cross-cutting activities focus on five aspects: Monitoring, Evaluation, Research, Learning, and Gender/Social Inclusion.

#### III.6.1. Gender and Social Inclusion

In Quarter 2, GESI key achievements include the following:

- Incorporated GESI partners – Conseil National des Femmes de Madagascar (CNFM) and Entreprendre au Féminin Océan Indien (EFOI) – in five TMA platforms
- Conducted three monthly meetings with GESI partners and strengthened their capacity in TMA and A2F.
- Developed curriculum and conducted GESI training for IMPACT MERL team
- Held second Pause & Reflect session with IMPACT staff on malaria market assessment and its level of GESI integration
- Drafted Private Sector and GESI factsheet
- Finalized three Access to Finance and GESI factsheets
- Wrote newspaper article for Women International Day 2021

***GESI 1: Continue support for IMPACT TMA approach and GESI integration through relevant technical working groups and platforms.***

#### **Incorporated GESI Partners into TMA-related Platforms**

In Quarter 2, IMPACT continued efforts to integrate its two key GESI partners—Conseil National des Femmes de Madagascar (CNFM) and Entreprendre au Féminin Océan Indien (EFOI)—into TMA TWG-related platforms, including committees and sub-committees. This final step in the previously ongoing process will allow these organizations to bring the voice of women and marginalized groups into these spaces and advocate for their rights and inclusion.

**Table 32:** List of TMI platform

TMI Platform	Organization	Position within Organization
PPN-PDPN Sub-committee	CNFM	President
Text and Regulation Sub-committee	CNFM	Secretary General
SIGL committee	CNFM	Member
Malaria committee	CNFM	Counsellor
Communication and Demand Creation committee	EFOI	Vice President



## Increased GESI Partner Awareness to Support IMPACT Goals

Date	Theme
January 15	TMA
February 12	A2F
March 19	TMA

In Quarter 2, IMPACT held monthly meetings with its key GESI partners, CNFM and EFOI, to discuss how the partners could increase their awareness of, and contribution to, the Total Market Approach as women activists. As organizations which bring women together, they identified one important role as promoting and improving access to health commodities through their networks. During these meetings, IMPACT supported EFOI to identify 12 women members of their organization who work in the health sector (pharmacists, drug shops) who will be involved in A2F partnerships with banks.

**GESI 1 Challenges:** In addition to their roles as President, Vice President, and Secretary General of their specific entities, the GESI partner representatives hold other high-level positions such as Director of Ministries, Coordinator of Development Program, and Head of Marketing Agency. At times, competing priorities can make availability an issue. Sometimes the responsible members are replaced by other substitute members which can lead to challenges of institutionalization and subsequently slow advocacy efforts.

**GESI 2: Build capacity of IMPACT staff and partners to better understand and deliver gender-responsive programs and services.**

### Conducted GESI & MERL Training

In Quarter 2, IMPACT developed a 3-hour training to support its MERL team to better and more fully integrate GESI through its technical support and activities. The curriculum covered a review of key concepts and definitions; a brief on the relation between GESI, health outcomes, and programming; an overview of relevant USAID policies and guidance; and specifics on integrating GESI and MERL. Between March 30<sup>th</sup> and 31<sup>st</sup>, the GESI team delivered the training to 12 members of the MERL team through a live virtual format. The training, facilitated in both French and English, pulled from Malagasy social cases and upcoming IMPACT research and studies.

### Facilitated Pause and Reflect Session

On February 5<sup>th</sup>, the GESI team facilitated the second Pause & Reflect Session with IMPACT staff to improve learning and enhance adaptive management. The session specifically focused on additional learning from the Malaria Market Assessment and ITN results, including their degree of GESI integration.

**Table 33:** Insights from the Pause and Reflect Session on ITN Results

<p><b>- Reflection questions emerging from the discussion:</b></p> <ul style="list-style-type: none"> <li>- How can we ensure that the private sector has LLINs suitable and appropriate for this sector?</li> <li>- Can LLINs be imported by pharmaceutical wholesalers?</li> <li>- What kinds of mosquito nets (impregnated or not) can we import?</li> </ul>	<p><b>- Practical recommendations:</b></p> <ul style="list-style-type: none"> <li>- Increase the share of the commercial sector in the overall LLIN market.</li> <li>- Continue to reflect on the option of gradually making beneficiaries pay in routine distribution and mass distribution campaigns.</li> <li>- Encourage pharmacies and pharmaceutical wholesalers to import LLINs.</li> <li>- Develop the private market for high quality LLINs.</li> <li>- Formalize the private LLIN market covering wealthy populations.</li> <li>- Ensure that LLINs meet the required high quality technical specifications.</li> </ul>
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<ul style="list-style-type: none"> <li>- How much would populations from high socioeconomic status be willing to pay for high quality premium LLINs?</li> <li>- Could the existence of other products (sprays, anti malarians, ...) slow down the willingness of people in high socioeconomic status to buy LLINs?</li> <li>- What about continuous distribution data at the community level? (Why does routine data do not exist?)</li> </ul>	<ul style="list-style-type: none"> <li>- Explore perceptions of cultural values accorded by different categories of the population to LLINs.</li> <li>- Segment the private market well: private commercial, social marketing.</li> <li>- Share information on the availability of LLINs to all types of consumers and their location (missionaries, vacationers, people from the central highlands).</li> <li>- Support the commercial private sector to make LLINs available to these users.</li> <li>- Advocate to the Ministry of Health for LLINs distribution and/or supply in the central highlands if the population wants to buy them.<sup>4</sup></li> <li>- Advocate to the authorities concerned about the elimination of import duties for LLINs.</li> </ul>
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**GESI 2 Challenges:** Due to pandemic-related travel restrictions, planned GESI refresher training for SRDs and SPDs (distribution team) could not be conducted. There will be follow-up for postponed field activities.

**GESI 3: Champion inclusive messaging in communication, learning, and investigation materials**

**Showcased Women’s Role in Improving Health Commodities Access through International Women’s Day Newspaper Article**

In celebration of International Women’s Day on March 8<sup>th</sup>, IMPACT developed the article *Supporting women to contribute to sustainable development by improving access to health products in Madagascar* for the Midi Madagascar newspaper, highlighting women’s role in improving health commodities access and health across the country.



**Developed GESI Factsheets for Key IMPACT Areas**

In Quarter 2, IMPACT:

Finalized three Access to Finance and GESI factsheets, including specific versions for Baobab and ABM and a generic version for other

<sup>4</sup> The team reported that the central highlands may not receive mosquito nets because they are not included in priority policy planning documents. The reality is the area does have malaria and as such, the population should have access if they would like.

stakeholders and partners. Each factsheet includes data on regionally based drug shops and pharmacies, disaggregated by owner sex.

- Drafted a Private Sector and GESI factsheet to be shared with PSHP partners and stakeholders.
- Factsheets will be distributed to IMPACT partners for advocacy, information sharing, and to increase awareness and understanding of GESI concepts in the Universal Health Coverage among target groups.



**GESI 3 Challenges:** International Women’s Day activities are celebrated annually in Madagascar through large-scale regional-based events. This year, the celebration was to be hosted in Diego with IMPACT providing some in-person support from its central office. However, given the rising concerns related to COVID-19, IMPACT opted to exclude the regionally based activities and instead provide communications materials.

### III.6.2. Monitoring, Evaluation, Research, Learning

#### 6.1.1. Monitoring and Evaluation

**CC 1: Strengthen LMIS with the use of DHIS2 as data analysis and dissemination tool for the three sectors: public, social marketing, and commercial (pharmaceutical wholesalers, pharmacy, and drug shops).**

**CC1.SA1. Financially and technically support the DEPSI to develop and implement the LMIS strategic plan based on the LMIS evaluation results conducted in Year 2, through the LMIS TMA TWG. Technical support will include the use of helpdesk that will be fully transferred to the MOPH by the end of Year 3.**

#### LMIS roadmap: long-term

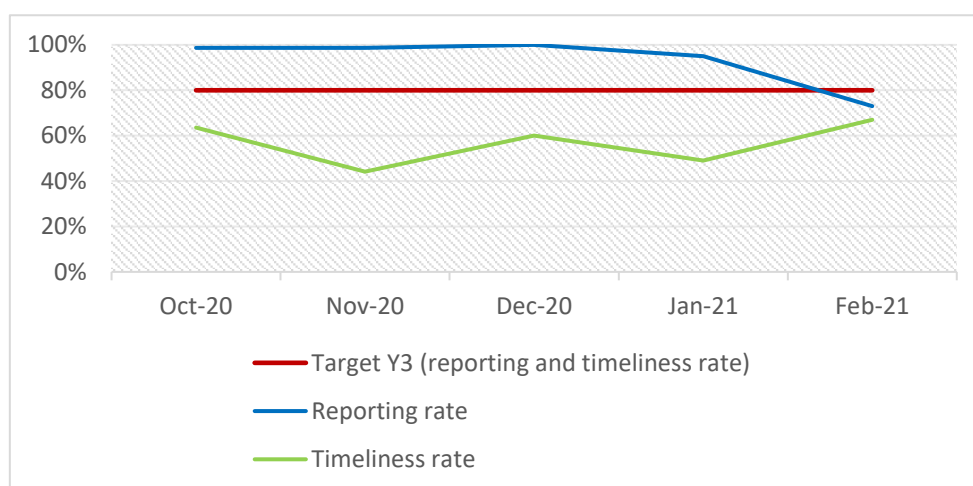
- The LMIS roadmap was approved and signed by the SG of the MOPH on March 15, 2021. With this signature the partners are cleared to implement the LMIS roadmap.
- The LMIS TMA TWG sub-committee, led by the DPLMT, composed of a representative from each partner (DGFS, DEPSI, DSFA, NMCP, PNLs, IMPACT, PMI Measure Malaria or PMM, UCP, WHO) worked together to implement the LMIS roadmap. The first activity was to identify the appropriate e-LMIS software to be procured for Madagascar. Three types of software (ODOO, OpenLMIS, and MSupply) were identified by the LMIS Expert Romain Olekhovitch based in France.
- Each company was invited to provide a technical presentation of their tool during meetings. PSI was invited to lead ODOO’s presentation thanks to its several years of experience using ODOO as an LMIS tool. A summary of the advantages and disadvantages of each software presented is being drafted by DPLMT and the committee based on the LMIS minimal requirements defined in the LMIS roadmap. The summary will be used by the TMA LMIS committee to select the appropriate e-LMIS software in Quarter 3, that will be approved by the SG of the MOPH.

#### LMIS roadmap: short-term

- The CHANNEL software has been improved to show all the data entered by the Pha-G-Dis providers (purchase order, reception, monthly stock inventory, etc.), which was not possible before and which resulted in data entry errors. In Quarter 2, SDSP in Ambositra and Morombe successfully tested the new Channel program, and the Pha-G-Dis providers were able to check and rectify data in Channel. This activity is planned to be scaled up in four regions during Quarter 3.

- The Helpdesk continued to support the Pha-G-Dis on improving the reporting rates. Reporting rate is 93% from Oct 2020 to Feb 2021 against the 80% target for FY21. In Year 3, the focus is to improve the timeliness of the reporting which is still low at 67% against a target of 80%. IMPACT will work to increase the timeliness scores by using the Helpdesk to remind the Pha-G-Dis to submit their data on time. For Pha-G-Dis, the LMIS reports come progressively. Now the system still receives reports from previous months, even three or four months before, which is the result of non-respect of the deadline submission. So, these reasons explain higher reporting rate for the previous months compared to the more recent period.

**Graph 04:** LMIS (CHANNEL) reporting versus timeliness rates <sup>5</sup>



**CC1.SA2: Financially support the Internet connection for Atsimo Andrefana, Boeny, and Melaky regions and their 20 SDSPs to improve data collection and reporting.**

- The provision of Internet connection for three DRSP (Boeny, Melaky, and Atsimo Andrefana) and their 17 SDSP was effective in Quarter 2 to improve data collection and reporting. There are three remaining SDSP (Ankazoabo, Benenitra, and Beroroha) to be equipped with Internet connection for IMPACT in Quarter 3.
- In Beroroha and Benenitra, there is no Internet network access. After consultation with DEPSI and the field teams (RLA and Médecin Inspecteurs), the SDSP of Benenitra and Beroroha will go to the closest commune to send all data (LMIS, DHIS2, emails, etc.). As a result, IMPACT continues the process to contract (to be finalized beginning of April) with the Internet providers offering Internet connection at their closest proximity: Bezaha (Telma) for Benenitra and Ranohira (Telma) for Beroroha.
- For Ankazoabo, one Internet provider (Airtel) confirmed to be able to provide Internet connection. The contract is in progress to be finalized at the beginning of April.

**CC 2: Support technically and financially the DEPSI and DPLMT to ensure that routine data quality assessment (RDQA) is conducted every Quarter at all levels for the three sectors and the data validation process is set up.**

**Table 34:** Summary of the sites visited for the RDQA exercises.

Entity	Site
Pha-G-Dis	Morombe, Ampanihy, Mananjary, Vohipeno, and Nosy Varika

<sup>5</sup> - The reporting rate is the number of reports received compared to the number of reports expected, i.e., the 78 Pha-G-dis of the 13 Regions supported by IMPACT.

- Completeness rate is the number of Pha-G-dis who reported LMIS data for all the 3 health programs (Malaria, FP, and MNCH)

- Timeliness is the number of reports received on time as per the deadline fixed in the manual

Pha-Ge-Com	CSB of Morombe, CSB of Ampanihy, CSB of Mananjary, CSB of Vohipeno, and CSB of Nosy Varika
PARC	Ambahikily (Morombe), Toliara I, and Ifanadiana
PA	<ul style="list-style-type: none"> <li>- Ejeda (Ampanihy)</li> <li>- Ikongo: Ambohimisafy and Ikongo,</li> <li>- Nosy Varika</li> <li>- Ranomafana (Ifanadiana)</li> </ul>

**Table 35:** Summary of the RDQA

	Pha-G-Dis (n=5)	Pha-Ge-Com (n=5)	PARC (n=3)	PA (n=5)
<b>Summary</b>				
<b>Score 1</b>	86%	87%	95%	95%
<b>Score 2</b>	76%	81%	75%	85%
<b>Score 3</b>	81%	84%	85%	90%
<b>Data Quality Parameter</b>				
<b>Availability</b>	100%	90%	100%	100%
<b>Completeness</b>	88%	84%	100%	91%
<b>Timeliness</b>	60%	93%	100%	100%
<b>Integrity</b>	100%	100%	100%	100%
<b>Confidentiality</b>	90%	70%	83%	100%
<b>Precision</b>	90%	100%	100%	100%
<b>Accuracy</b>	78%	87%	83%	77%
<p><b>Score 1:</b> Average on overall data verification score for the seven quality dimensions (availability, completeness, timeliness, integrity, confidentiality, precision, accuracy)</p> <p><b>Score 2:</b> Qualitative system assessment of the strengths and weaknesses of the data management and reporting system functional areas. A series of questions are used to state the average score based on the responses.</p> <p><b>Score 3:</b> Average score on data quality: "Overall Data Verification Score" + "System Assessment Score."</p>				

The overall data verification score is an average of 86% for Pha-G-Dis, 87% for Pha-Ge-Com, and 95% for both PA and PARC. The system assessment score is lower among Pha-G-Dis (76%) and PARC (75%). The table 36 provides details per Pha-G-Dis and PARC visited.

The confidentiality issue identified among the Pha-Ge-Com visited was explained by the lack of cupboards to store the files. The RDQA team led by DPLMT recommended that the Pha-Ge-Com store the documents in a secure place (e.g.: drawer or provisory storage file boxes) while waiting for the acquisition of a closed cupboard. This action will be supervised and monitored by the MD Inspector.

**Table 36:** Causes of the accuracy issues.

Site	Main issues	Recommendations	Responsible for monitoring
Pha-G-Dis	Pha-G-Dis from Morombe and Mananjary: the CHANNEL dataset does not match with the stock monitoring sheets.	<p>Morombe:</p> <ul style="list-style-type: none"> <li>- Use the list of errors (Excel file) from the DPLMT to rectify the data in CHANNEL using the stock monitoring sheet, which are up to date with the correct information.</li> <li>- Install the CHANNEL database from October 2020.</li> <li>- Enter the purchase order in CHANNEL upon receipt to prevent errors.</li> <li>- Recruit someone else to replace the current Pha-G-Dis provider who is not able to use IT.</li> </ul> <p>Mananjary:</p> <ul style="list-style-type: none"> <li>- Ensure update of the stock monitoring sheets.</li> </ul>	The MD Inspector with support from the GIS Manager and RLA
PARC	PARC from Ambahikily (Morombe): The DHIS2 dataset does not match with the stock monitoring sheets (collected through phone calls)	<ul style="list-style-type: none"> <li>- The Helpdesk will ensure data quality and every two months and the SPD must send the stock monitoring sheets through Onedrive.</li> <li>- The stock monitoring sheets will be used to identify accuracy issues, which will help to correct the data entered into DHIS2.</li> </ul>	SPD
PA	PA from Ejeda, Ikongo, and Nosy Varika: The DHIS2 dataset does not match with the stock monitoring sheets (collected through phone calls).		

### 6.1.2. Research

#### **CC 3: Implementing studies to feed market assessment design for FP/MNCH Market assessment**

In Quarter 2, IMPACT focused on the implementation of the different data collection for the FP and MNCH market assessment. The table 37 presents the progress of each data collection.

**Table 37:** Progress on market assessment data collection tools

Data collection tools	Achievements
<p><b>CC3.SA1:</b> Key Informant Interviews for MNCH (<i>qualitative interview using phone calls due to COVID-19 restrictions</i>)</p>	<p><b>Training</b> of 10 interviewers from February 9 to 12 at Avana Hotel in Ambohidahy Antananarivo.</p> <p><b>Data collection (Interviews)</b> conducted from February 17 to March 30, with 40 interviews completed out of 46 planned (17 in Antananarivo, 10 in Menabe, and 13 in Diana). Key informants include decisions makers, donors, implementing partners, private/commercial sector, etc. The data collection is expected to be completed in April. Six key informant interviews were not conducted due to the respondents' unavailability during Quarter 2. <b>Data analysis</b> started in March 8 and is still ongoing. The outcome will be a summary of notes from the interviews available in April for the market assessment design.</p>

<p><b>CC3.SA2:</b> Key Informant Interviews for FP <i>(qualitative interview using phone calls due to COVID-19 restrictions)</i></p>	<p><b>Training</b> of 10 interviewers from January 19 to 22 at Avana Hotel in Ambohidahy Antananarivo.</p> <p><b>Data collection (Interviews)</b> conducted from February 2 to March 30 with 50 interviews completed out of 54 planned (21 in Antananarivo, 14 in Haute Matsiatra, and 15 in Atsimo Andrefana). Key informants include decisions makers, donors, implementing partners, private/commercial sector, etc. Four key informant interviews were not conducted due to the respondents' unavailability during Quarter 2.</p> <p><b>Data analysis</b> started in February 20 and is still ongoing. The outcome will be a summary notes from the interviews available in April for the market assessment design.</p>
<p><b>CC3.SA3:</b> Household Survey</p>	<p>The implementation of the household survey has been postponed to Quarter 4 Year 3 (instead of Quarter 2-Quarter 3) due to COVID-19 restrictions.</p>
<p><b>CC3.SA4:</b> Outlet Survey among public hospitals, CSB, health centers/clinics, private facilities, pharmacies, drug shops, CHVs, traditional birth attendants, general retailers (gas station, supermarket, etc.), and illicit outlets (identified with the local key informants)</p>	<p><b>Training</b> of 40 interviewers from February 16 to 19 at Avana Hotel in Ambohidahy Antananarivo.</p> <p><b>Data collection</b> conducted in 9 USAID-supported regions (Melaky was excluded due to insecurity) within 46 communes (Sub-District) randomly selected. 3,275 and 1,265 outlets were visited respectively for FP and MNCH. Only Mahajanga commune was not visited because it is isolated by the government due to a high number of COVID-19- cases.</p> <p><b>Data cleaning</b> was conducted along with the data collection to accelerate the data cleaning process after the fieldwork.</p> <p><b>Data analysis</b> is scheduled in April.</p>

**Table 38:** Challenges vs solutions during the implementation of data collection tool

Data collection tool	Challenges due to COVID-19	Solutions
Key Informant Interviews for FP and MNCH	Some of the identified key informants were sick at the time of the scheduled interview which delayed the completion of the interview on time.	The interviewers waited for the interviewees to be available after recovering from their illness.
Household Survey	All related implementation activities are suspended due to the restrictions caused by COVID-19.	Awaiting the Malagasy government's directive on authorized movement between regions.
Outlet Survey	The commune of Mahajanga, which was selected in the sample, was not visited because it was isolated by the government due to significant increase of COVID-19 cases during Quarter 2.	Awaiting the reopening of the commune of Mahajanga and free movement of the population to return and collect data.

**CC 5: Implementing other study to inform program intervention.**

**CC5.SA.1 Conduct a study to understand the barriers and motivations for antenatal visits and IPTs use among pregnant women.**

During Quarter 2, IMPACT completed interviewer training, data collection, and data cleaning as described in table 39.

**Table 39:** Progress on IPTs study collection tools

Activities	Achievements
<b>Training</b>	28 interviewers were trained over four days from February 2 to 5 at Avana Hotel in Ambohidahy Antananarivo
<b>Data collection</b> ( <i>combined qualitative and quantitative approaches, face to face interview</i> )	<ul style="list-style-type: none"> <li>- Completed from February 12 to March 7.</li> <li>- Quantitative component: conducted in 9 USAID supported regions (Melaky was excluded due to insecurity). 654 households were visited leading to interviews with 617 women who gave birth in the last 12 months.</li> <li>- Qualitative component: conducted in four districts (Atsinanana, Sava, Menabe, and Sofia). The field workers interviewed 48 women who gave birth in the last 12 months, 24 providers (12 publics and 12 private facilities), 8 Pha-G-Dis, 12 CHVs, 8 traditional birth attendants, and 2 representatives from DSFA and NMCP.</li> </ul>
<b>Data cleaning</b>	Completed
<b>Data analysis</b>	Quantitative scheduled in April. Qualitative started on March 15 and expected to be completed by the end of April.

### 6.1.3. Knowledge Management

#### **CC 6: Support the IMPACT project team in developing and collecting success stories and documenting IMPACT's innovations in the field.**

In Quarter 2, IMPACT:

- Developed success stories to document project results and progress.

Six success stories were collected during Quarter 2:

- Effective supervision of the Morondava Regional Referral Hospital by CRL Menabe.
- Internet box endowment for the DRSP and Atsimo Andrefana districts.
- The Mampikony PARC adopts a new methodology to facilitate and ensure the on-time supply of PAs.
- Initiative of a health worker to mobilize the commune of Ambahatrazo ensures the distribution of 10,900 LLINs to beneficiary households.
- Avoiding wastage of lifesaving Oxytocin.
- The DAMM improves its drug registration system and prioritizes the approval of pre-qualified essential medicines.

Details are presented in Annex D.



