

REPUBLIC OF SENEGAL

Ministry of Health and Social Action



USAID-Senegal 2012-2016 Health Program

USAID Senegal Health Program

Health Communication and Promotion Component

# ANNUAL ACTIVITY REPORT

## March - September 2012

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## LIST OF ABBREVIATIONS

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ADEMAS	Agency for the Development of Social Marketing
TMA	Total Market Approach
ASBC	CBHW: Community Based Health Workers
BREIPS	Regional Office for Health Education and Information
CYP	Couple Year Protection
CBC	Communication for Behavioral Change
CEFOREP	Regional Center for Training and research on Reproductive Health
I.C	Interpersonal Communication
CNLS	National Council for the Fight against AIDS
COP	Chief of Party
DALY	Disability Adjusted Life Year (Life years lost due to death or disease)
DCOP	Deputy Chief of Party
DLM	Division for the fight against the disease
DLSI	Division for the Fight against AIDS and STIs
DPIC	Directorate for Collective and Individual Prevention
DSRSE	Division for Reproductive Health and Child Survival
HDS	Health and Demographic Survey
WHEI	Workers on Health Education and Information
UNFPA	United Nations Population Fund
QRGSM	Qualitative Research Guide on Social Marketing
GIS	Geographical Information System
APM	Access and Performance Measurement
IIMN	Insecticide Impregnated Mosquito nets
MOU	Memorandum of Understanding
CBO	Community Based Organization
NGO	Non-Governmental Organization

PIP	Performance Improvement Process
ATCO	Assessment Tool of the Country Office
PHCP	Partnership for Health Communication and Promotion
FP	Family Planning
PNLP	National Program for the Fight against Malaria
PNT	National Program for the Fight against Tuberculosis
PPP	Private Public Partnership
PSI	Population Services International
AWP	Annual Work Plan
AIDS	Acquired Immune-deficiency Syndrome
SNEISS	National Service on Social Health Education and Information
RH	Reproductive Health
SCMR	Surveys of the Continuous Measurement of Results
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
HIV	Human Immune deficiency Virus

**PART ONE**  
**QUARTERLY REPORT**  
**July - September 2012**

## **I. INTRODUCTION**

The Health Communication and Promotion component is part of the implementation of the USAID Health Program (2011-2016), the objective of which is to contribute to the improvement of the health situation of the Senegalese population.

The Implementation was entrusted to the Agency for the Development of Social Marketing (ADEMAS), in association with Population Services International (PSI) and the Regional Center for Training and research on Reproductive Health (CEFOREP).

This component aims at supporting the Senegalese Health Ministry, other private and civil society organizations a through advocacy activities and communication for behavioral change (CBC), as well as social marketing, to encourage the adoption of sustainable and healthy behaviors by everyone at the household and community levels.

The HCP component intervenes at the national level in all 14 regions of Senegal with a focus on: Maternal Health and Family Planning, Malaria, Child Survival, Nutrition, Hygiene and Sanitation, HIV/AIDS and Tuberculosis.

Thus, it works closely with the services of the Health Ministry, in particular, the National Service for Education and Information on Health (SNEIPS), as the coordinating body within the the Ministry of all interventions on Communication for Behavioral Change (CBC) and for all actors working in the field of health communication and promotion in Senegal. The PCPS component Partnership for Health Communication and Promotion (PHCP) has also to work with the DRH, the DANSE, the DLSI Division for the Fight against AIDS and STIs (DFAS), the Division for the fight against the disease (DFD), the National Program for the Fight against Malaria (NPFM), the National Program for the Fight against Tuberculosis (NPFT), amongst others, to better meet their needs. It works together with the other Health Programs of the USAID as well as other USAID programs and development partners.

This section of the report covers the period from July to September 2012. It covers all the main activities carried out within the framework of the different sub-components.

## **II. EXPECTED OBJECTIVES AND RESULTS OF THE COMPONENT**

The objective of this component is to improve the health situation of the Senegalese population. The project involves supporting the Health Ministry of Senegal, other private and civil society organizations, through advocacy activities, communication for behavioral change (CBC) and social marketing; encouraging the adoption of sustainable and healthy behaviors by everyone, at the household and community levels.

To achieve these objectives, the Partnership for Health Communication and Promotion seeks to achieve the following results:

1. Capacity building to implement effective communication programs for behavioral change;
2. Implementing communication activities for high quality behavioral change aiming at sustaining changes in healthy behavior and increased use of health services;
3. Capacity building for major players so as to get political and social commitment to the health programs;

4. The Social Marketing of major health products aiming at increasing their sales volume and use.
5. Implementing activities of technical capacity building and institutional development, to support a Senegalese organization on its long term sustainability option.

### **III. COMPARING DIFFERENT SUB COMPONENTS TO EXPECTED RESULTS**

#### **3.1. Component 1: Capacity Building to Implement Effective Communication Programs for Behavioral Change**

**Support to the SNEISS in the organization of a workshop on sharing and elaborating several documents in the field of training and research.**

The meeting was held in Thiès in the conference room of the Regional Hospital Center from 19<sup>th</sup> to 26<sup>th</sup> July 2012. All Regional Bureaus for Education and Information on Health of the Medical Regions attended the meeting except Dakar. The EIPS supervisors were represented by the Districts of Kolda, Tambacounda, Thiès and Popenguine and the technical and financial partners by the UNFPA, Child Fund and the ASBEF.