#### **IV- MAJOR ACTIVITIES PLANNED FOR NEXT Quarter (YEAR 3, APRIL – JUNE 2021)**

IR 1: Enhanced coordination among the public, nonprofit, and commercial sectors for reliable supply and distribution of quality health products

- Signature of the Ministerial Decision by the Minister of MOPH to formalize the TMA TWG and its members.
- Meeting with the LMIS TMA subcommittee and its members, led by the DEPSI, to gather feedback on progress and challenges.
- Starting writing some components of the FP and MNCH market assessment reports.
- Starting the development of the advocacy policy plan with the TMA Champions based on the advocacy training they participated in

IR 2: Strengthened capacity of the GOM to sustainably provide quality health products to the Malagasy people.

- Organize quantification of malaria commodities as part of the Malaria Operational Plan development process.
- Track orders of malaria and FP commodities in the pipeline and share weekly updates and dashboards on stock status with USAID, DSFA, SALAMA, and NMCP.
- Organize at least one quarterly meeting with regional UTGL and district GAS committees to appraise the activities implemented in Quarter 2 and to define the action plan for Quarter 3.
- Supervise 61 Pha-G-Dis, 61 CSBs, and 25 hospitals in the 13 supported regions.
- Support the call for tenders for the two to three of the most qualified software companies and finalize the selection of the LMIS software and develop a budget for the road map.
- Finalize and validate the TCA report and organize a dissemination meeting.
- Introduce the National Supply Chain Assessment to various stakeholders to confirm interest and plan for an assessment in the country.
- Support the EMAR and EMAD and the 78 Pha-G-Dis to submit requests of reimbursement of storage fees in the line of the Last mile distribution.
- Organize dissemination of the EUV survey's findings to all concerned actors (RBM, EMAR and EMAD).
- Sharing supply chain best practices with in-country partners (UNFPA, UNICEF, Global Fund, ACCESS, etc.).

#### ***Community-based Continuous Distribution (cCD) of LLIN in 12 districts and disposition plan of left over LLINs***

- Finalize the cCD LLIN distribution report and enter all data in DHIS2.
- In collaboration with SDSPs, organize workshops at the regional level for the capitalization of achievements, best practices, and lessons learned with the participation of the various actors at the district level, including: CSB, ZAP, EMAD, and RSSC teams.
- In collaboration with the NMCP, organize a national workshop to consolidate best practices, lessons learned, and recommendations for the next cCD planned on FY2022.

#### ***2021 LLINs mass campaign***

- Organize an official ceremony for the LLIN handover from the United States government to the Malagasy government.
- Support NMCP in the organization of various advocacy sessions at the national level for TFP (Technical and Financial Partners) and APARTs.
- Finalize the recruitment of transport providers and CSOs for the implementation of the mass campaign.
- In collaboration with the NMCP, recruit support staff for IMPACT and NMCP.

- Support the NMCP in the revision of training documents for relevant actors of the 2021 LLIN mass campaign.
- Support the NMCP in setting up the reporting system in DHIS2 and in the real-time reporting system for 2021 LLIN mass campaign activities.

IR 3: Expanded engagement of the commercial health sector to serve new health product markets according to health needs and consumer demand.

In terms of private sector engagement, IMPACT will continue to:

- Ensure the implementation of MOUs for the transportation of health commodities with Aqualma, Blue Ventures, SOMAPHAR, EDM, and NGO Vanille Durable, in coordination with the MOPH.
- Train drug shops in the Atsinanana region on the tools developed for LMIS data submission.
- IMPACT will maintain coordination with the MOPH/DPLMT for the LMIS data submission from private outlets and the results from the identification of outlets completed in Vatovavy Fitovinany will be shared with the MOPH.
- Continue to encourage the participation of private sector in the implementation of TMA roadmap (PPN, PDNP, text and regulation, demand creation)

#### ***A2F and business capacity building***

- Provide initial business training (in person or with video kits, depending on the COVID-19 situation) to drug shops in the region of Vatovavy Fitovinany.
- Provide one-to-one business coaching to enterprises/individuals for trained drug shops in the regions of SAVA and Atsimo Andrefana.
- Organize an in-person ToT session for selected peer trainer candidates, if possible due to COVID-19.
- Continue to negotiate partnership(s) with training providers to integrate IMPACT training content into existing curricula for pharmacies and drug shops.
- Continue to study a financing mechanism for pharmacies and drug shops.
- Participate in the testing process of the data collection tool for drug shops, followed by training session for the region of Atsinanana.
- Virtual ToT of partner banks “health sector champions”, integrating GESI material.
- Increase utilization of financial products and tools developed with partner banks (e.g., motorbike loans, financial offers/products for newly graduated pharmacists or acquisition of existing pharmacies, etc.).
- In-person ToT for SPD on bookkeeping training for PAs and PARCs, if possible due to COVID-19.

#### IR3.2 GOM facilitates the work of the commercial sector.

- Lead the review and update of the SOPs for registration of medicines.
- Support the MOU between DAMM and SALAMA on prequalification of suppliers and registration process.
- Organize a meeting with the ADDO steering committee for the preparation of the pilot phase and selection of the pilot region(s).

IR4: Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy people.

- Continue to distribute FP products in 13 regions and MNCH products in 10 regions.
- Organize the first meeting of the committee of transfer of PARC and PA to Pha-G-Dis and Pha-Ge-Com and establish the roadmap.

- Inform DSFa of the price increase of FP product and implement the new price for community-based distribution.
- Continue the delivery flights of health products by drone in Antalaha and start flight tests in other districts within the pilot phase and deliver emergency malaria commodities for some CSB.

#### IR5: Increased demand for and use of health products among the Malagasy people.

- The TMA TWG demand creation subcommittee led by the MOPH (DPS) will finalize the communication plan for the safe and rational use of health commodities.
- Continue to support the NMCP to implement the communication activities for the 2021 LLIN mass distribution campaign, such as the production of radio spots.
- Organize the virtual official handover of LLINs from the United States Government to the MOPH.
- Broadcast radio spots on the use and care of LLINs, demand creation for MNCH, and on Protector Plus.

#### Cross-cutting

##### **GESI**

- Regular meetings with GESI partners on GESI integration into Sub-committee and TWG work.
- Third Pause and Reflect Session with IMPACT staff (possible theme: GESI and MERL intervention follow-up post training).
- Development of additional GESI knowledge management resources (possible theme: Public Sector and GESI).
- Tracking for the Year 3 internal staff GESI integration competition.
- Collaboration with A2F team to develop training curriculum for bank partner health champions.

##### **Monitoring and Evaluation**

- Implementation of the LMIS roadmap:
  - o Selection and approval of the new LMIS software.
  - o Budgeting of the LMIS roadmap (including the necessary budget for the implementation of the LMIS software) and identification of partners and their expected contribution/positioning.
  - o Open bid to select the company that will implement the LMIS software.
  - o Development of a guide/protocol for the LMIS data validation process.
- Continue the RDQA exercises by the RLA field teams and Regional Distribution Supervisor.
- Starting the transfer process of the Helpdesk to DPLMT and DEPSI.
- Providing technical assistance to the IMPACT consortium partners on LMIS. For instance: training of drug shops and developing tools to collect LMIS data among pharmaceutical wholesalers and pharmacies.

##### **Research**

- Market Assessments:
  - o Completing data collection for the outlet survey in the last commune in Mahajanga.
  - o Implementing the household survey for the market assessment once the government announces that it is safe under COVID-19 restrictions.
  - o Finalizing summary notes for key informant FP and MNCH interviews.
- Study on understanding barriers and motivations for antenatal visits and IPTs use among pregnant women: finalizing data analysis, study report, and dissemination to the RBM.

##### **Knowledge Management**

- Continue to support IMPACT staff in finding topics for success stories and innovations in the field.

- Provide stories to the USAID communications team to be published on their online platforms (website and social media), IMPACT’s online platform, and to other partner platforms.

## V- COVID-19 activities

In May 2020, USAID approved \$ 610,300 from Y2 IMPACT workplan to be redirected to support the MOPH in fighting against COVID-19 for six months (May to October 2020). At the end of October 2020, there was a remaining balance of \$280,069. On January 27th, IMPACT received approval from USAID to use \$155,695 from this balance to continue to support the MOPH on its COVID-19 interventions, hence only \$124,374 is left from the \$610,300. The purpose of this funding is to (i) help the GOM to purchase and transport health and expendable commodities (personal protection equipment and infection prevention products) from the central level in Antananarivo to districts and communes (ii) sensitize Malagasy people in the eight regions most affected by COVID-19, including Boeny, Analanjirofo, Haute Matsiatra, Vatovavy Fito Vinany, Amoron'i Mania, Vakinankaratra, Menabe, and Atsimo Andrefana. As new cases have been increasing, Diana, Atsinanana, SAVA and Sofia regions have been added.

### Main Achievements with Detailed Results

<i>Transportation/Support of the DRSP and SDSP by providing supplies and expendable equipment</i>
- IMPACT purchased, transported and donated supplies (2,009 hydroalcoholic gels, 5,465 washable protective masks, 2,336 hand towel rolls etc.) and expendable equipment (10 tents for mass consulting, 46 thermoflashes, 6 medical iceboxes, 4 wheeled bins of 120L etc.) to DRSP of Atsimo Andrefana, Menabe, Haute Matsiatra, Amoron’Imania, Vatovavy Fitovinany, Boeny Diana, Melaky, Atsinanana, Analanjirofo, Vakinankaratra and SDSP of Marovoay, Ambato Boeny, Mitsinjo, Soalala (Details are provided in Annex I, table 1).
- IMPACT transported MOPH health commodities (600 tablets of Hydroxychloroquine, 420 tablets of Azytromicin 25mg, 4,400 units of surgical masks, 1,000 units of exam gloves, etc.) from DRSP of Atsinanana, Analanjirofo, Analamanga to SDSP of Mahanoro, Vatomandry, Sainte-Marie and Morondava (details provided in the Annex I, table 2).
- IMPACT financially supported the transportation of Polymerase Chain Reaction (PCR) and blood samples from Haute Matsiatra (205) and Amoron’i Mania (176) to IPM in Antananarivo, from Vakinankaratra (23 PCR) to CHU Andohatapenaka Antananarivo, and Genexpert specimen from Mahanoro (1) to Toamasina, Diégo II (46) to « Laboratoire de Référence Régional Antsiranana », Mahanoro (4) to « Hopitaly kely Toamasina », Sainte Marie (40) to DRSP Analanjirofo.
- IMPACT financially supported the (283 persons investigated by DRSP ambulance with 190L of fuel) investigation of suspected cases in Menabe (SDSP Morondava) with fuel. - IMPACT supported the cost of renting cars (1 car for 10days of renting) and fuel (600 liters in total) for the daily use for contact tracing and administrative races in Atsinanana (SDSP Toamasina and SDSP Fenerive-Est). - IMPACT financially supported the SDSP supervision in Vakinankaratra (SDSP Ambatolampy, SDSP Antanifotsy, SDSP Faratsiho, SDSP Mandoto) by identifying the number of cases in the districts, checking tests number, commodities and drugs, PPE, equipment, staff number, etc availability.
- IMPACT ensured transportation and distribution of PPE (39,000 surgical masks, 39,000 gloves, 6,500 FFP2 masks, 6,500 overblouses, 650 protective glasses, 2,600 overshoes, 260 coveralls, 650 thermoflashes, 650 hand gels (Ravintsara brand)) donated by the US Department Of Defense (DOD) from Antananarivo to regional hospitals (CHU Mahavoky Sud Mahajanga, CHRDR Ambatofinandrahana, CHRDR Ambalavao, CHRR Namahora Sud Morondava), SDSP of Manakara, Fianarantsoa I, Vohibato, Lalangina, Ambalavao, Ambatofinandrahana, Mahajanga I, Analamanga Avaradrano, Analamanga Atsimondrano, Ambositra, Morondava, Antsirabe I and private offices in Antananarivo through SHOPS+ (Details are provided in Annex I, table 3).
- IMPACT ensured the transportation of donated items to 6 SDSP: 315 hydroalcoholic gels 500ml, 300 rolls of hand towel, 12 frontal thermometers, etc. (Details of the items per region and SDSP are provided in Annex H, table 4).
<i>Support the hospitals treating positive cases by providing supplies &amp; expendable equipment</i>

<ul style="list-style-type: none"> <li>- IMPACT donated supplies and expendable equipment (3,470 hand gels, 5,700 washable protective masks, 1,650 overshoes, 970 overblouses, 700 coveralls, etc.) to 9 regional hospitals: CHU Atsimo Andrefana, CHRR Menabe, CHU Boeny, CHU Haute Matsiatra, CHRR Amoron’Imania, CHRR Vakinankaratra, CHRR Manakara, CHU Morafeno, CHU Analakininina, and CHRR Fénériver Est: (Details are provided in Annex I, table 5).</li> </ul>
<p><i>Periodic disinfection of IMPACT central and regional offices including warehouses</i></p>
<ul style="list-style-type: none"> <li>- Disinfection of PSI IMPACT offices, warehouses, and vehicles in Diana, Sofia, Boeny, Melaky, Vakinankaratra, Atsinanana, Haute Matsiatra, Vatovavy Fitovinany, Menabe and Atsimo Andrefana was conducted once a week by external providers. (Details are provided in Annex I, table 6).</li> </ul>
<p><i>Protect IMPACT Team and CHVs, PA and PARCs against COVID-19 by distributing expendables and equipment</i></p>
<p><i>Support communication awareness</i></p>
<ul style="list-style-type: none"> <li>- IMPACT attended and provided technical support during the following meetings:</li> <li>- One workshop organized by the CCRCE and led by DPS at the central level from February 9th to 11th at the NMCP office in Androhibe to update the communication tools on COVID-19, such as posters, messages on TV and radio spots, and jobs aids for CHVs.</li> <li>- One virtual meeting organized by the CCRCE led by DPS at the central level on February 23<sup>rd</sup> to organize the design of the new tools updated during the workshop. (Details of the workshop and meeting in Annex 4)</li> <li>- Two virtual meetings organized by the CCRCE led by the MOPH through their department DIRCOM (Direction Communication) and DPS at the central level on March 17<sup>th</sup> and 24<sup>th</sup>. Both meetings were organized to present to the committee the Standard Operating Procedures (SOP) on the following themes: funerals, wakes, duration of quarantines, gatherings of people, and recommendations for companies, schools, and public transport. Request for financial contribution from the Technical and Financial Partners (TFP) was also discussed for the production of communication tools such as posters, radio and TV spots including the broadcasting.</li> </ul>
<ul style="list-style-type: none"> <li>- In collaboration with DRSP of Atsinanana, Analanjirofo, Menabe, Vatovavy Fitovinany, Vakinankaratra, Atsimo Andrefana, Diana, Haute Matsiatra and Boeny, 396 TV spots and 1,874 radio spots were broadcasted in local dialects from February 18th to March 31<sup>st</sup>. The main contents of the messages was preventive measures (wearing mask, washing hands, etc.). Approximately, more than 1,520,000 people were reached.</li> </ul>
<ul style="list-style-type: none"> <li>- IMPACT supported 21 interventions during TV and radio news made by representatives of DRSP (Atsinanana, Analanjirofo, Vatovavy Fitovinany, Vakinankaratra, Atsimo Andrefana, Diana, Haute Matsiatra and Boeny) to sensitize the population on COVID-19 prevention measures.</li> </ul>
<ul style="list-style-type: none"> <li>- IMPACT conducted 198 sensitizations on COVID-19 prevention using mobile sound systems in Antsiranana, Toamasina, Manakara, Toliara II, Betioky, Ampanihy, Maroantsetra, Marovoay, Ambilobe, Morafenobe, Mananjary. More than 63,495 people were reached.</li> </ul>
<ul style="list-style-type: none"> <li>- IMPACT donated airtime and internet connection to 9 DRSP (Boeny, Atsinanana, Analanjirofo, Haute Matsiatra, Vakinankaratra, Menabe, Haute Matsiatra, Amoron’i Mania, Vatovavy Fito Vinany) to allow timely transmission of epidemiological data from regions to Antananarivo (DVSSER: Direction de la Veille Sanitaire, de la Surveillance Epidémiologique et Riposte) (Details are provided in Annex I, table 7).</li> </ul>

## VI- FINANCIAL SUMMARY

**Table 40:** Financial summary

Description	Total Estimated Amount	Obligated Amount	Expenditures Jan- Mar. 2021	Actual Expenditures as of Mar 2021	Estimated remaining Funds as of Mar. 21
Malaria	\$31 985 102	\$10 534 986	\$728 964	\$6 276 906	\$4 258 080
MCH		\$6 695 795	\$687 375	\$5 928 630	\$767 165
FP/RH		\$7 079 520	\$682 416	\$5 825 552	\$1 253 968
COVID-19		\$700 000	\$0	\$700 025	-\$25
<b>TOTAL</b>	<b>\$31 985 102</b>	<b>\$25 010 301</b>	<b>\$2 098 755</b>	<b>\$18 731 112</b>	<b>\$6 279 189</b>

**Table 41:** Cost Share

Project Name	Description	Cost Share
GFTAM	Local Transportation PSM	302 819
GFTAM	Malaria Treatment Drug	1 256 156
GFTAM	Malaria Rapid Diagnostic Kit	891 720
GFTAM	Sampling & Testing	72 341
GFTAM	Shipping & handling	457 342
GFTAM	HCN Salary	102 693
GFTAM	Fringe benefits	22 443
Bill and Melania Gates Foundation - PATH	Addressing Market Inefficiencies to Improve Health Outcomes	41 876
Bill and Melania Gates Foundation - PATH	Technical and Market Lead for DMPA SubQ Introduction and Scale Up	30 574
Groupe Axian -Foundation Axian	Personnel	19 800
Groupe Axian -Foundation Axian	Equipment	2 235
<b>TOTAL</b>		<b>3 200 000</b>

As the recipient of the cooperative agreement, PSI must provide the cost sharing amount of \$3,200,000 by the end of the project (September 2023) through especially the Global Fund New Funding Model (Phase 2) Malaria Grant.

Since December 2020, this cost-sharing amount has been reached due to the human resources cost of the GFTAM Malaria program team and antimalarial commodities supplied by the GFATM and purchased by PSI. Health commodities supported with GFATM funds are considered as cost-sharing contributions because they refloated the real need of the country from which the IMPACT project benefits since the products are also distributed in the 13 USAID-supported regions. In addition, the storage and transportation costs of these commodities are also optimized by combining resources as best as possible.

In addition, in 2019, the NMF2 health commodities contribution was included in the national quantification exercise and in 2020, a major order with GFATM funds filled the gap of rapid diagnostic tests after reprogramming of NMF2 grant.

**Table 42:** Financial reporting: COVID-19 related Expenditures, February- March 21

	<b>Total funding approved</b>	<b>Total spent this month</b>	<b>MCH</b>	<b>FP</b>	<b>Cumulative expenditure (COVID only)</b>	<b>Total Commitments</b>
Redirected funding	<b>\$155 695</b>	<b>\$96 989</b>	\$48 494	\$48 495	<b>\$119 630</b>	<b>\$20 030</b>

The amount committed will be paid by the end of April

# ANNEXES



# ANNEX A - Performance Monitoring Plan (PMP)

**Note:**

- *PMI Quarterly report is attached in an Excel File sent with this Quarter 2 Performance Report*
- *HPN Quarterly report is available on DHIS2 website <https://data.mis-psimada.org/>*

USAID IRs and Sub-IRs	Reporting to	Indicator	Measure of Unit	Year 3			% of achievement.
				Achievement Quarter 1	Achievement Quarter 2	Target	Observations/Deviation explanations
<b>Intermediate Outcomes/Outputs</b>							
<b>Short-term Outcomes</b>							
SO2 (IR 2.9)	PPR USAID	<b>Couple Year Protection (CYP) in USG supported programs</b>	Number	207,447	139,623	742,945	
Public sector				N/A	N/A	N/A	IMPACT does not purchase FP products for the public sector, hence no CYPs to report.
Private for nonprofit sector				207,447	139,623	646,039	<b>53,7%</b> achieved at the end of March 2021 of Year 3
Commercial sector				0	0	96,906	There is no LMIS data available yet for commercial sector. The process is ongoing with the MOPH (DAMM and DEPSI) to engage the pharmaceutical wholesalers to share LMIS data (sales). We will report on this indicator in the Quarter 3 report.
<b>IR1: Enhanced coordination among public, non-profit, and commercial sectors for supply and distribution of health products</b>							
<b>IR1.1. The total market for health products in Madagascar is understood and documented</b>							
IR1.1.9	PMP IMPACT	<b>GOM-led TMI TWG (Technical Working Group) meets at least four times a year as a forum for consultations and roundtables between public, non-profit, and commercial stakeholders</b>	Number	1	1	4	<b>50%</b> , achieved at the end of March 2021 of Year 3.
<b>IR2: Strengthened capacity of the GOM to sustainably provide quality health products to the Malagasy people</b>							
<b>IR2.1. Health commodities and pharmaceuticals are continuously accessible and available in the public sector</b>							
IR2.1.1 (IR2.4.1 IR3.1.3)	PMP USAID	<b>Average stockout rate at service delivery points (SDP) of tracer essential drugs (MCH, malaria)</b>					
Public sector		Pha-G-Dis Malaria ACT New born	Percent	42%	68%	10%	The stock out rate increased at the Pha-G-Dis level due to the distribution system imposed

			ACT Infant		35%	61%	10%	by the national stock levels at SALAMA. Pha-G-Dis only receive 2 to 3 months of stock without security stock. Once distribution is completed to CSB, the Pha-G-Dis remained with 0 stock. The international shipments of ACTs were delayed due to the COVID restrictions and districts received only stock to cover 3-months without security stock. Once the stock arrived to the Pha-G-Dis, the distribution to CSBs reduced the stocks drastically and created stock outs. The same distribution system will continue up to the health commodities deliveries expected to arrive in July 2021.	
			ACT Adolescents		33%	53%	10%		
			ACT Adult		35%	68%	10%		
			Rapid Diagnostic Test (RDT)		4%	5%	10%		The target is met as there is sufficient stock throughout the supply chain's different levels.
			Sulfadoxine-pyrimethamine (SP)		7%	36%	10%		The stock out rate increased at Pha-G-Dis compared to Q1 due to the stock of SP at SALAMA was under the minimum level. IMPACT organized redeployment of quantities planned for the mass drug distribution. 1,500,000 tablets procured by PMI arrived in March 2021 that can improve the national stock levels. By end of March, only 4 (out of 78) districts were in stock out (source: Pha-G-Dis Inventory reports collected by the RLA).
			Injectable Artesunate		36%	27%	10%		Although the situation improved from the previous quarter, the stock out rate remains higher than the target. The situation is due to national stock levels at SALAMA and districts. 100,000 vials procured by PMI arrived in April, the situation will improve in Quarter 3.
		MCH	Oxytocin (10 IU Injection)		17%	21%	10%	SALAMA distribution plan started in February due to the annual inventory stock exercise. This has increased the stock out at the Pha-G-Dis level compared to Quarter 1. The situation improved in March once the product arrived at district level. Note that the Oxytocin will be	

								distributed through the FANOME recovery system. IMPACT will coordinate with ACCESS to support CSB to do monthly stock inventory and systematically order oxytocin from Pha-G-Dis if needed.
			Magnesium Sulfate (500mg Inj)		68%	74%	10%	MNCH commodities have been integrated through the FANOME recovery system since USAID will no longer proceed with new orders. The MgSO4 procurement is being done by UNFPA. IMPACT is supporting DSFa and the TWG to plan distribution in Q3.
			Gentamicin (20mg inj)		83%	88%	10%	MNCH commodities have been integrated through the FANOME recovery system since USAID will no longer proceed with new orders.
			Gentamicin (80mg inj)		64%	75%	10%	
Pha-Ge-Com	Malaria		ACT New born		6,76%	5,41%	10%	The target was met in this period despite the stock levels are under the minimum at SALAMA and Pha-G-Dis. The situation has improved at Health facilities level due to strong leadership and stock monitoring done by the district GAS committees supported by the RLA
			ACT Infant		8,36%	9,88%	10%	
			ACT Adolescents		11,17%	13,03%	10%	The stocks levels at SALAMA and Pha-G-Dis are under the minimum. The situation will improve once ACTs are delivered in July 2021.
			ACT Adult		10,60%	15,30%	10%	
			Rapid Diagnostic Test (RDT)		4,36%	5,56%	10%	Stocks levels of the RDT have met the set target. The RLA will continue to support technically the GAS district committees technically to well plan distribution to facilities
			Sulfadoxine-pyrimethamine (SP)		7,55%	6,13%	10%	Stocks levels of the SP have met the set target. The RLA will continue to support technically the GAS district committees technically to well plan distribution to facilities.
			Injectable Artesunate		N/A	26,67%	10%	Data from CSB have been reported into DHIS2 since January 2021. The target has not been

							met due to challenges with importation. The situation will improve in Q3 due to last delivery of 100,000 vials procured by PMI and arrived in April 2021	
		MCH	Oxytocin (10 IU Injection)		76,01%	74,27%	10%	CSB are planning to order the MNCH through the FANOME recovery system.
			Magnesium Sulfate (500mg Inj)		74,31%	74,40%	10%	MgSO4 is now available at the central level and IMPACT will support the DSFa to plan distribution to Pha-G-Dis and CSB in Q4 2021. UNFPA will procure 73,200 vials. Arrival expected in September 2021
			Gentamincin (20mg inj)		89,62%	86,11%	10%	CSB are planning to order the MNCH through the FANOME recovery system.
			Gentamicin (80mg inj)		88,51%	88,33%	10%	CSB are planning to order the MNCH through the FANOME recovery system.
Private for nonprofit sector	PARC	MCH	ORS/Zinc DTK (Community)		1.20%	0.20%	5%	
			Sur Eau Pilina (67mg tablet) (Community)		0.00%	0.30%	5%	
			Arofoitra (CHX 7,1%) (Community)		0.60%	0.50%	5%	
			Pneumox (amoxicilline) (Community)		0.00%	0.30%	5%	
			Pregnancy Test (Community)		0.00%	0.00%	5%	
	PA	MCH	ORS/Zinc DTK (Community)		0.6%	4,90%	5%	
			Sur Eau Pilina (67mg tablet) (Community)		0.6%	2.60%	5%	
			Arofoitra (CHX 7,1%) (Community)		0.5%	2.30%	5%	
			Pneumox (amoxicilline) (Community)		0.5%	2.80%	5%	
			Pregnancy Test (Community)		0.7%	0.10%	5%	
			Percent					

IR2.1.2	PPR	Average stockout rate of contraceptive commodities at Service Delivery Points by family planning methods		Percent				
(HL7.1.3)	USAID			Percent				
Public sector	Pha-G-Dis	Implantable Hormonal Contraceptives		24%	13%	10%	The target is met, the product is available at SALAMA and Pha-G-Dis.	
		Injectable Hormonal Contraceptives (Depo provera)		11%	5%	24%		
		Injectable Hormonal Contraceptives (Sayanna Press)		9%	5%	21.5%		
		Intrauterine Devices		20%	10%	19%		
		Oral Hormonal Contraceptive. Microgynon		16%	7%	10%		
		Oral Hormonal Contraceptive. Microlut		8%	6%	19%		
	Pha-Ge-Com	Implantable Hormonal Contraceptives		6,88%	5,15%	5%	The target is met, the product is available at SALAMA and Pha-G-Dis	
		Injectable Hormonal Contraceptives (Depo provera)		7,27%	0,00%	5%		
		Injectable Hormonal Contraceptives (Sayanna Press)		N/A	31.39%	5%	Data have been integrated into DHIS2 since January 2021. The target is not met. The product is under the minimum stock level at SALAMA. UNFPA ordered the product and expect a delivery in the next quarter.	
		Intrauterine Devices		3,74%	1,32%	5%	The target is met, the product is available at all levels of the supply chain.	
		Oral Hormonal Contraceptive. Microgynon		7.18%	0.04%	5%		
		Oral Hormonal Contraceptive. Microlut		4.20%	0.03%	5%		
	Private for nonprofit sector	PARC	Oral Contraceptive (Community)	Percent	0.00%	0.30%	5%	

		Injectable (Community)		0.00%	0.30%	5%		
		FP Condom Protector Plus (Community)		0.50%	0.30%	5%		
		Sayana Press		0.50%	0.30%	5%		
	PA	Oral Contraceptive (Community)		0.40%	2.20%	5%		
		Injectable (Community)		0.50%	3,30%	5%		
		FP Condom Protector Plus (Community)		0.80%	2.10%	5%		
		Sayana Press		0.80%	3.50%	5%		
IR2.1.16	PMP	<b>Number/Percentage of required supply plans submitted to GHSC-PSM during the quarter.</b>	Number	2	2	12		
	IMPACT							
				Malaria	1	1	4	50%, Supply plan has been submitted by IMPACT and approved by GHSC-PSM
				FP/RH	1	1	4	50%, Supply plan has been submitted by DSFa and approved by GHSC-PSM
		MCH	0	0	4	0%, The supply plan of MCH commodities is not required and asked by PSM. The target needs to change.		
<b>IR2.2. The public-sector supply chain achieves financial sustainability</b>								
IR2.2.1	PMP	<b>Percent of product that is unusable due to expiry or damage</b>						
	IMPACT							
SALAMA		Expiry	Percent	0%	0%	1%	The target is met. There is an improvement since the last quarter.	
		Damaged						
Pha-G-Dis		Expiry	Percent	0.7%	0,04%	5%		
		Damaged						
Pha-Ge-Com		Expiry	Percent	6.8%	0,84%	5%		
		Damaged						
<b>IR3: Expanded engagement of the commercial health sector to serve new health product markets, according to health needs and consumer demand</b>								
<b>IR3.1. Commercial actors are incentivized to expand into new health product markets</b>								
IR3.1.2	PMP		Number	10	11	100		

	IMPACT	Number of loans (in general) disbursed to businesses (excluding service providers)					21% achievement of original target. We propose that target be reduced to 40, given that loan requests seem to have slowed due to COVID-19 restrictions .
IR3.1.3	PMP	Value of loans (in general) disbursed to businesses (excluding service providers)	USD	45,563	24,718	120,000	59% achieved. Although fewer loan requests have been received this year, the average size is larger than anticipated, so we are on track to meet original target.
	IMPACT						
IR3.1.4	PMP	Number of people trained in business and financial management	Number	25	3	125	22% of target achieved. There have been challenges in distribution of video training kits due to the difficult of locating legal drug shops and COVID-related travel restrictions, but we will be intensifying efforts in Q3-Q4.
	IMPACT						
<b>IR4: Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy people</b>							
<b>IR4.1. Socially marketed products are continuously available at convenient and accessible locations</b>							
IR4.1.2	PMP	Number of socially marketed products distributed					
	IMPACT						
FP		OC Community	Number	707,342	483,277	1,811,124	65.7% of the Year 3 target achieved: The number of OC distributed in Quarter 2 decreased though the distribution of OC follows the number of Regular Users due to the frequency of deliveries which is every 2 months and in Quarter 2, the delivery of products was in February, while the PARC and PA still had enough stock from the distribution conducted in Quarter 1.
		Injectable (Depo-Provera/TRICLOFEM) Community		552,521	413,330	1,547,022	62.4% of the Year 3 target achieved: The distribution conducted in Quarter 1 (2 deliveries) and Quarter 2 (1 delivery) ensured the availability of product which avoided stock out during the rainy season.
		FP Condom Protector Plus (Community)		211,104	603,600	1,68,2808	48.4% of the Year 3 target achieved
		FP Youth Condom Yes (Commercial)		0	0	346	0.0%, The procurement process of this product will be discussed in Quarter 3 with USAID and will be probably initiated. The quantification is already completed.
		Sayana Press		81,607	58,223	498,073	28.1% of the Year 3 target achieved:



						<ul style="list-style-type: none"> <li>- Users of Sayana Press are still low as only 8.8 % of Injectables Regular Users used DMPA-SC in Quarter 2. IMPACT defined the target (25% among the use of injectable) of DMPA-SC according to the historic sales of Sayana Press before the long stock out of DMPA-SC.</li> <li>- Now both DMPA-SC and DMPA-IM methods are available but regular users prefer to use Triclofem.</li> <li>- IMPACT will therefore revise the target and will look for a solution with ACCESS, and the MOPH to increase DMPA-SC users.</li> </ul>
MCH	ORS/Zinc DTK (Community)		27,774	24,619	60,673	<p><b>86.4%</b> of the Year 3 target achieved:</p> <ul style="list-style-type: none"> <li>- The cumulative achievement included 7,900 starter kits of ORS/Zinc allocated to 3,950 CHV of the 3 regions of ACCESS (Atsinanana, Atsimo Andrefana, Vatovavy Fito Vinany).</li> <li>- The cumulative achievement without the starter kits is 73.33%. This high result is noticed during the rainy season, where diarrhea prevalence is high.</li> </ul>
	Sur Eau 150 ml Commercial		322,095	55,391	267,500	<p><b>141.1%</b> of the Year 3 target achieved:</p> <ul style="list-style-type: none"> <li>- High achievement due to the assumption when setting the target of Sûr' Eau 150 ml that only very few quantities would be procured in 2020 depending on the budget. However, IMPACT procured and distributed more products than planned because demand increased during the rainy season.</li> </ul>
	Sur Eau Pilina (67mg tablet) (Community)		1,253,340	1,826,500	2,793,000	<p><b>110.3%</b> of the Year 3 target achieved:</p> <p>High achievement rate due to the rainy season and the new arrival of the product combined with the communication field team's activities to Fokontany.</p>
	Arofoitra (CHX 7,1%) (Community)		3,765	10,805	31,289	<b>46.6%</b> of the Year 3 target achieved.
	Pneumox (amoxicilline) (Community)		71,919	32,503	134,567	<b>77.6%</b> of the Year 3 target achieved.

						<ul style="list-style-type: none"> <li>- Good achievement rate. 12% of this cumulative result were Starter batches for ACCESS from Quarter 1.</li> <li>- The COVID-19 context and the beginning of cold weather probably has increased the use of antibiotics (Pneumox at community level).</li> </ul>
	Pregnancy Test (Community)		75,635	22,694	103,000	<p><b>95.5% of the Year 3 target achieved:</b></p> <ul style="list-style-type: none"> <li>- The pregnancy test is now distributed in 5 regions (Sofia, Melaky, Menabe, Diana and Sava) according to the training of the CHVs done by Mahefa Miaraka.</li> <li>- Almost the half of this result are starter kits allocated to CHVs in DIANA, SAVA and Melaky in Quarter 1 (40,500 kits) which explains the high achievement.</li> </ul>
<b>IR5: Increased demand for and use of health products among the Malagasy people/Output/Activity</b>						
IR.5.4	PMP IMPACT	<b>Number of mass media spots aired</b>				
			1,188	2,113	37,000	Only <b>8,9%</b> of the Year 3 target achieved. See explanation below per health area
Health area	MALARIA	Number	0	0	17,000	<b>0,0%</b> Only cCD broadcasting is scheduled for Quarter 2. However, due to the new tax legislation for the radio, internal purchase process took longer than expected, this activity is postponed for Quarter3.
	FP		0	1,585	10,000	<b>15,9%</b> , <ul style="list-style-type: none"> <li>- Broadcasting of Protector Plus was planned in Quarter 2. 1,333 radio spots and 252 TV spots were aired to support the new price for Protector Plus male condoms. It will continue in Quarter 3.</li> <li>- The broadcasting of FP spot for the celebration of Contraceptive Day is planned in quarter 4.</li> </ul>
	MCH		1,188	528	10,000	<b>17,2%</b> , <ul style="list-style-type: none"> <li>- Broadcasting of Sur'Eau Pilina started in Quarter 1 continued in Quarter 2 with 528 radio spots aired.</li> </ul>

						- Broadcasting for Arofoitra is planned in Quarter 3.
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*For COVID-19 related indicators, this PMP represents the final achievements during the six months of implementation of the COVID-19 workplan.*

*For the indicators: IR2.1.1, IR2.1.2, and IR2.2.1, IMPACT does not present the % of achievement in the column “% of achievement. Observations/Deviation explanations » due to difficult interpretation of the percentage between achievements and targets on these indicators. This is already agreed with USAID.*

## **ANNEX B – Year 3 Workplan Update**



Activity Code	Sub-activity Code	Description of the Activity	Outcome/Expectation	Timeline FY21			Status (Ongoing/ Completed/ Postponed)	Comments
				Quarter 2				
				Jan 20	Feb 20	Mar 20		
<b>Intermediate Result 1 Enhanced coordination among public, non-profit, and commercial sectors for supply and distribution of health products</b>								
<b>1.1 The total market for health products in Madagascar is understood and documented</b>								
IR1.1.1		Implement and monitor, and conduct the mid-term evaluation of the overarching TMA roadmap for all health products	TMI roadmap for all health products implemented, monitored and evaluated	X	X	X	Ongoing	- The TMA roadmap was signed by the Secretary General - Activities in this TMA roadmap has planned and will be started
IR1.1.2		Support the development and the implementation of the Malaria, FP and MNCH TMA roadmaps to ensure the availability of quality products at all levels and monitor and evaluate their execution	Malaria, FP, and MNCH TMI roadmaps and their operational plan are developed, implemented, and monitored.	X	X	X	Ongoing	- The first draft of the TMA malaria roadmap for malaria commodities was submitted to the NMCP coordinator for validation - The key informants, the routine data and the outlets survey data collection for the FP and MNCH market assessments are conducted.
IR1.1.3		Build the capacity of TMA Champions, with the MOPH, to successfully steward and lead the TMA TWG and subcommittees	TMI champions trained	X	X	X	Ongoing	- One TMA Champion from the senate has emerged and was trained to join the panel of TMA Champions. - The TMA Champions and the director of DPLMT were trained in advocacy training course.
IR1.1.4		Disseminate the TMA results from roadmap analyses, studies and market assessments to all key stakeholders, with the leadership of the TMA Technical Working Group, and in collaboration with the IMPACT Knowledge Management platform	TMA FP and MNCH roadmaps and market assessments disseminated to key stakeholders.	X	X	X	Ongoing	- The signed TMA roadmap was shared with all the stakeholders who are involved in the TMA process such as the directors at the MOPH, the TMA Champions, the TMA TWG and subcommittees members

**Intermediate Result 2 Strengthened capacity of the GOM to sustainably provide quality health products to the Malagasy people**

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

IR2.1.1		Implement an integrated forecast and supply planning process for the public sector with related tools for commodity needs assessments	Supply plan is developed and implemented	X	X	X	ongoing	<ul style="list-style-type: none"> <li>- Continued to provide technical support to the DSFa and NMCP to prepare the validation meeting for the malaria and MNCH commodity forecasts and supply plans for the period of 2021-2022 and 2023 by the Comité de Gestion Logistique (CGL).</li> <li>- The DPMLT will use the supply plans as a basis for approving clearance for imported commodities</li> </ul>
IR2.1.2		Increase the capacity of the MOPH to provide oversight to public SCM	Capacity of the MOPH is improved at all levels on SCM	X	X	X	ongoing	<ul style="list-style-type: none"> <li>- Supported the NMCP to update the malaria commodities stock dashboard in a monthly basis.</li> <li>- Updated and submitted the Quarter 2 supply plan and the PPMRm to GHSC-PSM,</li> <li>- Supported the organization of seven virtual meetings with the 114 district GAS committee members to validate their quarterly orders/reports for the resupply of malaria commodities</li> </ul>
IR2.1.3		Support efforts to strengthen the LMIS and SCM M&E systems	Resilient SCM and M&E systems are in place	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- Supported DPLMT to organize three virtual meetings with LMIS software developer companies to demonstrate their applications (Odoo software, Open LMIS software, m-supply software).</li> <li>- IMPACT started developing a tender document to issue to the LMIS developer companies to get more information necessary for a transparent and appropriate selection of the web-based LMIS software.</li> <li>- In Quarter 3, IMPACT will organize dissemination of the EUV survey's findings to all concerned actors (RBM, EMAR and EMAD).</li> </ul>

<b>IR2.1.4</b>	Support NMCP in the implementation of Community-based Continuous Distribution (cCD) of LLIN in 12 districts	All documentation and tools needed for Community-based Continuous Distribution are ready	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- 786,278 MIDs distributed, i.e. 99% of the total MIDs sent to the 12 target districts.</li> <li>- Payment of management fees for Kom' Lay in progress and will be finalized in April.</li> <li>- Will organize workshops to capitalize acquired knowledge and lessons learned planned for Quarter 2 but will be postponed in Quarter 3.</li> </ul>
<b>IR2.1.5</b>	Support NMCP in the design of 2021 LLIN mass campaign distribution strategy, its implementation and the distribution of 3,677 million LLIN procured with USAID/PMI's fund	All documentation and tools needed for the 2021 mass campaign are ready	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- 3,677,000 MID from PMI are all received and stored at central warehouses in Tana and Toamasina.</li> <li>- After validation of the strategy and tools by CNC, the process of recruiting service providers for the duplication of tools, CCSC supports and the identification of carriers and OSCs are underway.</li> <li>- Preparation of micro-planning by the CSBs and then compilation at the SDSP level in progress.</li> </ul>
<b>IR 2.2 The public-sector supply chain achieves financial sustainability</b>							
<b>IR2.2.1</b>	Based on total cost analysis of the public supply chain, prepare evidence to analyze different supply chain alternatives on the total cost to determine progressive integration of commodities managed by vertical programs into SALAMA circuit and reduce dependence to donor funding for different cost categories of the supply chain	Adjust and implement strategies on supply chain system for the total cost based on the total cost analysis	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- Continued to support the TCA steering committee to complete the data collection and analysis.</li> <li>- Organized three meetings with the TCA steering committee and SALAMA to discuss preliminary results and findings of the TCA. The committee identified additional data to collect and analyzed it.</li> <li>- Started writing the TCA report and preparing for its dissemination scheduled in May.</li> </ul>
<b>IR2.2.2</b>	Reinforce the capacity of the MOPH to oversight and monitor the management of FANOME	New FANOME margin defined		X	X	Ongoing	<ul style="list-style-type: none"> <li>- In collaboration with DPLMT and DSSB, the FANOME committee is in the process of reviewing the decree defining management of FANOME recovery system. There is a plan to update the system in this year</li> </ul>

**Intermediate Result 3 Expanded engagement of the commercial health sector to serve new health product markets, according to health needs and consumer demand**

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

IR3.1.1		Strengthen partnership with PSHP and non-PSHP members in participating to the implementation of solutions on transportation, supplying, supervising and providing data collection and reporting about the priority health areas (malaria, FP, MNCH) health products, and in coordination with IR4, support private sector engagement (PSE) in procurement of health commodities such as YES condom and Sur'Eau 150 ml	MOU/contract signed between PSHP or non-PSHP members and IMPACT on transportation of health products and CSR	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- TELMA has broadcast SMS 1627</li> <li>- Transportation of social marketing products by SOMAPHAR from Antananarivo to Tamatave</li> <li>- MOU for transportation by EDM presented to MOPH district representative (MI, Pha-G-Dis, and Pha-Ge-Com responsible) and to be implemented in Q3.</li> </ul> <p>362 persons reached</p>
IR3.1.2		Set up and strengthen the LMIS for the private sector (drug shops, pharmacies and pharmaceutical wholesaler).	40 Pharmacies, 100 drug shops, and 4 wholesalers submitted LMIS data on a monthly basis	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- Field visit done in Vatovavy Fitovinany Region. 3 Pharmacies and 25 drug shops signed participation letter on submitting LMIS data</li> </ul>
IR3.1.3		Continue to involve PSHP and non PSHP members (Wholesalers and pharmacies) to participate in the implementation of the TMA roadmap finalized and validated in Year 2	PSHP and non-PSHP members participated in TMA TWG meetings/workshops	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- Private sector participation on 4 workshops: PPN PDPN, Communication and demand creation, presentation of SMSR commodities quantification results.</li> </ul>
IR3.1.4		Support professional associations to oversee the functionality of health businesses	Health businesses are created among drug shops led by drug shop associations			X	Ongoing	<p>Support to ADMRA Analanjifofo to organize its first general assembly.</p> <p>Selection criteria for peer trainer candidates finalized and selection process launched.</p>
IR3.1.5		Increase access to finance for private health commodities supply chain stakeholders/Expand supply-side financing	100 loans for \$120,000 to health commodities enterprises. Number of trained staff = 30	X	X	X	Ongoing	<p>27/30 partner bank staff trained.</p> <p>21 out 100 loans for \$70,281/120,000 loan disbursement achieved.</p> <p>No activity in Quarter 2 for IR3.1.5 SA2.</p>



IR3.1.6		Provide business strengthening capacity building to health commodities enterprises and develop partnerships with private companies to sustain training	Number of people trained =125	X	X	X	Ongoing	28/125 people trained. Travel ban due to the pandemic limited the possibility of in-person training sessions. The alternative video distance training method is limited by the lack of contact details to reach drug shops in the regions. 1/5 regions achievement. 6 drug shop owners coached in Year 3 (3 in Q1 and 3 in QUARTER 2).
<b>IR 3.2 GOM facilitates the work of the commercial sector</b>								
IR3.2.1		Facilitate high-level advocacy by the commercial sector to expand favorable FP policies and regulations (this activity will be covered under IR1 through TWG/AMT subcommittee in charge of Regulations).	FP policies and regulations are favorable for commercial sector	X	X	X	Ongoing	- Prepared a draft guide of revised registration procedures, which will be submitted for validation by the subcommittee next quarter
IR3.2.2		Foster sustainable capacity development in regulatory reforms within the GOM	The medicines prequalified by SALAMA, WHO, and other donors will be registered by DAMM	X	X	X	Ongoing	<ul style="list-style-type: none"> <li>- Supported DAMM in reviewing 100 out of the nearly 400 product files on unregistered products procured by SALAMA and TFPs to grant their market authorization. This process will continue in Quarter 3.</li> <li>- Obtained a rapid waiver clearance from DAMM in less than a month.</li> <li>- Participated in the first meeting to reactivate the inter-ministerial committee to fight against the illicit drug market.</li> <li>- Supported the development of an MOU between the Minister of Public Health and WHO/Madagascar on quality assurance procedures for the supply of essential medicines and vital health products.</li> <li>- Supported the process of harmonizing registration and quality assurance procedures between SALAMA and DAMM.</li> </ul>
IR3.2.3		Develop and pilot an accreditation program for retail drug depots.	ADDO is piloted within selected drug shops	X	X	X	Ongoing	- Developed a presentation in Malagasy on the interest and importance for drug depot retailers.

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

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

<b>IR4.1.1</b>	Distribution of socially marketed products across ten (10) regions for MNCH and FP/RH products and distribution of only FP/RH products in three (3) PARN Regions through PARCs and PAs	FP/RH (13 regions) and MNCH (10 regions) health products available	X	X	X	Ongoing	- This is a continuous activity
<b>IR4.1.2</b>	Establish a motivation system for PAs and PARCs and follow up on their quarterly performance to address supply chain inefficiencies in social marketing in order to prevent stock out.	Motivation system of PAs and PARCs are executed	X	X	X	Ongoing	- This is a continuous activity
<b>IR4.1.3</b>	Expand last-mile distribution and emergency distribution through a pilot to deliver health products using drones.	Drone pilot phase implemented and scaled up to other regions	X	X	X	Ongoing	- New district served by drone in Antalaha within the pilot phase
<b>IR4.1.4</b>	In collaboration with IR2, DSFa, DPLMT and DSSB, develop, finalize and validate the scored criteria, standard and process to transition from PARC and PA to Pha-G-Dis and Pha-Ge-Com	4% of PARCs and PAs officially transferred into the public sector and receive ongoing monitoring and capacity building from the SPD.	X	X	X	Ongoing	- MOPH directions focal points were appointed. - The criteria are defined and will be validated by the committee
<b>IR4.1.5</b>	Select and introduce socially marketed products through the private sector (pharmaceutical and commercial channels) following the results of the Products portfolio and COGS analysis	Suppliers selected for the health products	X	X	X	Ongoing	- Sample of Yes Vanilla and Banana received.
<b>IR4.1.6</b>	Define a product monitoring system and conduct a study of a product tracking system	Linkage mitigation of products is available, and drugs can be tracked to ensure quality.	X	X	X	Ongoing	- Estimative quotation to track FP products was received but exceeded budget. IMPACT is still looking for more possibilities and competitive possibilities

IR4.1.7	Ensure preventive measure against COVID-19	Each IMPACT employee, PA, and PARC has access to expendable equipment and supplies to protect against Covid-19	X	X	X	Ongoing	- PPE and expendables continued to be distributed to PARC and PA
<b>IR 4.2 Socially marketed products achieve cost recovery at an affordable price for consumers</b>							
IR4.2.1	Leverage TMA findings from IR 1 to adjust the current product marketing mix and continue to propose options for the optimization of the current socially marketed products portfolio financial sustainability and explore brand extension of Yes With You condoms	A study on the quantification of needs conducted and Marketing Authorization Application submitted for Yes with You condoms. Contract with the supplier signed and procurement initiated to start distribution. Introduction of new brands of pharmaceutical products explored	X	X	X	Ongoing	- Price of Protector Plus were increased for more financial sustainability
<b>Intermediate Result 5 Increased demand for and use of health products among the Malagasy people</b>							
IR5.1.1	In collaboration with the TMA TWG demand creation subcommittee led by the MOPH (DPS), develop and implement activities to increase demand and health products safe use through the National Communication Plan developed in Year 2	Within TMA TWG, activities on demand creation and use of health products are developed and implemented		X	X	Ongoing	- The TMA TWG demand creation subcommittee led by the MOPH (DPS) held its 7th meeting at NMCP on February 3rd, 2021. Activities for each specific objective have been developed.
IR5.1.2	Provide technical and financial support to MOPH communication activities that are linked to the IMPACT mandate	MOPH communication activities linked to the IMPACT mission are supported financially and technically		X	X	Ongoing	- Participation at the celebration of the World Women day. - Involved in the preparation of the LLIN mass distribution campaign lead by the NMCP
IR5.1.3	Conduct communication campaigns for promoting health products of the three prioritized health areas (Malaria, FP and MNCH) through radio, TV spots, job aids, and digital communication (including social media) incorporating gender messaging to promote and use health commodities for population and providers	Market size increased for health products.		X	X	Ongoing	- 528 radio spots were broadcasted in 39 districts of the 10-USAID supported regions from March 01st to 10th. - Support the increase of the price of Protector Plus through the broadcasting of 252 TV spots and 1,333 radio spots in the 13-USAID supported regions from March 22nd to 31 <sup>st</sup> ; production of posters for PA and PARC

									<ul style="list-style-type: none"> <li>- Social mobilization at the community level were held to promote the use of Sur'Eau Pilina, CHX, Sur'Eau 150, and Protector Plus condoms</li> <li>- SMS broadcasted was sent on the management of spoiled and expired medicines to PA, PARC, CHVs</li> </ul>
<b>IR5.1.4</b>		Provide technical and financial support to the Ministry of Youth and Sport (MYS) to develop and implement Youth SBC activities	Youth centers revitalized and Youths are trained on leadership, health products, and behavior change		X	X	Ongoing		<ul style="list-style-type: none"> <li>- In collaboration with MYS and Blue Venture, the first Youth training session was held from March 22<sup>nd</sup> to 26<sup>th</sup> in Ambatomilo, Tuléar</li> </ul>
<b>Cross Cutting Gender</b>									
<b>GESI 1</b>		Continue support for IMPACT TMA approach and GESI integration through relevant technical working groups and platforms	GESI partners and other organisms integrated through TMA TWG	X	X	X	Ongoing		<ul style="list-style-type: none"> <li>- Introduced representatives of GESI partners into TMA-TWG subcommittees and TWGs.</li> <li>- Held monthly meetings with GESI partners and IMPACT teams (TMA and A2F).</li> </ul>
<b>GESI 2</b>		Build capacity of IMPACT staff and partners to better understand and deliver gender-responsive programs and services	IMPACT staffs have good understanding on gender program	X	X	X	Ongoing		<ul style="list-style-type: none"> <li>- Developed GESI and MERL curriculum and conducted training for 12 MERL staffs.</li> <li>- Facilitated second Pause and Reflect session on the malaria market assessment and ITN results.</li> </ul>
<b>GESI 3</b>		Champion inclusive messaging in communication, learning, and investigation materials	GESI is integrated in the communication and research tools	X	X	X	Ongoing		<ul style="list-style-type: none"> <li>- Developed women and health commodities newspaper article for International Women's Day celebrations.</li> <li>- Finalized three A2F and GESI factsheets (generic and bank specific).</li> <li>- Drafted Private Sector and GESI factsheet.</li> </ul>
<b>Cross Cutting MERL</b>									
<b>Monitoring and Evaluation</b>									
<b>CC1</b>		Strengthen LMIS with the use of DHIS2 as data analysis and dissemination tool for the three sectors: public, social marketing, and commercial (pharmaceutical wholesalers, pharmacy, and drug shops).	High performance of the LMIS used for decision-making at all levels (central, regional, district, and commune) with a large participation from the private for profit sector.			X	Ongoing		<ul style="list-style-type: none"> <li>- The LMIS roadmap developed during the workshop in December 2020 was validated by the Secretary General of the Ministry of Health.</li> <li>- The LMIS roadmap implementation is ongoing</li> <li>- The 3 DRSPs and 17 SDSPs are equipped with an internet connection. Remains 3 SDSP: Ankazoabo, Benenitra and Beroroha, contracts are in progress</li> </ul>

CC2	Support technically and financially the DEPSI and DPLMT to ensure that routine data quality assessment (RDQA) is conducted every Quarter at all levels for the three sectors and the data validation process is set up (with a protocol approved by the MOPH).	- Data quality improved and recommendations on data quality issues shared throughout Madagascar - Data validation process is approved by the MOPH			X	Ongoing	RDQA exercises were conducted in 5 Pha-G-Dis, 05 Pha-Ge-Com, 3 PARC and 05 PA in Atsimo Andrefana and Vatovavy Fitovinany regions
<b>Research</b>							
CC3	Implementing studies to feed market assessment design for FP/MNCH Market assessment	Findings from the qualitative survey among key informants, household survey, and outlet survey are available for the market assessment designs for FP and MNCH			X	Ongoing	- Conducted data collector training and data collection for key informant FP and MNCH as well as Outlet Survey
CC5	Implementing other study to inform program intervention	Strategies are adjusted based on the findings from study results		x	x	Ongoing	- Conducted data collector training and data collection for survey to understand barriers and motivations on IPTp use
<b>Knowledge Management</b>							
CC6	Support the IMPACT project team in developing and collecting success stories and documenting IMPACT's innovations in the field	The visibility of IMPACT's activities is increased	x	x	x	Ongoing	- Success Stories developed to document innovations in the field - Success story template and guidelines shared to IMPACT staff

# **ANNEX C - Environmental Mitigation and Monitoring Report**

**Table** : Summary number of the outlets visited

Type of outlet	Number of outlets visited	Total per Outlet	% of outlets visited	Number of field team Supervisor
	<b>Public Sector</b>			
<i>SALAMA/central warehousing</i>	0	6	0%	13 RLA
<i>Pha-G-Dis</i>	48	78	61%	
<i>CSB/Pha-Ge-Com</i>	67	1,734	4%	
	<b>Nonprofit Sector (social marketing)</b>			
<i>Warehouse</i>	5	15	33%	27 DPS
<i>PARC</i>	72	72	100%	
<i>Supply point</i>	937	937	100%	

## Environmental Monitoring and Mitigation Report -EMMR

ACTIVITY	MITIGATION MEASURES	SUMMARY FIELD MONITORING/ISSUES/RESOLUTION	OUTSTANDING ISSUES, PROPOSED RESOLUTION												
<b>1. Capacity building through technical workshops and training to enhance coordination and distribution of quality health products.</b>															
<p>1. Technical assistance, trainings, workshops, and tools developed must include appropriate management practices for facilities of health commodities and integrate sound procedures to manage and properly dispose of health care waste (including expired health products).</p>	<p>1.1.1. Training of CSB (Centre de Santé de Base) providers on proper storage, use and disposal of commodities. Training support may include communication materials and packaging (Job Aids)</p>	<p>Number of CSB providers trained :</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>70</td> <td>95</td> </tr> </tbody> </table> <p>95% [64/67] Pha-Ge-Com visited were trained;some had more than two people trained</p> <p>The criteria of proper storage and disposal of commodities:</p> <ul style="list-style-type: none"> <li>➤ Proper Storage:                             <ul style="list-style-type: none"> <li>- stored on pallets or shelves.</li> <li>- stored at least 30 cm away from walls and other piles</li> <li>- stored in a functional refrigerator.</li> <li>- protected from direct sunlight</li> <li>- storage rooms dry and adequately ventilated.</li> </ul> </li> <li>➤ Proper Disposal of Commodities:                             <ul style="list-style-type: none"> <li>- expired or damaged stored in a separate location. The expired medicines are stored in sealed boxes and in a quarantine space. A label is added mentioning clearly that the products are expire</li> </ul> </li> </ul> <p>Number of CSB complying with proper storage conditions:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Proper storage</td> <td><b>61</b></td> </tr> <tr> <td>Mid storage</td> <td><b>2</b></td> </tr> <tr> <td>Poor Storage</td> <td><b>4</b></td> </tr> </tbody> </table> <p><b>Issues:</b> For the four CSBs with poor storage conditions, there are some issues to resolve:</p> <ul style="list-style-type: none"> <li>- There is no register of obsolete inputs</li> </ul>	Male	Female	Total	25	70	95	Proper storage	<b>61</b>	Mid storage	<b>2</b>	Poor Storage	<b>4</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- Use gloves when handling medical waste</li> <li>- Put in place and regularly update the register with expired medicines and wastes in all CSBs,</li> <li>- Repair the roof of the CSB to improve the storage conditions.</li> <li>- Recall the management on expired date and wastes during the quarterly reviews meetings held by the districts and with all CSBs</li> <li>- Organize storekeeper refresher trainings and on-the-job trainings during the supervisions visits</li> </ul>
Male	Female	Total													
25	70	95													
Proper storage	<b>61</b>														
Mid storage	<b>2</b>														
Poor Storage	<b>4</b>														



- The quarantine zone is not defined
- They do not store the commodities in accordance with the required standards: CSB Ambinanindrano / Mahanoro
- There is a mouse trap in the roof (CSB 2 Foulpointe)
- The storage rooms are not well-cleaned
- The storekeepers are not trained on stock management

**Resolutions:**

During the supervision visits, the RLAs supported the Pha-Ge-Com/CBSs managers to:

- store commodities in accordance with the standards.
- conduct on-the-job training and orient the new storekeepers including the management of expired medicines and wastes.
- Print and post guidelines on the management of expiry and wastes in the service provider's office so that it is clearly visible

Number of CSB not respecting proper disposal of wastes:

Proper Disposal	58
Mid disposal	NA
Poor Disposal	9

**Issues:**

- Job Aids on waste management were not displayed.
- There are new storekeepers who are not yet trained.

**Resolutions:**

During the supervision visits, the RLAs supported the Pha-Ge-Com/CBSs managers to:

- Store expired medicines in a separate box before destruction
- Define an isolated room or in a well-sealed box to serve as a quarantine space for expired medicines or wastes.
- Store commodities according to the standards
- Conduct the on-the-job training and orient the storekeeper on the stock management including management of expiries and wastes

		Print and post guidelines on the management of expired medicines and wastes	
1.1.2. Provide supervision of CSB providers by using a Rapid Monitoring Tool to assess infrastructure and equipment for handwashing, infection prevention (decontamination and containers for infectious waste), waste cans, safety boxes, etc.	<p>These are the infrastructure and non-medical equipment for infection prevention:</p> <ul style="list-style-type: none"> <li>- handwashing device</li> <li>- soap for washing hands</li> <li>- tissue for cleaning</li> <li>- chlorinated water</li> </ul> <p>- <b>7% (5/67)</b> of CSBs visited had not non-medical equipment to prevent infection and contamination.</p> <p><b>Issues:</b></p> <ul style="list-style-type: none"> <li>- The 5 visited CSBs were stocked out of the non-medical equipment during the supervision visit.</li> </ul> <p><b>Resolution:</b></p> <ul style="list-style-type: none"> <li>- The EMADs and RLAs made the CSBs aware of the need to order the non-equipment in an emergency.</li> <li>- The EMAD / RLAs shared the list of these CSBs to the Medical Inspector for follow-up.</li> </ul>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- Support the district teams to plan the distribution of donated non-medical equipment in the context of COVID-19 and to prioritize CSBs stocked out</li> <li>- Remind CSBs to continuously order non-medical equipment and avoid stock out</li> </ul>	
1.1.3. Provide CSB providers with: garbage cans & gloves for ordinary waste; sharps containers and gloves; handwashing device with a bucket to catch handwashing water	<p>Medical equipment for infection prevention are:</p> <ul style="list-style-type: none"> <li>- Safety box</li> <li>- Sharps containers</li> <li>- Gloves</li> <li>- Garbage cans</li> </ul> <p><b>95% (64/67)</b> of CSB were equipped with-medical equipment for infection prevention.</p> <p><b>Issues:</b></p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- During the quarterly review, remind the CSBs to always order safety boxes and avoid stock out</li> </ul>	

		<ul style="list-style-type: none"> <li>- During the supervision the 3 CSBs that were visited were out of order</li> </ul> <p><b>Resolution:</b></p> <ul style="list-style-type: none"> <li>- The EMADs and RLAs have raised awareness of emergency orders of these medical equipment. Note that these items are free and available at the Pha-G-Dis level</li> </ul>	
<p><b>1a</b> (Activity type 1: Support to healthcare facilities and systems [1.2] )  <b>Support or provide technical assistance to develop processes, SOPs, and standards</b> for aspects of healthcare such as waste management, disinfection, and service delivery.</p>	<p>1) Use of host country developed processes, SOPs and standards will be promoted; however, these processes must be assessed to evaluate whether they adequately address potential health and safety and environmental impacts of the operation of healthcare services and generated wastes.</p> <p>2) If no SOPs exist or gaps are identified, develop and implement SOPs in accordance with best management practices</p> <p>3) When adequate waste management procedures are not available, develop and implement a WMP that addresses management of waste streams associated with healthcare services. See USAID’s Integrated Waste Management Plan for additional guidance.</p>	<p>1a1) Review of the adequacy of existing SOPs:</p> <p><b>Results:</b> SOPs of hand washing, sorting waste in 3 bins (glass packaging, paper &amp; plastics and food waste), composition of bleach dilution are posted in some CSB visited in Atsinanana, Analanjirofo and Sofia.</p> <p><b>Issues:</b> Less supervision due to COVID-19 restrictions</p> <p><b>Resolution:</b> Collaborating with MOPH to collect their supervision report</p>	<p><b>Outstanding Issues:</b> Lack of working session with MOPH for the importance of EMMR checking</p> <p><b>Recommendations:</b> Collaborating with the MOPH in order to use the EMMP data collection tool during their supervision</p>
		<p>1a2a) Verification of the development and implementation of SOP:</p> <p><b>Result:</b> SOPs of hand washing, sorting waste in 3 bins (glass packaging, paper &amp; plastics and food waste), composition of bleach dilution are posted in some CSB visited</p> <p><b>Issues:</b> Less supervision due to covid-19 restriction</p> <p><b>Resolution:</b> Collaboration with MOPH to collect their supervision report</p>	<p><b>Outstanding Issues:</b> Lack of working session with MOPH for the importance of EMMR checking</p> <p><b>Recommendations:</b> Collaborating with the MOPH in order to use the EMMP data collection tool during their supervision</p>
		<p>1a2b) Accordance of the operation with the SOP</p> <p><b>Result:</b> The SOP posted is in accordance with the best management practices</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations :</b> None</p>
		<p>1a3) Verification of the development and revision of WMP</p>	<p><b>Outstanding Issues:</b> There is no WMP available</p>

		<p><b>Result and issues:</b> There is no WMP available</p> <p><b>Resolution:</b> Collaborating with the Infectious diseases manager and hygienist manager to perform a WMP following the waste management training</p>	<p><b>Recommendations:</b> Future action with the MOPH will be to work on the WMP document</p>
<p><b>1b</b> (Activity type 1: Support to healthcare facilities and systems [1.3]). <b>Support to healthcare facilities and systems: training, technical assistance, and capacity building of health care workers, waste workers, staff, community health care workers, and volunteers</b> in areas of PPE use, waste management, procurement, storage, and disposal of commodities, and disinfection</p>	<p>1) Training/curricula/supervision that creates waste as part of the training will address appropriate best management practices concerning the proper management of healthcare waste, sample handling and disposal, and PPE use. PPE must be provided to trainers, if dictated by the type of training.</p> <p>2) Trainers will be equipped with PPE, as dictated by the type of training.</p> <p>3) Training on waste management, storage of commodities, disinfection, and PPE use must be in accordance with the USAID guidance and best standard of practice promoted by local authorities at the time of the training. PPE for healthcare and waste workers depends on the setting, personnel, and type of activity. See WHO's Rational Use of PPE for COVID-19.</p>	<p>1b1) Respect of the best appropriate management practices during training and supervision</p> <p><b>Result:</b> None (the supervision activity after the training was assigned to the MOPH and no more training on waste management on QUARTER 2)</p> <p><b>Issues:</b> MOPH planned less training and supervision due to COVID-19 restrictions</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>
		<p>1b2) PPE provided and used by trainers:</p> <p><b>Result:</b> None (no more training on waste management on QUARTER 2)</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>
		<p>1b3a) Interview with participants to verify training was conducted:</p> <p><b>Result:</b> None (the supervision activity after the training was assigned to the MOPH and no more training on waste management on QUARTER 2)</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>
		<p>1b3b) Use of the supervision checklist developed from the training curricula to ensure compliance by health care workers.</p> <p><b>Result:</b> The supervision activity after the training was assigned to the MOPH.</p> <p><b>Issues:</b> MOPH supervision report not updated and unshared</p> <p><b>Resolution:</b> Collaboration with MOPH to collect their supervision report</p>	<p><b>Outstanding Issues:</b> Lack of working session with MOPH for the importance of EMMR checking</p> <p><b>Recommendations:</b> Collaborating with the MOPH in order to use the EMMP data collection tool during their supervision</p>

<b>2. Social Marketing, Education, &amp; Social Behavior Change (SBC ).</b>			
<p>2. “Programs involving nutrition, health care, or population and family planning services” These activities promote the use of commodities such as condoms, drugs, and insecticide-treated nets. Improper disposal of these items by end-users (the targets of the marketing messages)</p>	<p>2.1.1 Include messages on proper storage, use and disposal of commodities in the communication campaigns using various channels such as mass-media. Messages will be tested with a diverse audience (differences in sex, age, literacy level, and socio-economic status).</p> <p>Details of the activities will be included in the communication plan.</p>	<p>Number of communication materials or radio spots or TV spots with instructions on proper storage, use, and disposal of commodities by end-users broadcasted:</p> <p><b>Result:</b></p> <ul style="list-style-type: none"> <li>– Instructions on proper use of commodities were included in the radio spot. During Quarter 2, 528 radio spots on Sur’Eau Pilina, 1,333 radio spots and 252 TV spots on Protector Plus were aired for end-users.</li> <li>– Pictogram on disposal of Protector Plus was inserted in the 1,000 posters produced for Protector Plus.</li> <li>– Two (2) kind of SMS broadcasted were sent to the PA, PARC, CHVs and Pha-G-Dis on proper storage of commodities.</li> <li>– In the layout of the posters to be produced for the mass LLIN distribution campaign, pictograms on environment mitigation, disposal of LLIN are included.</li> </ul> <p><b>Issues:</b> None <b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>
<p><b>2a</b> (Activity type 1: Communication, outreach, planning - [1.1]). <b>Social behavior change: outreach, planning</b></p>	<p>1) Stay informed about ways to prevent COVID-19 transmission over the course of the activities, including where appropriate, training staff and beneficiaries on social distancing, PPE use, and disinfection. Guidance can be found from local authorities or at the following websites:</p> <ul style="list-style-type: none"> <li>●CDC’s Coronavirus Disease Site</li> <li>●WHO Getting your Workplace Ready for COVID-19</li> </ul>	<p>2a1) Updates made to activities and training procedures to include COVID-19 best practices as appropriate.</p> <p><b>Result:</b> Teams on the field are regularly sensitized on the methods to prevent COVID-19 and on the systematic use of PPE, SHA gel during the activities and respect of social distancing</p> <ul style="list-style-type: none"> <li>– Commodities (SHA gel) have been made available.</li> <li>– Regular disinfection of offices and vehicles were realized.</li> </ul> <p><b>Issues:</b> None <b>Resolution:</b> No non-compliance noted</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>
		<p>2a2) Use of remote training and meetings.</p>	<p><b>Outstanding Issues:</b> None</p>

	<p>●UNICEF, WHO, IRCF Key Messages and Actions for COVID-19 Prevention and Control in Schools</p> <p>2) Where appropriate and available, remote training and other non-face to face communications will be utilized when possible until the risk of infection passes.</p> <p>3) Local COVID-19 regulations on the size of gatherings and travel advisories will be followed.</p>	<p><b>Result:</b> Since the end of January, IMPACT applied staff rotation and teleworking. Then, all meetings are through virtual conference or in a hybrid with a limit of 10 participants face to face.</p> <p><b>Issues:</b> Enough data was given to the staff to attend all the remote meeting.</p> <p><b>Resolution:</b> Data have been upgraded</p>	<p><b>Recommendations:</b> None</p>
		<p>2a3) Local regulations on the size of gatherings and travel advisories integrated into activities.</p> <p><b>Result:</b> For education activities in the field, communication team worked in collaboration with DRSP-CCOR and respected instruction from them.</p> <p><b>Issues:</b> In March of 2021, trainers from Tana conducted training sessions for Youth leaders. On the other hand, staffs from Tana did not move because of the travel restriction.</p> <p><b>Resolution:</b> The training sessions were conducted by local team.</p>	<p><b>Outstanding Issues:</b> Find other way to sensitize community avoiding gathering people</p> <p><b>Recommendations:</b> Awareness can be done through:</p> <ul style="list-style-type: none"> <li>- Broadcasting of TV and radio spots</li> <li>- Interviews during TV and radio news or emissions.</li> </ul> <p>IMPACT supported local DRSP’s intervention during TV news to sensitize the populations on COVID-19 and the broadcasting of TV and radio spots.</p>

**3. Storage, management, distribution, transportation & disposal of public health commodities & equipment.**

<p>3. Storage, Management, Distribution &amp; Disposal of Public Health Commodities &amp; Equipment</p>	<p>3.1.1. Include in the training curriculum, how to properly manage expired (properly logged), obsolete or surplus commodities for PSI central warehouse, PARC, PA and public sector (SALAMA/central warehousing, Pha-G-Dis, Pha-Ge-Com and CSB). A disposal plan will be created and will be available for the trainees following the national guidelines.</p>	<b>Nonprofit sector</b>			<p><b>Outstanding Issues:</b> Training of the 3 warehouses not trained on management of expired, obsolete and surplus commodities</p> <p><b>Recommendations:</b> -Perform an online evaluation followed by training during Quarter 3</p> <p>- Continue capacity building and reminders on this topic during supervision in PARCS and PA</p>													
		<p>Number of PSI central warehouse, PARC, PA trained on expired, obsolete, and surplus commodities:</p> <table border="1" data-bbox="698 1007 1211 1158"> <thead> <tr> <th>Type</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>Warehouse</b></td> <td><b>3</b></td> <td><b>2</b></td> <td><b>5</b></td> </tr> <tr> <td><b>PA</b></td> <td><b>393</b></td> <td><b>544</b></td> <td><b>937</b></td> </tr> <tr> <td><b>PARC</b></td> <td><b>24</b></td> <td><b>48</b></td> <td><b>72</b></td> </tr> </tbody> </table> <p>- In 5 warehouses supervised, 60% (3/5) were not trained on management of expired, obsolete and surplus commodities. The 2 warehouses that have been visited have more than 2 people trained.</p>				Type	Male	Female	Total	<b>Warehouse</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>PA</b>	<b>393</b>	<b>544</b>	<b>937</b>	<b>PARC</b>
Type	Male	Female	Total															
<b>Warehouse</b>	<b>3</b>	<b>2</b>	<b>5</b>															
<b>PA</b>	<b>393</b>	<b>544</b>	<b>937</b>															
<b>PARC</b>	<b>24</b>	<b>48</b>	<b>72</b>															

	Curriculum will be adapted to different literacy or education levels to ensure effective understanding.	<ul style="list-style-type: none"> <li>100% of PARC and PA visited were trained.</li> </ul> <p><b>Issues:</b> Due to travel restrictions, only a few warehouses received training</p> <p><b>Resolution:</b> In Q3 of this year all warehouse workers will be evaluated online</p>																	
<b>Public Sector</b>																			
		<p>Number of public sector persons trained:</p> <table border="1" data-bbox="698 459 1247 644"> <thead> <tr> <th>Type</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>SALAMA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Pha-G-Dis</td> <td>30</td> <td>34</td> <td>64</td> </tr> <tr> <td>CSB/Pha-Ge-Com</td> <td>23</td> <td>72</td> <td>95</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Some of Pha-G-Dis and Pha-Ge-Com had more than two people trained.</li> <li>94% (63/67) Pha-Ge-Com and 100% (48/48) Pha-G-Dis storekeepers were trained.</li> </ul> <p><b>Issues</b></p> <ul style="list-style-type: none"> <li>4 newly recruited storekeepers of Pha-Ge-Com/CSB have not yet received the on-boarding training.</li> </ul> <p><b>Resolution:</b></p> <ul style="list-style-type: none"> <li>During the supervision visits, the 4 storekeepers of Pha-Ge-Com received the on-the-job training carried out by the RLAs in QUARTER 2.</li> <li>During the training, the RLAs used the Pha-Ge-Com training curriculum in stock management (Manuel de GIS) including the management of expired products and waste.</li> </ul>	Type	Male	Female	Total	SALAMA	NA	NA	NA	Pha-G-Dis	30	34	64	CSB/Pha-Ge-Com	23	72	95	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Work and coordinate with the EMAD and ACCESS to identify newly recruited storekeepers of Pha-Ge-Com/CSBs and provide on-boarding training as soon as recruited</li> </ul>
Type	Male	Female	Total																
SALAMA	NA	NA	NA																
Pha-G-Dis	30	34	64																
CSB/Pha-Ge-Com	23	72	95																
<b>Nonprofit sector</b>																			
	3.1.2. Regularly check expiry date of commodities during monthly visit of PSI central warehouse, PARC, PA and	Number of expired, obsolete, and surplus products at PSI central warehouse, PARC and Supply Point:	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p>																

<p>public sector (SALAMA/central warehousing, Pha-G-Dis, Pha-Ge-Com and CSB).</p> <p><i>"If there are expired products in the warehouse, the supervisor will take appropriate action to rectify the practice"</i></p>	<table border="1"> <thead> <tr> <th><i>Product</i></th> <th><i>Expiry</i></th> <th><i>Surplus</i></th> <th><i>Obsolete</i></th> </tr> </thead> <tbody> <tr> <td><b>Warehouse</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td><b>PA</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td><b>PARC</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> </tbody> </table> <p>– Principles and rules of storage, management, distribution and disposal of public health products and equipment were respected.</p> <p><b>Issues:</b> None <b>Resolution:</b> None</p>	<i>Product</i>	<i>Expiry</i>	<i>Surplus</i>	<i>Obsolete</i>	<b>Warehouse</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>PA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>PARC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<p>– Continue to maintain a zero number of expired, surplus and obsolete in all facilities by continuing supply chain meeting and by releasing monthly alerts on stock at risk of expiry</p> <p>– Plan regular reminders and capacity building</p>
	<i>Product</i>	<i>Expiry</i>	<i>Surplus</i>	<i>Obsolete</i>														
<b>Warehouse</b>	<b>0</b>	<b>0</b>	<b>0</b>															
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<b>PARC</b>	<b>0</b>	<b>0</b>	<b>0</b>															
<b>Public Sector</b>																		
<p>Number of expired, obsolete, and surplus products at Public sector:</p> <table border="1"> <thead> <tr> <th><i>Product</i></th> <th><i>Expiry</i></th> <th><i>Surplus</i></th> <th><i>Obsolete</i></th> </tr> </thead> <tbody> <tr> <td><b>SALAMA</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td><b>Pha-G-Dis</b></td> <td><b>1,754</b></td> <td><b>434,937</b></td> <td><b>394</b></td> </tr> <tr> <td><b>Pha-Ge-Com</b></td> <td><b>186</b></td> <td><b>2,225</b></td> <td><b>17</b></td> </tr> </tbody> </table> <p><b>Issues:</b></p> <p>– There were expired products that remain stored in the stores and not yet destroyed (Pha-G-Dis Diego 2, CHRR Morondava) The expired commodities were stored on the shelves.</p> <p><b>Resolution:</b></p> <p>The following actions were taken by the RLAs:</p> <p>– During the supervision at the Pha-G-Dis and Pha-Ge-Com level, the RLAs have always assessed monthly stock available based on consumptions and the action plans were then debated with the GAS and UTGL committees in case of risk of stock outs or surplus with risk of expiration dates.</p> <p><u>At CSB level:</u></p>	<i>Product</i>	<i>Expiry</i>	<i>Surplus</i>	<i>Obsolete</i>	<b>SALAMA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>Pha-G-Dis</b>	<b>1,754</b>	<b>434,937</b>	<b>394</b>	<b>Pha-Ge-Com</b>	<b>186</b>	<b>2,225</b>	<b>17</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <p>– Collaborate with ACCESS and EMAD to evaluate stocks on hand and identify risk of surplus and then, organize redeployment in case of surplus to avoid expiry of medicines</p> <p>– In case of expired products, proceed directly to the destruction in compliance with procedure defined in the stock management manual (Manuel GIS)</p>	
<i>Product</i>	<i>Expiry</i>	<i>Surplus</i>	<i>Obsolete</i>															
<b>SALAMA</b>	<b>0</b>	<b>0</b>	<b>0</b>															
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		<ul style="list-style-type: none"> <li>- The quantities in surplus were brought back to their respective Pha-G-Dis (Pha-G-Dis of Majunga II, Ambatoboeny and Majunga I).</li> </ul> <p><u>At Pha-G-Dis level:</u></p> <ul style="list-style-type: none"> <li>- The quantities in surplus were redeployed to other nearby Pha-G-Dis (5,400 SP tablets were redeployed from Manja to Morondava)</li> <li>- The expired commodities of Pha-G-Dis of Diego 2 were reported to the UGLT level and the latter will define the action plan of destruction of the expired medicines at the next UTGL meeting.</li> <li>- The expired medicines of the CHRR in Morondava have been destroyed.</li> <li>- The RLAs helped the storekeepers at Pha-G-Dis move expired medicines and waste from the store to a quarantine zone.</li> </ul>							
	<p>3.1.3. Provide guidelines and appropriate communication tools on storage conditions for each product by following standard guidelines for Proper Storage and distribution of Health Commodities for PSI central warehouse, PARC, PA and public sector (SALAMA/central warehousing, Pha-G-Dis , Pha-Ge-Com and CSB)</p>	<b>Nonprofit Sector</b>							
		<p>Number of PSI central warehouse, PARC, PA that have guidelines and communication tools:</p> <table border="1" data-bbox="701 850 1124 967"> <tr> <td><b>Warehouse</b></td> <td><b>5</b></td> </tr> <tr> <td><b>PARC</b></td> <td><b>72</b></td> </tr> <tr> <td><b>PA</b></td> <td><b>937</b></td> </tr> </table> <ul style="list-style-type: none"> <li>- 100% of warehouses; PARC and PA supervised have guidelines and appropriate communication tools on storage conditions for each product.</li> </ul> <p><b>Issues:</b> None <b>Resolution:</b> None</p>	<b>Warehouse</b>	<b>5</b>	<b>PARC</b>	<b>72</b>	<b>PA</b>	<b>937</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- Ensure warehouse dedicated to LLINs storage (2021 campaign) are equipped with guidelines and communication tools</li> <li>- Continuously check the quality and availability of the guidelines and communication tools</li> </ul>
		<b>Warehouse</b>	<b>5</b>						
		<b>PARC</b>	<b>72</b>						
<b>PA</b>	<b>937</b>								
<b>Public Sector</b>									
<p>Number of public sector that have guidelines and communication tools :</p> <table border="1" data-bbox="701 1390 1211 1428"> <tr> <td><b>SALAMA</b></td> <td><b>0</b></td> </tr> </table>	<b>SALAMA</b>	<b>0</b>	<p><b>Outstanding Issues:</b> None</p>						
<b>SALAMA</b>	<b>0</b>								

		<table border="1" data-bbox="701 148 1211 233"> <tr> <td><b>Pha-G-Dis</b></td> <td><b>46</b></td> </tr> <tr> <td><b>CSB/Pha-Ge-Com</b></td> <td><b>45</b></td> </tr> </table> <p data-bbox="701 272 1476 336">- 2/48 Pha-G-Dis and 22/67 Pha-Ge-Com did not have guidelines and communication tools:</p> <p data-bbox="701 405 786 432"><b>Issues:</b></p> <p data-bbox="701 440 1361 467">The DPLMT has not shared hardcopies of the guidelines</p> <p data-bbox="701 475 842 502"><b>Resolution:</b></p> <p data-bbox="701 510 1476 574">During each supervision at the Pha-G-Dis and CSB level, the RLAs posted the communication supports including:</p> <ul data-bbox="701 582 1476 831" style="list-style-type: none"> <li>- Roles and responsibilities of key actors in supply chain such as the Chief CSB, CoGe, storekeeper at the Pha-Ge-Com, Community Health Volunteer.</li> <li>- Guide on management of expired dates and damaged inputs;</li> <li>- Best storage conditions guide;</li> <li>- Job Aids explaining how to calculate and estimate order quantities, as well as the formula and templates that are used</li> </ul>	<b>Pha-G-Dis</b>	<b>46</b>	<b>CSB/Pha-Ge-Com</b>	<b>45</b>	<p data-bbox="1487 153 1727 180"><b>Recommendations:</b></p> <ul data-bbox="1487 188 2190 360" style="list-style-type: none"> <li>- Coordinate with DPLMT and ACCESS to print and disseminate hardcopies of communication tools</li> <li>- During the quarterly review and supportive supervision, explain the content of the communication tools and guide and print some copies to provide to CSBs in need</li> </ul>
<b>Pha-G-Dis</b>	<b>46</b>						
<b>CSB/Pha-Ge-Com</b>	<b>45</b>						
<p data-bbox="60 866 318 1249"><b>3a</b> (Activity type 3: Procurement and training [3.1]). <b>Procurement or logistics support</b> (distribution and transport) for healthcare commodities, diagnostic kits, PPE, and equipment for response to emerging threats</p>	<p data-bbox="340 866 678 1318">1) Procure health commodities that comply with host country and international regulatory, shipping, and packaging requirements to ensure that only appropriate products enter the supply system. This includes products that are manufactured at facilities that meet good manufacturing practice (GMP) certification requirements, as recommended by the WHO or are pre-qualified by WHO.</p> <p data-bbox="340 1358 678 1422">2) Develop and implement an inspection and quality</p>	<p data-bbox="701 866 1464 959">3a1a) Review of product specifications to ensure they meet host country and international regulatory, shipping, and packaging requirements.</p> <p data-bbox="701 999 1464 1206"><b>Result:</b> All products specifications (15 local procurement requests related for healthcare commodities) were reviewed during this time. In addition to the existing procedure, suppliers are also required to provide samples and certificates of analysis for medical devices and pharmaceutical products purchased locally.</p> <p data-bbox="701 1214 853 1241"><b>Issues:</b> None</p> <p data-bbox="701 1249 913 1276"><b>Resolution:</b> None</p> <p data-bbox="701 1284 1464 1422">3a1b) Maintain copies of procurement records (e.g., manufacturing records, Certificate of Analysis, test data, regulatory certificates, etc.) and copies of quality documentation on file.</p>	<p data-bbox="1487 866 1805 893"><b>Outstanding Issues:</b> None</p> <p data-bbox="1487 975 1794 1002"><b>Recommendations:</b> None</p> <p data-bbox="1487 1284 1805 1311"><b>Outstanding Issues:</b> None</p> <p data-bbox="1487 1393 1794 1420"><b>Recommendations:</b> None</p>				

	<p>assurance process for assessing and monitoring product quality. Considerations include, but are not limited to:</p> <ul style="list-style-type: none"> <li>●Selecting reliable and vetted suppliers:</li> <li>●Using existing quality assurance mechanisms established by WHO</li> <li>●Establishing a system to report poor quality, expired, or defective products; and</li> <li>●Performing regular pre- and post-shipment testing.</li> </ul> <p>3) Develop and implement SOPs for the safe distribution of health commodities being transported in bulk in motorized vehicles.</p> <p>4) Develop and implement SOPs for the safe transport of samples and supplies being transported in bulk in motorized vehicles.</p>	<p><b>Result:</b> All quality documentation is recorded and available at any time</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	
		<p>3a2) Verification of the development and implementation of the quality assurance process</p> <p><b>Result:</b> Pre-testing is implemented for most international purchase and an alert system for reporting expired defective products is being implemented by Warehouse. Supply chain meetings were conducted since December 2020 to report product at risk of expiry. Any quality issue of product can be reported during those meetings.</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> In addition to current actions, initiate regional teams to report any issues regarding product quality (to be shared during supply chain meeting)</p>
		<p>3 and 4) Verification of the development of the SOP and comparison with the standard SOP developed by WHO/USAID</p> <p><b>Result:</b> All communication tools were in accordance with WHO/USAID recommendation. Tools are continuously distributed to all transport</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> Continue the distribution of communication tools related to safe distribution of health commodities</p>
<p><b>3b</b> (Activity type 3: Procurement and training [3.2]). <b>Training, capacity building, technical assistance</b> of health workers responding to COVID-19</p>	<p>Activities will be conducted following guidelines and must comply with local, national, USAID, or its own organizational environmental policies.</p>	<p>3b) Site visits to verify that SOPs were implemented. Include dates of visits, findings, and any non-compliance issues.</p> <p><b>Result:</b> Official visits during COVID-19 were not conducted as supervision activity was assigned to the MOPH. Otherwise, some sites were visited with joint supervision with USAID in Atsinanana (CSBII Ankirihiry, Antetazambato, Andondabe, Foulpointe) on February and in Analanjirofo from 8 to 15<sup>th</sup> February, also supervision on activity field with IMPACT team in CSBII Anahindrano – SOFIA from 16<sup>th</sup> to 19<sup>th</sup> February.</p>	<p><b>Outstanding Issues:</b> Lack of working session with MOPH for the importance of EMMR checking</p> <p><b>Recommendations:</b> Collaborate with the MOPH to use the EMMP data collection tool during their supervision.</p>

		<p>Findings: Wash equipment (hand washing devises, soap) and hydroalcoholic gels were available. Health workers wore surgical masks. SOP on using bleach composition, hand washing, sorting of waste were displayed.</p> <p><b>Issues:</b> Less visits were done due to COVID-19 restriction  <b>Resolution:</b> Collaborating with MOPH to collect their supervision report</p>					
<b>4. Storage and distribution of LLIN</b>							
4.1. Insecticide quality and resistance	4.1.1.1. Use pre-approved WHOPEs brands of LLINs to ensure the quality and efficacy of the LLINs purchased, that they contain effective pyrethroid levels.	<p>Pre-campaign of the 2021 mass campaign</p> <p><b>Issues:</b> Problem of low efficacy of insecticides in LLINs  The result of the Net Durability of 2018 mass campaign showed that after 24 months of use, both DawaPlus® 2.0 and PermaNet® 2.0 nets also presented a mortality far below the WHO threshold. For DawaPlus® 2.0 nets, the mortalities were 29.0%, 24.0% and 21.2% respectively for Bekily, Farafangana and Maintirano districts while for PermaNet® 2.0 nets, it was 25.8%.</p> <p><b>Resolution:</b>  Acquisition of LLINs from WHO Prequalified Suppliers 3,677,000 PMI's funded LLINs are all provided by WHO prequalified suppliers (FUJIAN YAMEI INDUSTRY for LLIN standard and VESTERGAARD for LLIN with PBO).  LLIN bio efficacy test before distribution: ongoing at IPM level</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>				
4.2. Storage of LLIN	4.2.1.1. Store LLINs in wooden pallets, dry, ventilated, and secure areas to prevent theft or unauthorized access.	<p>Number of PSI warehouses that meet storage quality:</p> <table border="1" data-bbox="698 1193 1214 1273"> <thead> <tr> <th>Level</th> <th>number</th> </tr> </thead> <tbody> <tr> <td><b>Central warehouse</b></td> <td><b>3</b></td> </tr> </tbody> </table> <p>3 of 5 warehouses are storing LLINs; all warehouses meet storage quality for LLIN storage (Dry and cool place, away from sunshine, maximum of 3,5m height for ballots, letting enough</p>	Level	number	<b>Central warehouse</b>	<b>3</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> Ensure all 2021 campaign meet the storage quality for LLIN storage</p>
Level	number						
<b>Central warehouse</b>	<b>3</b>						

		<p>circulation space. We are storing the LLINs on wooden planks supported by square wood as “pallets” and the warehouses are being secured by VESTA security.)</p> <p><b>Issues:</b> None <b>Resolution:</b> None</p>									
	<p>4.2.1.2 Post guard or use barred windows as needed</p>	<p>Number of PSI warehouses and field storage areas with post guard or barred windows:</p> <table border="1" data-bbox="698 507 1460 584"> <thead> <tr> <th>Level</th> <th>Post Guard</th> <th>Barred Windows</th> </tr> </thead> <tbody> <tr> <td><b>Warehouses</b></td> <td><b>5</b></td> <td><b>4</b></td> </tr> </tbody> </table> <p>- All warehouses storing LLINs were post guarded and equipped with barred windows.</p> <p><b>Issues:</b> None <b>Resolution:</b> None</p>	Level	Post Guard	Barred Windows	<b>Warehouses</b>	<b>5</b>	<b>4</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> Ensure warehouse storing LLINs for 2021 campaign have appropriate protection measures (Post guarded and barred windows)</p>		
Level	Post Guard	Barred Windows									
<b>Warehouses</b>	<b>5</b>	<b>4</b>									
	<p>4.2.1.3. Post visible warning signs on doors and windows in local language to alert people that pesticide products are stored inside</p>	<p>Number of PSI warehouses and field storage areas equipped with warning signs:</p> <table border="1" data-bbox="698 970 1254 1123"> <thead> <tr> <th>Level</th> <th>Having warning signs</th> </tr> </thead> <tbody> <tr> <td><b>Central warehouse</b></td> <td><b>3</b></td> </tr> <tr> <td><b>PARC</b></td> <td><b>9</b></td> </tr> <tr> <td><b>PA</b></td> <td><b>157</b></td> </tr> </tbody> </table> <p>- Availability of the warning signs pesticide at PARC &amp; PA in the districts involved in LLINs distribution through the DCC.</p> <p>- 3 warehouses were equipped with warning signs whereas the 2 were not. These two warehouses were not storing LLINs</p> <p><b>Issues:</b> None <b>Resolution:</b> None</p>	Level	Having warning signs	<b>Central warehouse</b>	<b>3</b>	<b>PARC</b>	<b>9</b>	<b>PA</b>	<b>157</b>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>-Provide warning signs for new warehouses dedicated to LLIN campaign</li> <li>-Removed warning signs in the PARCs and PAs at the end of DCC.</li> </ul>
Level	Having warning signs										
<b>Central warehouse</b>	<b>3</b>										
<b>PARC</b>	<b>9</b>										
<b>PA</b>	<b>157</b>										

	4.2.2.1. Ensure provision of gloves and instruction on their use	Pre-campaign of the 2021 mass campaign Number of workers equipped with gloves and the instruction of their use (disaggregated by sex) is not available for QUARTER 2Y3.  <b>Issues:</b> At central level, gloves will be procured to workers before dispatch of LLINs will start <b>Resolution:</b> None	<b>Outstanding Issues:</b> None <b>Recommendations:</b> None
	4.2.2.2. Provide worker training on the proper handling and display of LLINs. The training materials will include messages related to malaria prevention and proper use of LLINs using mass-media and interpersonal communication (by Mahefa-Miaraka and ACCESS)	Pre-campaign of the 2021 mass campaign Number of workers trained on proper handling and display of LLINs (disaggregated by sex)  - Will be reported in Quarter 4 Year 3.	<b>Outstanding Issues:</b> None <b>Recommendations:</b> None
4.4. Packaging	4.4.1.1. Ensure that SBCC messages inform campaign distributors and local communities about the potential harm to human health and the environment if bags and baling materials are reused and are in line with the malaria national communication plan (2018-2022)	Pre-campaign of the 2021 mass campaign Number of campaign distributors and community leaders trained on potential harm (disaggregated by sex)  - Will be reported in Quarter 4 Year 3	<b>Outstanding Issues:</b> None <b>Recommendations:</b> None
	4.4.1.2. Support the NMCP in the development of the national malaria communication plan 2018-2022) which will provides guidance, best practices for	Pre-campaign of the 2021 mass campaign Communication tools (job aids, pamphlets) created and distributed on how to handle and dispose bags and baling materials (communication tools will include details of the disposal plan)	<b>Outstanding Issues:</b> None <b>Recommendations:</b> None

	<p>handling and disposing of bags and baling materials. Messages need to be adapted for literacy or education levels.</p>	<ul style="list-style-type: none"> <li>- Will be reported in Quarter 4 Year 3</li> </ul> <p>Number of campaign distributors and community leaders trained on how to handle and dispose bags and baling materials (disaggregated by sex)</p> <ul style="list-style-type: none"> <li>- Will be reported in Quarter 4 Year 3</li> </ul>	
	<p>4.4.1.3. Encourage the MOPH and the RBM (Roll Back Malaria) committee to procure LLINs with bulk packaging. The project will coordinate with NMCP to create a waste management plan.</p>	<p>Minutes on decision of bulk packaging during RBM meeting Waste management plan developed</p> <p><b>Issues:</b> None <b>Resolution:</b> Following the NCC's decision on LLINs acquisition without individual packaging, NMCP drew up a signed document with the technical specifications of LLINs to be distributed for the country.</p>	<p><b>Outstanding Issues:</b> None <b>Recommendations:</b> None</p>

### 5. Climate Risk Management

<p>5.1. Proper storage and transportation of commodities and LLIN</p>	<p>5.1.1.1. The storage and transportation of the commodities and LLIN should be:</p> <ul style="list-style-type: none"> <li>- away from humidity,</li> <li>- protected from high temperature/heat</li> <li>- in a high area to avoid damaged or deterioration by flood,</li> <li>- stored in a robust building (made with burnt brick, cement or modern materials) to avoid deterioration of the warehouse by cyclone and landslide,</li> </ul>	<p>The storage and transportation met the following criteria:</p> <ul style="list-style-type: none"> <li>➤ Standard Storage: <ul style="list-style-type: none"> <li>- SS1: Dry and ventilated</li> <li>- SS2: High</li> <li>- SS3: Robust</li> <li>- SS4: Temperature controlled</li> <li>- SS5: Away from moisture</li> <li>- SS6: Heat</li> <li>- SS7: Direct sunlight</li> </ul> </li> <li>➤ Standard transportation conditions: <ul style="list-style-type: none"> <li>- ST5: Away from moisture</li> <li>- ST6: Heat</li> <li>- ST7 : Direct sunlight</li> </ul> </li> </ul>	
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in area with temperature controlled, including transportation from central warehouse to the Pha-G-Dis , Pha-Ge-Com, and to the LLIN distribution sites

**Nonprofit Sector**

Number of Warehouse meeting the criteria of storage and transportation of products:

Storage			
	Warehouse	PARC	PA
SS1	3	NA	NA
SS2	5	NA	NA
SS3	5	NA	NA
SS4	5	NA	NA
SS5	5	NA	NA
SS6	4	NA	NA
SS7	4	NA	NA
Transportation			
ST5	5	72	937
ST6	4	72	937
ST7	4	72	937

- All warehouses involved in LLIN storage (3) met appropriate storage and transportation criteria
- Standard transportation conditions were respected in all PARCs and PAs

**Issues:** None

**Resolution:** None

**Outstanding Issues:** None

**Recommendations:**

-Ensure storage and transportation conditions will be respected during the campaign

**Public Sector**

Number of Public Sector meeting the criteria of storage and transportation of products:

Storage			
	SALAMA	Pha-G-Dis	Pha-Ge-Com/CSB
SS1	0	45	66
SS2	0	48	67

**Outstanding Issues:** Temperature control is challenging for the public sector facilities

**Recommendations:**



		<table border="1"> <tr><td>SS3</td><td>0</td><td>46</td><td>67</td></tr> <tr><td>SS4</td><td>0</td><td>19</td><td>18</td></tr> <tr><td>SS5</td><td>0</td><td>NA</td><td>55</td></tr> <tr><td>SS6</td><td>0</td><td>NA</td><td>54</td></tr> <tr><td>SS7</td><td>0</td><td>NA</td><td>52</td></tr> <tr><td colspan="4">Transportation</td></tr> <tr><td>ST5</td><td>0</td><td>NA</td><td>55</td></tr> <tr><td>ST6</td><td>0</td><td>NA</td><td>54</td></tr> <tr><td>ST7</td><td>0</td><td>NA</td><td>52</td></tr> </table> <p><b>Issues:</b> Distribution and transportation standards were hard to reach, especially the temperature control</p> <p><b>Resolution:</b> Identify needs of thermometers to ensure temperature control. In the coming quarters, IMPACT will discuss with private sector companies raising funds for purchasing the thermometers for CSB and Pha-G-Dis in need.</p>	SS3	0	46	67	SS4	0	19	18	SS5	0	NA	55	SS6	0	NA	54	SS7	0	NA	52	Transportation				ST5	0	NA	55	ST6	0	NA	54	ST7	0	NA	52		<ul style="list-style-type: none"> <li>- Collaborate with EMAD and ACCESS to sensitize the Pha-G-Dis and CSB to purchase thermometers and to control the temperature of the storage room</li> </ul>
SS3	0	46	67																																					
SS4	0	19	18																																					
SS5	0	NA	55																																					
SS6	0	NA	54																																					
SS7	0	NA	52																																					
Transportation																																								
ST5	0	NA	55																																					
ST6	0	NA	54																																					
ST7	0	NA	52																																					
	<p>5.1.1.2. Organizing capacity building through technical workshops and training to enhance coordination and distribution of quality health products: among PSI central warehouse, PARC, PA and public sector (SALAMA/central warehousing, Pha-G-Dis , Pha-Ge-Com and CSB), and those responsible for sending commodities and LLINs.</p>	<p style="text-align: center;"><b>Nonprofit</b></p> <p>Number persons from PSI central warehouse, PARC, PA trained:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>Warehouse</b></td> <td>3</td> <td>2</td> <td>5</td> </tr> <tr> <td><b>PA</b></td> <td>393</td> <td>544</td> <td>937</td> </tr> <tr> <td><b>PARC</b></td> <td>24</td> <td>48</td> <td>72</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>- In 5 warehouses supervised, 60% (3/5) were not trained on distribution management of commodities. The 2 warehouses visited have more than 2 people trained</li> <li>- All the PARC and PA visited were trained</li> </ul> <p><b>Issues:</b> None</p>	Type	Male	Female	Total	<b>Warehouse</b>	3	2	5	<b>PA</b>	393	544	937	<b>PARC</b>	24	48	72	<p><b>Outstanding Issues:</b> Training was not realized during QUARTER 2 due to travel restrictions</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- Distribution and management of commodities will be included during warehouse workers online evaluation and training (planned in Q3)</li> <li>- Continue capacity building and reminders on this topic during supervision at PARC and PA level</li> </ul>																					
Type	Male	Female	Total																																					
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		<p><b>Resolution:</b> None</p> <p style="text-align: center;"><b>Public Sector</b></p> <p>Number of persons from public sector trained:</p> <table border="1" data-bbox="701 293 1301 443"> <thead> <tr> <th>Type</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>SALAMA</b></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Pha-G-Dis</b></td> <td>30</td> <td>34</td> <td>64</td> </tr> <tr> <td><b>CSB/Pha-Ge-Com</b></td> <td>23</td> <td>68</td> <td>91</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>- Some of Pha-G-Dis and Pha-Ge-Com had more than two people trained</li> <li>- 89% (60/67) of staff of the Pha-Ge-Com visited were trained</li> <li>- 100% of staff of Pha-G-Dis visited were trained</li> </ul> <p><b>Issues:</b></p> <ul style="list-style-type: none"> <li>- CSB level/ Pha-Ge-Com: the newly recruited storekeepers were not yet trained</li> </ul> <p><b>Resolution:</b></p> <ul style="list-style-type: none"> <li>- RLAs conducted on-the-job training during supervision</li> <li>- The EMAD / RLAS made a refresher during the quarterly review</li> </ul>	Type	Male	Female	Total	<b>SALAMA</b>	0	0	0	<b>Pha-G-Dis</b>	30	34	64	<b>CSB/Pha-Ge-Com</b>	23	68	91	<p><b>Outstanding Issues:</b></p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>- Collaborate with ACCESS and EMAD to identify newly recruited storekeepers of Pha-Ge-Com and train them on stock management</li> </ul>
Type	Male	Female	Total																
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<b>CSB/Pha-Ge-Com</b>	23	68	91																
<p>5.2. Activity Type 1 — Communication, outreach, planning.</p>	<p>(Rating risk: Low)</p> <p>5.2.1.1 Not applicable for low risk activities. The project should be scheduled during dry season.</p> <p><b>Accepted risk and opportunities:</b> An opportunity is to integrate climate and weather into support for disease surveillance, disease reporting, and information dissemination.</p>	<p>Percentage of communication activities scheduled planned for COVID-19 conducted during dry season</p> <p><b>Result:</b> 100% all communication activities scheduled planned for COVID-19 was conducted during dry season</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	<p><b>Outstanding Issues:</b> None</p> <p><b>Recommendations:</b> None</p>																

	<p>An opportunity is to integrate how the environment and climate contribute to pandemics and infectious disease occurrence during trainings.</p> <p>An accepted risk is that infrastructure may be damaged by extreme weather events where trainings, research, IT, etc occur.</p> <p>The project should be included in national or regional contingency plan if any.</p>		
<p>5.3. Activity Type 1 — Support to healthcare facilities and systems</p>	<p>(Rating risk: Moderate)</p> <p>5.3.1.1 Programs that address climate and weather sensitive diseases should consider conducting surveillance on the periphery of disease ranges, or where diseases are likely to spread due to change in weather or climate.</p> <p>If COVID-19 is being directly considered, then revisit at a later date when we know how the spread of COVID-19 is, or isn't, affected by weather and climate.</p>	<p>COVID-19 supports have been reviewed and organized in accordance with the evolution of the number of cases in the regions:</p> <p>ht</p> <p><b>Result:</b> We detected on January that 8 regions are most affected of COVID-19 (Analanjirofo, Boeny, Vakinankaratra, Haute Matsiatra, Amoron'I Mania, Vatovavy Fito Vinany, Menabe and Atsimo Andrefana).</p> <p>Finally, we noticed increased cases in 2 additional regions (Atsinanana and Diana) to support.</p> <p><b>Issues:</b> at the end of March, 3 other regions (Sofia, SAVA and Melaky) have also increased cases.</p> <p><b>Resolution:</b> Dispatch the balance budget to support COVID-19 activity in 13 supported USAID regions</p>	<p><b>Outstanding Issues:</b> Disability to respond to DRSP request.</p> <p><b>Recommendations:</b> Coordination with all implementing partners to clarify each part of activities responses and mobilization with USAID to respond the DRSP emergency requests</p>
	<p>(Rating risk: Moderate)</p> <p>5.3.2.1 If construction is included that requires a design team or engineer, then construction activities should</p>	<p>This activity did not happen during the implementation of the COVID-19 program under IMPACT.</p>	

	<p>consider climate risks during the design phase and be approved by relevant design engineers or firms. The equipment and infrastructure in this activity should not be exposed to climate risks (landslides, floods) and should also be resilient to evapotranspiration, cyclones, dust / sand infiltration, to corrosion). A water tank system and a temperature stabilization system for logistics products and equipment should be considered.</p> <p><b>Accepted risk and opportunities:</b> While potentially likely in some areas, supply chain disruption, and supply demand increase, due to extreme climate and weather events is an accepted risk in many instances. Delivery and logistic teams should consider climate and weather as best as possible as highlighted in previous columns.</p>		
5.4. Activity Type 3 — Procurement, training	<p>(Rating risk: Low)</p> <p>5.4.1.1 Not applicable for low-risk activities...</p>	Number of supply chain disrupted due to extreme climate change and weather events.	<p><b>Outstanding Issues:</b> None <b>Recommendations:</b> None</p>

	<p><b>Accepted risk and opportunities:</b> While potentially likely in some areas, supply chain disruption, and supply demand increase, due to extreme climate and weather events may be an accepted risk in some instances. Delivery and logistic teams should consider climate and weather as best as possible as highlighted in previous columns.</p>	<p><b>Result:</b> Building up safety stocks in anticipation of climate risks is a continuous process to prevent disruptions in the supply chain</p> <p><b>Issues:</b> None</p> <p><b>Resolution:</b> None</p>	
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Photo 1: PARC Antanifotsy : medicines are stored on pallets



Photo 2: PA Diégo I: On the cabinet door were the guide and communication tool about the storage and conditions of each product



Photo 3: Drugs storage cabinet at the PA Tritriva,



Photo 4: Disinfection done by BHL in Antsirabe warehouse



Photo 5: On March 10, 2021, donation to the Analakinina University Hospital for support against the COVID-19



Photo 6: Donation to DRS in Melaky region

## **ANNEX D - SUCCESS STORIES**

## Effective supervision of the Morondava Regional Referral Hospital by CRL Menabe

For more than 10 years, stocks of expired products such as medical equipment, vaccines and consumables are piled up in the storage warehouse of CHRR Morondava presenting health risks for staff and the environment.

During the supervision of the Hospitals on January 18 and 19, 2021, the CRL RAKOTOMALALA Tovonomenirina Hasina, and the Regional GIS Manager, Mr. RALISON Joseph saw these piles of drugs in a state of decomposition. The Manager confirmed that these drugs are expired and awaiting destruction for a long time, the oldest expiration date being 1999.



On February 15, with reinforcement from the head of the Pharmacy Unit within CHRR, Mr NDAINY Béatrice, the CRL and Regional GIS Manager destroyed the expired Inputs and consumables. Thus 489 articles were destroyed by incineration representing 14 pages in terms of list: 2 tons in terms of weight, and 5 M3 in terms.

According to the Head of the Pharmacy Unit, "The condemnation of these items freed up all of the storage spaces dedicated to the storage of CHRR inputs. From now, there will be no more problems when receiving quarterly deliveries from SALAMA. "

The Head doctor, Dr ANDRIANJARA, applauded the effort saying, that, "It is a job well done. Thanks to the IMPACT Project for taking this initiative. It is a great relief to have removed these inputs and consumables which posed inherent risks for my staff and for the environment, and risks causing damage to our establishment which is quite old given their weight and the space that they occupied."





## Internet box endowment to the Atsimo Andrefana DRSP and districts

The unavailability of internet connection constitutes an obstacle in the transmission of data which has a major impact on communication and decision-making.

The Atsimo Andrefana Region has long known the problem of internet connection. This situation caused limited access to information, the delay in reporting from the SDSP to the DRSP, to the central ministry (DPLMT, DSFA, NMCP, DSI), or to PTF (DHIS2 and CHANNEL entry), and a brake in the performance of certain activities, including advocacy at PTFs' level for various activities in the fight against malaria with UCP and the timely recovery of parts within the framework of LMD (Last Miles distributions).

To remedy the problems, USAID through the IMPACT project provided the Atsimo Andrefana region with 6 internet boxes for the 6 districts and 1 box for DRSP. The Office of the Regional Directorate of Public Health (DRSP) and the SDSP at the district level benefited from this allocation: 9/9 BSD of which on average 14 users per district are beneficiaries of the internet.

The internet connection will allow:

- Online entry on DHIS2 of data on health statistics (CSB RMA and RMA community),
- Sending of SIGL data (CHANNEL database) to DPLMT
- Virtual meetings
- Sending and receiving emails
- Other operations deemed by the DRSP and the Medical Inspectors requiring Internet connection such as activities on COVID-19, etc.



Since the endowment in the 6 out of 9 districts, including Toliara I, Sakaraha, Morombe, Betioky, Ampanihy and Toliara II, the poor connection is no longer an obstacle in activity implementation. Indeed, there is a positive trend in improving the timeliness of sending DHIS2 and CHANNEL. Indeed, from October 2020 to March 2021, 100% of reports from the 6 districts were submitted on time such as the monthly malaria input use reports and the weekly epidemiological surveillance report at the regional level, the promptness in sending CBRs in Malaria inputs, and fluidity of communication (information sharing).

"Thank you very much, we will use it wisely" the words of thanks from Dr RAVAOMANARIVO Gisèle, the MI of the Toliara I district.



*Photo26: Mrs. Ravaonasolo Lucas Mariolle, Community Relay Supply Point (PARC) in the Mampikony district of the SOFIA Region, © IMPACT*

## **The Mampikony PARC adopts a new methodology to facilitate and ensure the on-time supply of PAs**

The aim of community activities in social marketing is to improve the health conditions of people in the communes through the availability of quality drugs at affordable prices. For instance, the activities implemented by PARC and PA in communities can help improve child and reproductive health by increasing availability of health commodities for these populations.

To facilitate the acquisition of products in rural areas, IMPACT has set up a distribution system with the deliverer as part of the distribution team and the rest as interveners. Below the distribution system:

PSI (Delivery Driver) - PARC (District) - PA (Municipalities) - community health workers (Fokontany).

There are 72 PARCs in Madagascar and Mrs. Ravaonasolo Lucas Mariolle is a new one in the Mampikony district of the SOFIA region since November 2020. Eleven Supply points (PA) report to this PARC and thanks to them 340 community health workers (AC) in 166 fokontany can get

health products.

Mariolle has adopted a distribution system to ensure maximum efficiency for herself and the PAs. Mariolle confirms the precise delivery date in advance with the delivery driver before she informs the PAs by SMS message or by phone for the collection of health products as well as to confirm the date PAs will retrieve the products from the PARC. It is necessary to mention that this is an initiative on her part. Even though it should be a standard process, the PARCs are not willing to pay for communication fees which will be deducted from their profit margins and equity since the fees are not supported by IMPACT. Mariolle, on the other hand, was willing to invest her margins to ensure maximum efficiency.

This distribution system ensures an on-time supply and reduces several back-and-forth trips for PAs. It also gives Mariolle more time to complete her other responsibilities like organizing the remaining products, and properly maintaining and updating the management tools.

PA Raharisone Frédéric is a 40-year-old farmer who is married with three children and lives in the fokontany Ambalavelona, Mampikony II Commune, which is 47 km from the PARC. Frédéric is one of the beneficiaries of Mariolle's system and he is satisfied to work with her due to the well-organized distribution system that has been adopted.

During the IMPACT joint supervision visit to Mampikony on February 21st, the Director of Regional Operations, RASENDRAHASINA Ialitiana, pointed out the practical and intelligent know-how of the Mampikony PARC because of the initiative and the personal contribution and investment of Mariolle.

## Initiative of a health worker to mobilize the commune of Ambahatrazo ensures the distribution of 10,900 LLINs to beneficiary households

RAVAONINA Marie Mureilla is a 24-year-old woman recruited and trained as an Accompanying Technician (TA) for the Community-based Continuous Distribution (cCD) of LLINs in the Vatovavy Fito Vinany Region, Manakara District, where she supervises six rural communes. She decided to become a TA, to bring her support, according to her : “I live in an area where there is malaria. I have seen many people get sick and even die, especially children. This is what motivates me to do this work to fight malaria because people are suffering too much,” said. As a TA, she supports each village LLIN management committee called Kom'LAY, which are comprised of two mobilizers, one distributor, one fokontany chief, and one 4<sup>th</sup> grade teacher.



If the goal of the cCD was to distribute LLINs to households in order to reduce malaria transmission, particularly among children, the main challenge for the commune of Ambahatrazo is its widely scattered villages so the two community mobilizers per village (Fokontany) were unable to cover all the priority households over the period of the campaign of six months.

To address the issue of accessibility and remoteness of the communes and Points d'Approvisionnement (PA), Mureilla took the initiative to work with the village chiefs, to identify five community members, who were volunteers, to help the community mobilizers to distribute LLINs during the home visits. 10,900 LLIN were distributed from January 2020 to March 2021 (99% of the commune target).

Therefore, unannounced visits to beneficiary households were conducted to ensure that all 10,900 LLINs were distributed according to the 10,900 uncovered sleeping spaces were counted previously. The visits were unannounced so the households will not be prepared.

“She is motivated to visit and sensitize households, and we are satisfied to sleep under an LLIN,” said RAZANAFIDY Françoise, a resident of Ambahatrazo.

Thanks to the initiative of Mureilla to mobilize the community to conduct home visits, her support to Kom'LAY, and the combined efforts of the village chiefs, the community mobilizers, and the community, all households in Ambahatrazo are now protected with LLINs. This initiative will be replicated in other districts for the mass campaign and will be shared during the training sessions.



## Avoiding wastage of lifesaving Oxytocin

Post-partum hemorrhage is the leading cause of maternal mortality in low-income countries<sup>6</sup>. USAID as a partner to the Ministry of health in Madagascar has been providing support to procure essential MNCH medicines since 2018 and Oxytocin was one of those products. However, despite careful quantification and consumption, IMPACT identified an overstock of 754,000 vials ampoules of Oxytocin in Madagascar in May 2020. The utilization or demand for this product had not been as optimized. The overstock is partly due to a lack of coordination on supply planning as other quantities of Oxytocin had been procured by SALAMA and directly sold to districts through the FANOME recovery system. In addition, approximately 800 health facilities (30%) don't have a cold chain to appropriately store the product. The Oxytocin had only about a year's shelf life left, with expiration dates in May and June 2021 and the risk of wastage through expiry, based on the current consumption patterns, was high.

IMPACT explored several opportunities to redistribute the overstocked oxytocin to other countries and avoid waste and found the following solutions to avoid expiry:



Photo 31: A bottle of Oxytocin

- In collaboration with PSM, organized a transfer of 260,000 ampoules (with a value of 71,000\$) of Oxytocin to Malawi in October 2020. Malawi was identified as a country which needed Oxytocin and would be able to consume it before its expiry date. Funds for the transportation and freight forwarding services was covered by USAID Malawi.
- IMPACT distributed 18,000 ampoules of oxytocin (value of 4,915 \$) to the private hospitals and clinics in Madagascar.
- The IMPACT regional logistics advisors worked with 78 district GAS committees to monitor the distribution and consumption of the Oxytocin to ensure appropriate stock rotation and effective utilization before the expiry date.
- IMPACT has paid particular attention to the messaging on storage conditions of Oxytocin in the cold chain and worked to assure districts and health facilities can store the product correctly. The Unité de Coordination des Projets (UCP) mobilized a donation of 850 cold chain equipment to allow Pha-G-Dis and CSB to store Oxytocin properly. Currently, 37 Pha-G-Dis (out of the 78 supported districts) use the available district cold chain system for vaccines which can result in a limitation to consumption and use of the Oxytocin.

A total of over 75,000 \$ of stock was saved from expiry and is sufficient to administer prevention and treatment of post-partum hemorrhage to over 55,000 women.

<sup>6</sup> Say et al (2014) Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014;2(6):e323-33. doi: 10.1016/S2214-109X(14)70227-X.

## The DAMM improves its drug registration system and prioritizes the approval of pre-qualified essential medicines

In Madagascar, quality assurance, availability, and accessibility of essential medicines and health commodities is a priority of the national pharmaceutical policy.

Two entities collaborate in the supply of quality affordable essential medicines and health products to the Malagasy population: the Madagascar Medicines Agency (DAMM), which is the national pharmaceutical regulatory authority, and the SALAMA, which is responsible for importing and distributing pharmaceutical products for the public sector.



*Photo 32: Shelf of Misoprostol 200 mcg tablets, © IMPACT*

In March 2019, when she took over the management of the DAMM, Dr. Hanitra Ravelojaona Ratsimbazafimahefa, a young pharmacist from the private sector who was full of enthusiasm and a can-do attitude, did not know she was going to be confronted with countless difficulties relating to the organization and functionality of the agency, and that she would need determination and patience to address the situation. Among the pending cases that she had to resolve first and foremost, was the problem of 369 medicines pre-qualified by SALAMA through their procurement process and, still awaiting marketing authorization from the DAMM. Because of this delay,

the SALAMA was unable to import the unauthorized, but quality medicines with affordable prices and so, contribute to the Universal Access for Health strategy.

Thanks to advocacy and support from the USAID IMPACT project, Dr. Hanitra Ravelojaona Ratsimbazafimahefa committed to updating and streamlining the DAMM's registration procedures in line with global best practices and strengthening collaboration between her technical team's collaboration with their counterparts from SALAMA.

A new national registration commission was appointed and the development of a new guide incorporating the latest international recommendations from the World Health Organization and the African Union. The expert assessors and validators of the new commission were sensitized on the need to prioritize the approval of essential medicines and vital health commodities from SALAMA and the vertical health programs.

This year, the USAID IMPACT supports the streamlining and acceleration of the DAMM's approval process for essential medicines from SALAMA and health programs. The DAMM has evaluated and validated one hundred (100) SALAMA products between January and April 2021, to issue marketing authorization assuring their quality.

Despite the difficulties and new constraints related to the COVID-19 pandemic, Dr. Hanitra Ravelojaona Ratsimbazafimahefa remains confident that the registration process will continue to become more efficient and is grateful for the valuable support provided by the USAID IMPACT project.



*Photo 33: Shelf of Triclofem 150 mg/ml, © IMPACT*

# **ANNEX E: LEARNING ABOUT A NEW WAY TO OFFER TRAINING**

# Learning about a New Way to Offer Training

During the first year and half of the project, IMPACT developed a very successful business training program for drug shops. The training was organized in collaboration with DPLMT's half-day regulatory information sessions for all legally registered drug shops in each region. Drug shop owners were invited to stay on for the additional one and a half-day business training offered by IMPACT. By the end of February 2020, IMPACT had



*Photo 34: Group work during business training in Mahajanga, February 2020*

trained a total of 101 drug shop owners during three regional business training courses. In addition to the training modules on drug shop regulations, bookkeeping, and inventory management, these sessions also gave the IMPACT team the opportunity to talk to owners about creating a regional drug shop association and to identify potential candidates for the IMPACT peer trainer program, which is intended to ensure the sustainability of the training after the project ends.

The implementation of the drug shop business training program was going very well, but unfortunately, pandemic travel restrictions have made it impossible to continue all the scheduled in-person trainings, requiring the design of a reliable distance learning approach.

## **Distance Learning for Drug Shops**

Online classes are frequently the first alternative to in-person training. However, drug shops in Madagascar are often located in very remote rural areas, where no internet connection is available and phone service may be unreliable, so online training was not an option. IMPACT conducted a survey of drug shops and learned that most had access to some type of video player (either a DVD player or a computer), so the project decided to create videos of the training materials.

Starting with the PowerPoint slides projected during in-person trainings, the team used software to record an audio narration with explanations of each slide. The videos of the narrated slides were then copied on to DVDs and flash drives, to ensure that drug shop owners could watch them using whatever media was available. In addition to the videos, IMPACT prepared packs of written materials: instructions, the training manual with slides, training exercises, and pre- and post-training tests. Once the videos and written materials were assembled, these training kits were shipped to a region (the first was Diana, in August 2020), and officially registered drug shops were invited to pick up the kits at the regional PSI office.



*Photo 35: The video training kit includes a DVD and flash drive, ©*

The IMPACT team followed up regularly with the drug shops. The follow-ups were a multi-step process--making sure they had been able to pick up their kits, monitoring their progress in completing the training, answering any questions they had about the material, and finally collecting their test scores for evaluation—with a considerable investment of time for the team.

This video training program has faced several challenges. The DPLMT's database of registered drug shops often lacks current contact information, making it difficult to reach all legal drug shops. Depending on the size of the region and the location of drug shops, it may be very difficult for the owners to travel to the regional capital to pick up their video kits. And when drug shop owners have the flexibility to go through the training

materials at their own pace, that pace is often slower than the project’s implementation goals. For example, in DIANA 19 out of the 22 registered drug shops picked up their video kits, and one month later, only 16 of the 19 had completed the training. In SAVA, the second region to receive a shipment of video training kits, only 13 drug shops picked up their kits, and even fewer completed the training in that quarter. To help mitigate these problems, in addition to the regular phone follow-ups by the team, IMPACT has begun conducting radio communication campaigns to inform drug shops when training kits are available in their region and will also use the PSI distribution network to deliver videos during supervision trips, in areas where travel is still possible.

**Comparing In-Person to Video Training**

Traveling to regions to provide in-person training can be expensive, and the project wanted to evaluate whether video training might be a cost-effective alternative even when regular travel is once again possible. The costs linked to each type of training are compared in the table below.

**Cost Analysis: In-Person vs. Video Training (Estimates for 25 participants)**

<b>In-Person Training</b>	<b>Video Training</b>
<b>Initial Development of Training Materials</b> <i>(considered a sunk cost and not included in the total incremental cost below)</i>	
<b>23 person-days</b> for the initial development of training curriculum and materials.	<b>15 person-days</b> for the initial recording of narrated videos (using materials already prepared under in-person training).
<b>Preparation for each training session</b>	
<b>7 person-days</b> for the preparation for each in-person training session, including revising and printing training materials, identifying and inviting participants, booking the venue, and organizing trip logistics.	<b>10.5 person-days</b> for the preparation for each regional video training session, including identifying participants, revising and printing training materials, copying videos onto DVDs and flash drives, and preparing and shipping the video kits.
<b>Conducting training session</b>	
<b>13 person-days</b> for the actual in-person training, including one day of final confirmation calls to participants plus two days of travel and two days’ leading the training for three staff.	<b>6 person-days</b> for the training phase, including follow-up calls to each drug shop about picking up the kits, monitoring progress in completing the videos, and final assessment of training outcome with each participant (test results, etc.).
<b>TOTAL Incremental Cost to Provide Training to 25 Drug Shop Owners</b>	
<b>20 person-days</b> <b>\$2,500 direct costs (materials, travel, venue, etc.)</b>	<b>16.5 person-days</b> <b>\$1,000 direct costs (materials, shipping, calls)</b>

As shown above, the cost to provide video training for 25 drug shops in a region is significantly less than the cost of a regional in-person training for the same number of participants, both in terms of staff time (Level of Effort or LOE) and direct costs. In addition to the cost savings, video training offers some advantages to drug shops in terms of flexibility. Participants able to watch the modules and learn at their own rhythm, re-watching videos at any time for a refresher on a specific topic. Some owners also mentioned that they appreciated being able to take the course when their drug shop is closed, so they did not lose revenue during the training. On the downside, IMPACT training facilitators had the impression that video trainees may not have absorbed the training content as well as the drug shops who received in-person training, and video training participants said that they would like to attend an in-person training in the future if possible. As explained above, in some regions it has also been very challenging to distribute video training kits to the target drug shops.

In-person training allows more immediate interaction between the facilitators and participants, who can ask questions and get answers immediately. There is also value to the discussions among all the drug shop owners taking a training together in a classroom. The downside to in-person training is the added cost, not only for



the project, but also for the participants who incur travel expenses to attend the training and lose revenue while they are away from their drug shops.

The IMPACT team also noted that when they travel to do an in-person training, they take advantage of the time in the field with drug shop owners to talk to them about creating a regional association, to identify strong candidates for potential peer trainers, and to visit a few drug shops for on-site coaching. These additional activities have a modest marginal cost (one-two days of additional travel time and staff LOE) and lead to important project outcomes which are difficult to replicate remotely and could require a separate trip in the future.

The following chart compares the pre- and post-training test scores of drug shops which received in-person training (in the Analanjirofo, Atsinanana and Boeny regions); video training only (DIANA region, noting that only 13 of the 25 drug shop owners completed the pre-training as well as the post-training test); and one region which had low up-take on video training (SAVA), so IMPACT subsequently conducted an in-person training there in December 2020. These test scores only give a snapshot of participant learning, but it is interesting to note that the drug shops in SAVA started with relatively high “pre-training” scores at in-person training and had the lowest overall change in their test scores. This may indicate that the drug shops had already absorbed some of the lessons from the video training before attending the in-person training.

**Pre- and Post-Training Test Scores for In-Person vs. Video Training**

Region	Number of Participants	Average Pre-Training Test Score	Average Post-Training Test Score	Average Change in Test Scores
<b><i>In-Person Trainings</i></b>				
Analanjirofo	21	41%	63%	<b>55%</b>
Atsinanana	27	34%	43%	<b>29%</b>
Boeny	26	38%	59%	<b>55%</b>
<i>Weighted Average In-Person</i>	<i>74</i>	<i>37%</i>	<i>54%</i>	<b><i>46%</i></b>
<b><i>Video Training</i></b>				
DIANA (both pre- and post-scores available)	13	52%	70%	<b>35%</b>
DIANA (all participating drug shops, incl. above)	25	NA	63%	<b>NA</b>
<b><i>In-Person Training (after video training kits received)</i></b>				
SAVA	25	51%	61%	<b>19%</b>

**Which to Choose?**

IMPACT’s initial trials with video training show that it offers cost savings and (based on test results from one region) reasonable learning outcomes compared to in-person training. Due to the on-going COVID-19 pandemic travel restrictions, IMPACT expects to conduct all trainings remotely for the remainder of Year 3, and the team is very happy to be able to use the video training kits to strengthen the business management capacity of drug shops. The team will continue to evaluate the results of these trainings, seeking ways to improve the experience for participants.

Training participants and IMPACT facilitators do feel that in-person training offers advantages in terms of interaction and relationship-building, and when travel restrictions are lifted, the project looks forward to using what it has learned through this pilot test to offer the best of all types of training to drug shops, for example by distributing the videos as a supplemental tool so that trainees can review material as needed.

Thanks to IMPACT, drug shops have started to learn about formal business management, and as the project continues to learn about and test new ways to provide training, we will continue to strengthen health commodities distribution in Madagascar.

**ANNEX F: STOCK INVENTORY AS OF  
MARCH 2021 (USAID AND PMI funded)**

## Dashboard of stock status central level – malaria commodities

Technical specifications of product	SoH Central Warehouse as of end of March	forecasted AMC	MOS by AMC	Shipments planned	Months of Stocks (MoS) by fAMC	Donor source	Estimated delivery date
Artesunate/Amodiaquine 25/67.5 mg Tablet, 25 x 3 Blister Pack Tablets	182,280	24,692	7.4	135,650	5.5	PMI	16-Jul-21
				59,175	2.4	PMI	31-Oct-21
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	679,475	143,249	4.7	115,375	0.8	PMI	22-Jul-21
				842,125	5.9	PMI	16-Jul-21
				445,246	3.1	PMI	31-Oct-21
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 3 Blister Pack Tablets	268,325	80,252	3.3	67,125	0.8	PMI	22-Jul-21
				560,400	7.0	PMI	16-Jul-21
				219,175	2.7	PMI	31-Oct-21
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	211,225	84,618	2.5	67,500	0.8	PMI	22-Jul-21
				532,975	6.6	PMI	16-Jul-21
				219,175	2.7	PMI	31-Oct-21
Artesunate (w/ 1 Amp NaHCO3 5% + 1 Amp NaCl 0.9%) 60 mg Vial, 1 Set	234,717	65,364	3.6	100,000	1.5	PMI	delivery planned at SALAMA on April 14,2021
				311,000	4.8	PMI	6-Jul-21
				196,250	3.0	GF	14-Jul-21
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25 Test Kits	3,824,550	755,509	5.1	2,000,000	2.6	PMI	8-Sep-21
				2,243,554	3.0	PMI	30-Jul-21
				1,222,125	1.6	GF	14-Jul-21
				1,361,050	1.8	PMI	10-Oct-21
				1,375,475	1.8	PMI	10-Oct-21
				896,050	1.2	PMI	10-Oct-21
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 50 x 3 Blister Pack Tablets	1,450,050	454,583	3.2	4,419,900	9.7	GF	14-Jul-21
Quinine tablets	134,600	43,263	3.1	no new order planned as the treatment standard guideline changed			
Artesunate suppositories	-	6,714	0.0	54,740	8.2	GF	14-Jul-21
				115,476	17.2	GF	14-Jul-21
Primaquine tablets	106,000	5,135	20.6	125,000	24.3	GF	17-Jul-20

### Stock inventory report of malaria commodities as of March 31, 2021- SALAMA

Technical specifications	Kit/tablet/treatment	Expiry date	Quantity
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 50 x 3 Blister Pack Tablets	tablet	1-nov. -23	777,450
Sulfadoxine/Pyrimethamine 500/25 mg Tablet, 50 x 3 Blister Pack Tablets	tablet	1-nov. -23	500,100
Artesunate/Amodiaquine 50/135 mg Tablet, 25 x 3 Blister Pack Tablets	treatment	1-oct.-22	77,850
Artesunate/Amodiaquine 100/270 mg Tablet, 25 x 6 Blister Pack Tablets	treatment	1-oct.-22	50
ARTEMETHER LUMEFANTRINE (5kg-15kg)20MG/120MG-CP - B/6*30	treatment	1-août-21	930
Malaria Rapid Diagnostic Test (RDT) HRP2/pLDH (Pf/PAN) Cassette, 25, single Test Kits	kit test	1-mai-22	61,450

### Stock inventory report of MNCH commodities as of March 31, 2021.

Technical specifications	ampoule	Expiry date	Quantity
OXYTOCINE 10UI/ML INJ. AMP. 1ML - B/10	ampoule	1-juin-21	292,560
OXYTOCINE 10UI/ML INJ. AMP. 1ML - B/10	ampoule	1-juin-21	334,400

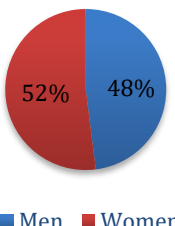
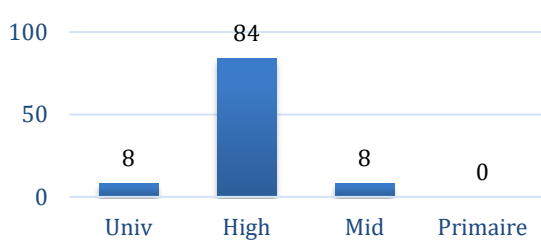
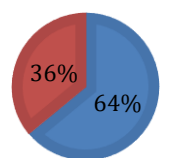
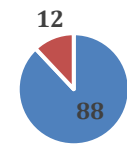

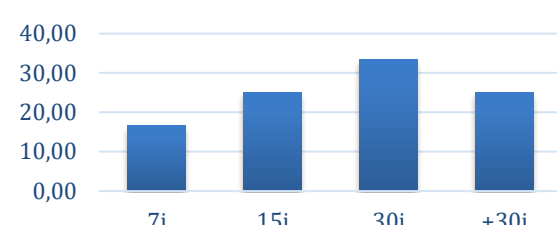
# **ANNEX G: Descriptions of the seven quality dimensions for the RDQA**

<b>Data Quality Parameter</b>	<b>Descriptions</b>
<b>1- Availability</b>	<p>The extent to which data and its supporting documentation are available. Review availability of the indicator source documents for the selected reporting period.</p> <p>Source documents depends on the indicator but will often refer to client intake forms, registers, cards redeemed vouchers, etc.</p> <p>Specify the name of the documents reviewed.</p>
<b>2-Completeness</b>	<p>Complete means that the document contained all the required entries of the indicator as appropriate.</p> <p>Review completeness of the indicator source documents for the selected reporting period.</p>
<b>3-Accuracy</b>	<p>The degree to which the data correctly reflects what they were intended to measure. It is also known as validity. Accurate data correctly measure actual events, cases, units, etc.</p>
<b>4-Timeliness</b>	<p>The extent to which data is up-to-date (current) and is made available on time.</p> <p>Review the timeliness of documents received from the site for the selected reporting period. Reports can either be summary reports or reports of aggregated data that is submitted to the next reporting level e.g. regional or district level.</p>
<b>5-Integrity</b>	<p>The extent to which data is protected from unauthorized changes or manipulation.</p> <p>Review the source document for any indication of unauthorized (accidental or deliberate) insertion, modification or destruction of data.</p>
<b>6-Confidentiality</b>	<p>The extent to which information or data is protected and kept secure.</p>
<b>7-Precision</b>	<p>The extent to which data is collected with the level of detail required to measure the indicator e.g. disaggregation by commodity type, etc.</p>

**ANNEX H: Findings on the identification  
of drug shops and pharmacies  
participating in LMIS data submission  
(Vatovavy Fito vinany).**



**Findings for 25 drug shops visited.**

<p><b>Owner's sex desegregation (N=25, %)</b></p>  <p>52% 48%</p> <p>■ Men ■ Women</p> <p>52% of owners are women and 48% are men</p>	<p><b>Owner's education (N=25, %)</b></p>  <p>100 50 0</p> <p>8 84 8 0</p> <p>Univ High Mid Primaire</p> <p>Most of owners have finished high school. This may facilitate the training</p>
<p><b>Use of stock and financial management tool (N=25, %)</b></p>  <p>■ Yes ■ No</p> <p>36% 64%</p> <p>64% of drug shops use a stock management tool. They record their activity through books.</p>	<p><b>Affiliation with financial association (N=25, %)</b></p>  <p>12 88</p> <p>■ yes ■ no</p> <p>Only 12% are affiliated to a financial institution (CECAM)</p>
<p><b>Drugshops suppliers (N=25)</b></p>  <p>2 23</p> <p>■ Wholesalers ■ Others</p> <p>23 drug shops are supplied by wholesalers</p>	<p><b>Supply frequency (N=25, %)</b></p>  <p>40,00 30,00 20,00 10,00 0,00</p> <p>7j 15j 30j +30j</p> <p>More than 33% of drug shops get their commodities every month. They reported that since the COVID-19 crisis, they had to reduce the supply frequency as number of customers decreased.</p> <p>The average supply value is 1 500 000 Ar, varying between 100 000 Ar and 4 000 000 Ar</p>

**Findings for 3 pharmacies visited.**

**Profile:**

- All pharmacies are owned by pharmacists (University level)
- Number of staff varies between 1 to 4
- Owner's Sex desegregation: 1 woman, 2 men

**Use of stock and financial management tool:**

All pharmacies use an inventory management tool:

- 1 uses Pharmaplus software. The user is satisfied with the functionality of this tool.
- 2 use notebooks for recording sales and supply operations.

**Procurement:**

- They are supplied by pharmaceutical wholesalers in the capital on an average monthly basis.
- Average amount 2.000.000Ar

**Main findings:**

- None of drug shops are using electronic tools, but 64% are using books.
- All pharmacies are using electronic tools.
- 36% of drug shops are sending their data to an organization: 12% to the local MoPH representative and 24% percent to PSI for malaria commodities that they provide.
- The majority of drug shops do not manage their stock, neither their sales status/situation on a regular basis. However, they were motivated to learn how to use stock management tool with an adapted equipment. This is an opportunity to introduce tools and build capacity for these commercial actors. The training will be provided by MOPH and IMPACT.
- Drug shops and pharmacy's location are covered by internet. It will facilitate data report.

**Other findings:**

- 90% of drug shops and pharmacies underlined the stock out of malaria commodities (ACT and SP) during several past months.
- A considerable number of drug shops are still difficult to identify because some do not put the official indicative plate. They were reminded to place and renew this indicative plate to facilitate the drug shops identification.
- Sales of illegal health products (especially essential health commodities) in the region

# **ANNEX I: COVID-19**

**Table 1:** Supplies purchased and donated to DRSP and SDSP by USAID/IMPACT

	DRSP VAKINAN KARATRA	DRSPA TSIMO ANDRE FANA	DRSPM ENABE	DRSPH AUTE MATSI ATRA	DRSPA MORO N'IMA NIA	DRSPV ATOVA VY FITOVI NANY	DRSP BOENY	SDSP MARO VOAY	SDSP AMBA TO BOENY	SDSP MITSIN JO	SDSP SOALA LA	DRSP DIANA	DRSP MELAK Y	DRSP ATSIN ANAN A	DRSP ANALA NJIROF O	TOTAL
SHA Gel (500ml)	300	350	350	100	80	80	250	75	75	75	75		179	10	10	2,009
Hand towel paper	800	35	35	790	40	30	110	20	20	20	20		216	100	100	2,336
Garbage bag 100L (roll of 25)	60	30	30	70	70	70	42	12	12	12	12		15			435
Garbage bag 30L (roll of 25)	20	30	30	70	50	50	12	12	12	12	12					310
Javel liquid 1l	100	50	50	100	80	80	50	50	50	50	50					710
Javel liquid (5L)	35	25	25	50	50	40	190						5		60	480
Virucid 5L		30	30	20	20	20	66	16	16	16	16			5	5	260
Chamoisines	140	25	25	48	36	36		10	10	10	10		350			700
Liquid soap (Hand washing )	150	150	150	100	100	100	60	20	20	20	20		30		60	980
Protective washable masks	1 500	500	500	250	250	250	500						1 715			5,465
Exam Gloves (pack of 100)	45		20	40	40	30	10									185
THERMOFLASH	36						10									46
Coveralls	150		50	50	50	50	50							50		450
Overblouses	150		50	50	50	50	50							50		450
Overshoes	150		50	50	50	50	50							50		450
Protective glasses	50		50	50	50	50	50									300
Medical icebox							6									6
Atomizer 16 L							4									4
Two wheeled bin 120 L							4									4
Handwashing dispositive							40									40
Jerrican de 20L	48			50			10									108
Washing powder 1Kg	175			100			24						20		10	329
Oximeter & glucometer's Alakaline battery												152				152
Mass Consulting tent for the 5 districts (Diégo I- Diégoll - Ambilobe- Ambanja-Nosy Be)												10				10
DOUBLE MOP	100												100			200
Plastic bowl	20												10			30
GOBLET 1 L	40												40	20	20	120
Pedal bins 12L	83			30									10	15	15	153
Plastic bin GM	810			15									5	5	5	40
SCRUBBING BRUSH	100												50			150
RASTA BROOM	75															75
IMPEC LIQUID WASHING 12 PACKS													5			5
SOAP PIECES													450			450
TRASH BAG 10 L				60									30			90
HAND WASHING 500ml													15			15
DESINFECTION SPRAY 1L	142												10			152
Jerrican													30			30
latex household gloves (pairs)	200			150									50			400
RAKES	2															2
SHOVELS	2															2
METALLIC WHEELBARROW – PIECE	2															2
LIQUID SOAP 1L	150															150
SPADE - PIECE	2															2

Note: Donations are different from a region to another. The quantity distributed followed the requests received from DRSP or SDSP

**Table 2:** Transportation of health commodities from region to districts (Donation from IMPACT)

PLACE OF DEPARTURE	DESTINATION	QUANTITY	NOTES
DRSP Atsinanana	SDSP Vatomandry	300 tablets of Hydroxychloroquine 200mg, 180 tablets of Azytromicin 25mg, 300 magnesium B6 C, 300 Vitamin C, 10 packs of CVO familial package, 75 Rapid Diagnostic Tests, 50 PCR kits, 3Kg of Hypochlorit powder	Fuel contribution
DRSP Atsinanana	SDSP Mahanoro	39 boxes of surgical masks, 39 boxes of over blouses, 39 boxes of cap, 39 boxes of latex gloves	Fuel contribution
DRSP ANALAMANGA	DRSP MORONDAVA	55 nitrile gloves, 150 coveralls, 150 overshoes, 150 protective glasses, 150 overblouses	
DRSP ANALANJIROFO	SDSP SAINTE MARIE	60 boxes of Azythromycine 500mg, 1,000 units of Magnesium B6, 100 boxes of VitC 500mg, 100 Dexamethazone, 73 CVO family pack, 9 soap bar, 12 coveralls, 12 Gel 500ml, 2 cans of Hypochlorite 5L, 2 cans of bleach 5L, 1 can of Virockyl 5L, 200 FFP2 masks, 500 chirurgical masks, 45 overblouses, 14 coveralls, 200 caps, 1,000 exam gloves, 20 visors, 100 overshoes	

**Table 3:** Details of PPE donated by the US DOD transported and distributed by IMPACT.

REGIONS	DISTRICTS	Surgical Masks x 3 plis	Gloves	FFP 2 Masks	Overblouse s	Protective glasses	Overshoes	Coveralls	Thermoflas h	Hand Gel (Ravintsara)
V7V	Manakara	3 000	3 000	500	500	50	200	20	50	50
HAUTE MATSIATRA	Fianarantsoa I	3 000	3 000	500	500	50	200	20	50	50
HAUTE MATSIATRA	Vohibato	3 000	3 000	500	500	50	200	20	50	50
HAUTE MATSIATRA	Lalangina	3 000	3 000	500	500	50	200	20	50	50
HAUTE MATSIATRA	Ambalavao	3 000	3 000	500	500	50	200	20	50	50
AMORON'I MANIA	Ambatofina ndrahana	3 000	3 000	500	500	50	200	20	50	50
BOENY	Mahajanga I	3 000	3 000	500	500	50	200	20	50	50
ANALAMANGA	Avaradrano	3 000	3 000	500	500	50	200	20	50	50
ANALAMANGA	Atsimondrano	3 000	3 000	500	500	50	200	20	50	50
AMORON'I MANIA	Ambositra	3 000	3 000	500	500	50	200	20	50	50
MENABE	Morondava	3 000	3 000	500	500	50	200	20	50	50
VAKINANKARATRA	Antsirabe I	3 000	3 000	500	500	50	200	20	50	50
ANALAMANGA	Private Offices in Tana (through Shops+)	3 000	3 000	500	500	50	200	20	50	50
<b>TOTAL:</b>		<b>39 000</b>	<b>39 000</b>	<b>6 500</b>	<b>6 500</b>	<b>650</b>	<b>2 600</b>	<b>260</b>	<b>650</b>	<b>650</b>

**Table 4:** Transportation of IMPACT/USAID supplies donation from region to districts

DEPARTURE	DESTINATION	ITEMS
DRSP BOENY	SDSP MAROVOAY	75 hydroalcoholic gels 500ml, 20 rolls of hand towel, 12 garbage bag 100l, 12 garbage bag 30l, 50 Javel liquid 1l, 16 Virucid 5l, 10 pack of chamois, 20 liquid soap 250 ml
	SDSP MITSINJO	75 hydroalcoholic gels 500ml, 20 rolls of hand towel, 12 rolls of garbage bag 100l, 12 rolls of garbage bag 30l, 50 bottles of javel liquid 1l, 16 cans of Virucid 5l, 10 pack of chamois, 20 bottles liquid soap 250 ml
	SDSP SOALALA	75 hydroalcoholic gels 500ml, 20 rolls of hand towel, 12 rolls of garbage bag 100l, 12 rolls of garbage bag 30l, 50 bottles of javel liquid 1l, 16 cans of Virucid 5l, 10 pack of chamois, 20 bottles of liquid soap 250 ml
DRSP VAKINANKARATRA	SDSP MANDOTO	30 hydroalcoholic gels 500ml, 5 cans of bleach 5L, 30 soap powder 1Kg, 10 brush brooms, 80 rolls of hand towel, 10 bottles of liquid soap, 20 household gloves, 20 mops, 4 frontal thermometers, 60 washable protective masks, 10 garbage bag 100L, 20 virucid 1L, 15 pack of 12chamois, 5 household gloves, 10 Jerrican, 2 decontamination tank 10L
	SDSP ANTANIFOTSY	30 hydroalcoholic gels 500ml, 5 cans of bleach 5L, 30 soap powder 1Kg, 10 brush brooms, 80 rolls of hand towel, 10 bottles of liquid soap, 20 household gloves, 20 mops, 4 frontal thermometers, 60 washable protective masks, 10 garbage bag 100L, 20 virucid 1L, 15 pack of chamois, 5 gloves, 10 Jerrican, 2 decontamination tank 10L
	SDSP AMBATOLAMPY	30 hydroalcoholic gels 500ml, 5 cans of bleach 5L, 30 soap powder 1Kg, 10 brush brooms, 80 rolls of hand towel, 10 bottles of liquid soap, 20 household gloves, 20 mops, 4 frontal thermometers, 60 washable protective masks, 10 garbage bag 100l, 20 virucid 1L, 15 pack of chamois, 5 gloves, 10 Jerrican, 2 decontamination tank 10L

**Table 5 :** Supplies purchased and donated by USAID/IMPACT to Regional Hospitals

	CHU ATSIMO ANDREFA NA	CHU MENABE	CHU MAHAV OKY	CHU ANDRAIN JATO	CHRR AMBOSITRA	CHRR MANAKARA	CHU MORAFENO	CHU ANALAKI NININA	CHU FENERIVE EST	CHRR VAKINANKARATRA	Total
SHA Gel (500ml)	500	500		700	600	600	200	30	340	30	3,500
Hand towel paper	35	35	90	50	40	40	250	250	90	100	980
Garbage bag 100L (roll of 25)	30	30		100	100	100				2	362
Garbage bag 30L (roll of 25)	30	30		70	60	50	20	20	20		300
Javel liquid 1l	50	50	100	110	100	100					510
Javel liquid (5L)	25	25	90	30	20	20	20	20	25		275
Virucid 5L	30	30		40	30	30	22	22	20		224
Pack of 10 chamois	25	25	50	480	480	480				24	1,564
Liquid soap (Hand washing)	150	150		120	100	100	80	80	130	20	930
Protective washable masks	1 000	1 000	700	1 000	1 000	1 000					5,700
Exam Gloves (pack of 100)		35	35	80	80		50	50		10	340
THERMOFLASH			20							5	25

Coveralls		100	100	100	100	100	25	75	100	100	<b>800</b>
Overblouses		100	100	100	100	100	300	70	100	50	<b>1020</b>
Overshoes		100	100	100	100	100	50	100	1 000	50	<b>1,700</b>
Protective glasses		100	100	100	100	100	46	46		25	<b>617</b>
HANDWASHING DISPOSITIVE			20								<b>20</b>
Jerrican 20 L			5								<b>5</b>
SOAP POWDER 1 kg			12				35	35	30	30	<b>124</b>
BOOY								30			<b>30</b>
HOUSEHOLD GLOVES							50	50	50	25	<b>175</b>
chirurgical mask							75	75	1 000		<b>1,150</b>
SPRAY								9		17	<b>26</b>

**Note :** Donations are different from a region to another. The quantity distributed followed the requests received from DRSP or SDSP.

**Table 6:** Disinfection of PSI/IMPACT offices, warehouses, and vehicles

REGIONS	ITEMS DESINFECTED	PROVIDERS
DIANA	3 vehicles	DRIVERS
	1 warehouse/office	BHL Madagascar
BOENY	4 vehicles	ALITIA
	1 warehouse/office	
SOFIA	3 vehicles	FRED NOLAN
	1 warehouse	
MELAKY	2 vehicles	DRIVERS
	1 warehouse/office	RINDRA CONSULTING
ATSINANANA	5 vehicles	STOP INSECTE
	1 warehouse/office	BHL
HAUTE MATSIATRA	2 vehicles	STATION SERVICE
	1 warehouse/office	ALEO MISOROKA
VATOVAVY FITO VINANY	2 vehicles	STATION SERVICE
	1 warehouse/office	ALEO MISOROKA
ATSIMO ANDREFANA	4 vehicles	VULCA SPEED
	1 warehouse/office	SUD ENVIRONNEMENT
MENABE	4 vehicles	RAJOHARISON RIJA VONIMBOLA
	1 warehouse/office	
VAKINANKARATRA	1 vehicle	BHL
	1 warehouse/office	BHL





**Table 7:** Details of Internet connection and airtime donated by IMPACT to DRSP.

<b>RECIPIENT</b>	<b>DESCRIPTION OF THE DONATION</b>	<b>Note</b>
DRSP BOENY	Airtime for 8 Sim cards	March 21
DRSP ATSIANANA	Airtime for 10 Sim cards	Since February 21
DRSP ANALANJIROFO	Airtime + Internet connection 10GO for 10 Sim cards	Since February 21
DRSP HAUTE MATSIATRA	Airtime + Internet connection 10GO for 8 Sim cards	March 21
DRSP AMORON'I MANIA	Airtime + Internet connection 10GO for 8 Sim cards	March 21
DRSP VATOVAVY FITO VINANY	Airtime + Internet connection 10GO for 8 Sim cards	March 21
DRSP ATSIMO ANDREFANA	Airtime + Internet connection 3GO for 8 Sim cards	Since February 21
DRSP MENABE	Airtime + Internet connection 3GO for 8 Sim cards	Since February 21
DRSP VAKINAKARATRA	Airtime + Internet connection 15GO for 4 Sim cards	March 21
DRSP VAKINAKARATRA	Airtime + Internet connection 10GO for 7 Sim cards	March 21

## **ANNEX J: SMS and SPOTS BROADCASTED**

**Table 1 :** SMS sent to the Kom'lay

MESSAGES	ENGLISH TRANSLATION	NUMBER OF PEOPLE REACHED	PERIOD Quarter 2
Salama, ho fahombiazana hoantsika KOM LAY anie ny taona 2021! Ho rakotra LAY daholo anie ireo toerana fatoriana rehetra eto amintsika!	Hi, hope you full success to this new year! Hope that all beds will be covered by LLINs!	- Kom'Lay: 561/702	26/01/2021
Salama, alaivo eny @ PA mahazatra antsika ny anjara Lay natokana hoan ny fokontanintsika! Malagasy tsy ho fatin ny tazomoka !	Hi, get the LLIN of your community at to your usual PA. No Malagasy will not die from malaria!	- Kom'Lay: 61/702	29/01/2021
Ampahatsiahivo ireo tokantrano avy natao VAD hitondra ny coupon rehefa haka lay @ andro fizarana. Coupon 1 = Lay 1	Remind your community's households to carry their tickets on the delivery day. 1 ticket = 1 LLIN	- Kom'Lay: 434/702	09/02/2021
Salama, alaivo eny @ PA mahazatra antsika ny anjara Lay natokana hoan ny fokontanintsika! Malagasy tsy ho fatin ny tazomoka !	Hi, get the LLIN of your community at to your usual PA. No Malagasy will not die from malaria!	- Kom'Lay: 195/702	09/02/2021
Salama, alaivo eny @ PA mahazatra antsika ny anjara Lay natokana hoan ny fokontanintsika! Malagasy tsy ho fatin ny tazomoka !	Hi, get the LLIN of your community at to your usual PA. No Malagasy will not die from malaria!	- Kom'Lay: 209/702	10/02/2021
@ fizarana lay, ampatsiahivo ny mpiaramonina fa mila coupon 1 = Lay 1, ny fanajana ny elanelana 1 metatra ary mila mitondra harona asiana ny lay.	Remind your community's households to carry their tickets on the delivery day, 1 ticket = 1 LLIN, they must also respect the physical distancing of 1meter and bring a bag to put their LLIN.	- Kom'Lay: 473/703	11/02/2021
@ fizaràna lay, ampahatsiahivo ny olona ny fomba fanasàna sy fikojakojana ny lay. Atapy @ maloka ary zairina ny rovitra. Lay natao hiarovana antsika olombelona!	During the LLIN distribution, remind people how to wash and care for their LLIN. Dry in the shade, and sew if riven. LLIN are only provided to protect citizens.	- Kom'Lay: 534/704	15/02/2021
Ho fikajiana ny fahasalamana sy ny tontolo iainana dia manasà tanana matetika @ rano sy savony, ario any @ toerana voatokana ny fako ny lay: gony, sachet...	To protect environments and to take care of your health, please wash your hand frequently with soap and water, put the LLIN's packing into garbage: bag, berlingot, ...	- Kom'Lay: 193/704	20/02/2021

Ampatsiahivo ny olona nataontsika VAD fa ny fatoriana anaty lay misy odimoka isakalina ary mandavantaona no antoka hiarovana ny ankohonany @ tazomoka.	Remind households you have visited that sleeping under LLIN every night and throughout the year protect against malaria.	- Kom'Lay: 554/704	27/02/2021
Ry KOM LAY namana, hamarino @ VAD fa nahazo sy mampiasa lay ara-dalàna daholo ny mpiara-monina rehetra. Malagasy tsy ho fatin'ny Tazomoka!	Dear Kom'Lay, during your community home visit please make sure that those who received LLIN use them wisely. No Malagasy will not die from malaria!	- Kom'Lay: 181/705	04/03/2021
Salama, hanomboka tsy ho ela ny fandoavana ny sarapahombiazana ny sarapitantanana. Tsy maintsy eo daholo ny membre rehetra ny Kom'Lay. Mitondrà karapanondro!	Hi all, we will proceed to the payment of your performance and running allowances. All Kom'Lay members must attend, bring your identity card!	- Kom'lay: 470/705 - Sup TA : 30/81	04/03/2021
Tonga ilay fotoana! Ny daty voalazan'ny TA ihany no hiakaran'ny membre tsirairay ny Kom'Lay eny @ toerana handoavana ny vola. Aza adino ny karapanondro !	It's time! Respect the date and place shared by your Technical Assistant for the payment. Don't forget to bring your Id card!	- Kom'lay: 210/705 - Sup TA : 35/81	08/03/2021
Mankasitra antsika KOM LAY rehetra t@ ezaka hiarovana ny Malagasy tsy ho fatin'ny Tazomoka!	Thank you so much for your efforts to protect Malagasy for not to die from malaria!	- Kom'Lay:542 /704	23/03/2021

**Table 2** : Radio and TV Spots Broadcasted

SPOT	Period	Region	Number of district	Number of spots aired	District
Spot Radio Sur'eau Pilina	March 1st to 10th,2021	Boeny	3	32	Mahajanga I, Mahajanga II and Marovoay
		Antsinanana	7	96	Toamasina I, Toamasina II ,Vatomandry, Brickaville, Marolambo,Tanambao Manampotsy and Mahanoro
		Analanjirifo	4	64	Maroantsetra, Vavantenina, Fenerive Est and Mananara Nord
		Vatovavy Fitovinany	5	48	Manakara,Vohipeno, Ifanadiana, Ikongo and Mananjary
		Menabe	3	32	Morondava, Mahabo and Miandrivazo
		Melaky	1	16	Fenoarivobe
		Atsimo Andrefana	3	48	Toliara I, Toliara II and Ampanihy
		Diana	5	80	Antsiranana I, Antsiranana II, Ambilobe, Nosy Be and Ambanja

		SAVA	4	80	Antalaha, Vohémar, Andapa, Sambava
		Sofia	4	32	Antsohihy, Befandriana Nord, Analalava and Bealalana
		<b>Total spot Radio sur'eau Pilina</b>	<b>39</b>	<b>528</b>	
Spot TV Protector Plus	March 22nd to 31st, 2021	Boeny	2	36	Mahajanga I and Mahajanga II
		Antsinanana	3	36	Toamasina I, Toamasina II and Vatomandry
		Fianarantsoa	2	18	Fianarantsoa I and Fianarantsoa II
		Vatovavy Fitovinany	1	18	Manakara
		Menabe	1	18	Morondava
		Vakinankaratra	2	18	Antsirabe I and Antsirabe II
		Atsimo Andrefana	2	18	Toliara I and Toliara II
		Diana	2	36	Antsiranana I and Antsiranana II
		SAVA	2	36	Antalaha and Sambava
		Sofia	1	18	Antsohihy
				<b>Spot TV Protector Plus</b>	<b>18</b>
Spot Radio Protector Plus	22 mars au 31 mars 2021	Boeny	3	86	Mahajanga I, Mahajanga II and Marovoay
		Antsinanana	7	258	Toamasina I, Toamasina II, Vatomandry, Brickaville, Marolambo, Tanambao Manampotsy and Mahanoro
		Analanjirifo	3	129	Fenerive Est, Ste Marie and Vavantenina
		Vatovavy Fitovinany	4	43	Manakara, Vohipeno, Ifanadiana, Ikongo
		Haute Matsiatra	7	86	Fianarantsoa, Vohibato, Ikalamavony, Ambohimahasoa, Lalangina, Isandra, Ambalavao,
		Amoron'i Mania	4	43	Ambositra, Fandriana, Manandriana, Ambatofinandrahana
		Vakinankaratra	7	86	Antanifotsy, Faratsiho, Ambatolampy, Antsirabe I, Antsirabe II, Betafo and Mandoto
		Melaky	1	43	Morafenobe
		Menabe	1	43	Morondava
		Melaky		0	Fenoarivobe
		Atsimo Andrefana	4	129	Toliara I, Toliara II, Ampanihy and Sakaraha
		Diana	5	172	Antsiranana I, Antsiranana II, Ambilobe, Nosy Be and Ambanja
		SAVA	4	129	Antalaha, Vohémar, Andapa, Sambava
		Sofia	4	86	Antsohihy, Befandriana Nord, Analalava and Bealalana
				<b>Total spot Radio Protector Plus</b>	<b>54</b>

**Table 3** : Summary of SMS sent during Quarter 2 – Targeting Providers

HEALTH AREA	MESSAGES	ENGLISH TRANSLATION	TARGET	NUMBER OF PEOPLE REACHED	Period QUARTER 2
	Faly Miarahaba antsika rehetra traty ny taona vaovao 2021! Ho taona feno Fahombiazana sy Fahasalamana hoan'ny tsirairay!	Happy new year 2021! Hope you full success and healthy year!	<b>PARC + PA + CHW + PHA-G-Dis + PHA Ge Com</b>	CHW: 4546/7369 PA : 421/461 PARC : 57/80 Pha-G-Dis : 73/80	01/01/2021
<b>EMMP</b>	Salama, Tahirizo @ toerana maina, mazava sy tongan'ny rivotra ny fanafody. Ny hamandoana sy tsy fahampian'ny rivotra dia mety hanimba azy ireo, Mankasitraka !	Hi, please store drugs in a dry and ventilated place. Moisture and airless may damage them. Thank you!	<b>PARC + PA + CHW + PHA-G-Dis</b>	CHW: 4810/7369 PA : 459/461 PARC : 55/80 Pha-G-Dis : 73/80	18/01/2021
<b>MALARIA ITPp,</b>	Salama, entano hatrany ny vehivavy bevohoka hisafokibo eny @ CSB hitelemany SP miaro azy sy ny zaza ao ankibony @ Tazomoka. Malagasy tsy ho fatin'ny Tazomoka	Hi, sensitize pregnant women to go to the health center for their prenatal care visit. They will receive SP tablet to protect them and her fetus against malaria. No malagasy will not die from malaria.	<b>CHW</b>	CHW: 4894/7369	25/01/2021
<b>MNCH CHX</b>	Entano ireo vehivavy bevohoka eny akaikinareo hampiasa ny Arofoitra rehefa hiteraka eny amin'ny tobimpahasalamana	Sensitize pregnant women to use Arofoitra when they will go to give birth at the health center.	<b>CHW</b>	CHW: 2480/7369	09/02/2021
<b>FP PROTECTOR PLUS</b>	Salama, miova ny vidin'ny kapaoty Protector plus, tsara kalitao hatrany. Miaro @ vohoka tsy iriana sy ny aretina azo avy @firaisana ara-nofo!	Hi, the price of Protector plus has changed, with always a good quality. It prevents from unwanted pregnancy and sexually transmitted infection.	<b>PARC + PA + CHW</b>	CHW : 4587/7369 PA :445/691 PARC :55/80	17/02/2021
<b>EMMP</b>	Tandrovy hatrany ny fepetra FEFO @ famoahana fanafody sy fitaovana ara-pahasalamana. Izay lany daty aloha avoaka mialoha!	Respect FEFO rules to manage drugs and health products! First expired, first out!	<b>PARC + PA + CHW + PHA-G-Dis</b>	CHW : 4622/7369 PA :451/461 PARC : 54/80 Pha-G-Dis :73/80	26/02/2021

<b>MNCH CHX</b>	Eny amin'ny PA mahazatra anao ihany no maka sy mivatsy ny Arofoitra tokony ampiasain'ireo vehivavy bevohoka rehefa hiteraka	Purchase Arofoitra at your usual PA, the pregnant women will use it when they will give birth.	<b>CHW</b>	CHW : 4619/7369	28/02/2021
<b>World Woman's day</b>	En mars vous pourriez être éligible aux crédits KFW à taux réduit de 50%. Renseignements : auprès des Agences Accès Banque ou appelez 0320351177	On March, you are eligible to the KFW credits with interest rate half free. More information: contact all Accès Banque agencies or call 0320351177	<b>Women member of EFOI distribution chain and women pharmacist</b>	EFOI members & women pharmacist : 40/43	08/03/2021