This workshop was a forum to share the results of the survey on the training needs and to conduct a structural and organizational diagnosis. They had to elaborate a research plan with the support of our Research Director. The Community Relay handbook was finalized with the participation of Child Fund. During this workshop, the DRH shared the proposals related to the organization of the FP campaign, themes, messages and tools.

A power point presentation and a documentary movie on the component were shown to the audience by the SNEISS. Different aspects of the component were addressed. These were: context, goal, objectives, strategies, expected results, fields of intervention, coverage area, involved partners and the beneficiaries of the component.

The financial manager of the ADEMAs made a presentation on per-diem policy, the USAID branding and the conditions of contract awards.

The second day of the workshop was devoted to training and was in two parts: sharing the results of the survey focusing on training needs of Health Educators and elaborating a training plan.

Parallel to the training plan, a SWOT analysis (Strengths- Weaknesses- Opportunities and Threats) of the EPS structures at all levels was presented. Some solutions were proposed to improve the functioning of these structures which are faced with institutional, organizational and managerial constraints.

The third day of the workshop focused on research, notably presenting a draft directory of the CYP surveys and working out a research plan of the EPS structures.

The fourth and fifth day of the workshop focused on finalizing a training manual for the community relays. The sixth and seventh days of the workshop were dedicated to preparing the FP campaign. The DRH made two presentations, including one on family planning in Senegal and another one on the progress made towards preparing

the 2012 FP campaign. For this year, the district of Mbour through the Thiès Medical region will be proposed to the Minister of Health to host the official launch ceremony. The major innovation for the 2012 campaign was to celebrate it in all the regions.

### **3.2. Component 2: Implementing quality CBC activities to adopt healthy behaviors and increased use of health services**

During this quarter we backed the SNEISS in three activities.

#### **3.2.1. SUPPORT OF THE SNEISS FOR THE SISDAK**

As happens every year, the SISDAK exhibition was held within the premises of the International Trade Center of Senegal (CICES) during the period from 5 to 8 July 2012. Several public and private institutions from the medical sector attended this meeting of health actors.

The SISDAK is indeed the meeting place of those actors who promote health, notably technological innovations for a better delivery of medical services to the population, and particularly the patients.

This year's theme was about "***the community's responsibility in the fight against communicable and non-communicable diseases***"

To make the support to the SNEISS successful, the ADEMAs, via a dedicated team, participated in several actions including:

- Several preparatory meetings with the CNLS, the SNEISS and all the actors at the Ministry of Health.
- Supervising the creation and production of advertising material (streamers and stickers)
- Supplying promotional material (wash-basins and soaps)
- The making of a video report on all SISDAK activities
- The making of a large 2mx1.5 board for the conceptual barge of the USAID Senegal health program 2011- 2012 by the SNEISS.

Parallel to these actions, we paid an advertisement in the 2012 SISDAK magazine.

We also took part in the launch ceremony and in the scientific forum. When Madam the Minister and her collaborators visited the exhibition, we were introduced and congratulated for the permanent support of the ADEMAs to the Ministry of Health and Social Action.

Amongst the notable actions of the SNEISS, we can highlight a radio show on different themes related to communicable and non-communicable diseases.

#### **3.2.2. Launch of the Health Communication and Promotion Component**

The Ministry of Health and Social Action launched the new component during an event chaired by the Director of the USAID. This was a special event attended by all our partners from the public and private sectors as well as the civil society. All the Office and other services and programs of the health ministry were represented. Through the voice of its Head of service, the SNEISS, as our main partner in the implementation of this



project, delivered the welcome note, to all those attending and made a presentation of the component. After that, a documentary movie on the mission of the ADEMAs was shown to the public. Then the audience was entertained with a theatrical performance by the Kocc Barma group. The Director of the USAID delivered a speech followed by the Ministry of health. The session ended with an exhibition launch.

### **3.2.3. Research activities**

#### **Workshop with the SNEISS in Thiès**

The workshop organized by the SNEISS in Thiès had among other objectives to develop a research plan. Therefore, the Research Director was among the participants. The research methods were shared as well as the methodology for the development of a Research plan. This session allowed sharing the research plan of the Component 5.

#### **Updating the research plan of the component**

The research plan developed was completed by the research gaps obtained from the marketing plans of the different products (condoms, contraceptives, water treatment).

#### **Training the marketing team on GPS**

The CPS project acquired 20 GPS units of the "e-Trex 10" model, as part of the introduction of GIS in the general information system. The field agents, the promotion agents, and the MV as well as the marketing team were taught about configuring and operating the GPS and a practical test was carried out on potential sales points near ADEMAs.

#### **Introducing the set up methodology of the MIS to the Marketing team**

The design of the new MIS involves having a better sharing and use of information during the implementation. To start modeling the new system, we shared with the whole team the different development phases of an MIS to facilitate the development of tools for the collection, identification and definition of information needs of each agent. This presentation was also an opportunity to come back to the definition of the type of indicators (impact, effect, product and activities), all this closely linked to the logical framework.

#### **Introducing the Research Plan to the Board of Directors of the ADEMAs**

Planned research activities included in this component were shared with the Board of Directors during the presentation of marketing plans.

#### **Preparing the implementing of the MIS**

While carrying out this activity of development and implementation of the MIS, a session for sharing the tools was initiated by the medical visitors in the annex board room. It is planned to organize a workshop to share the tools already developed for validation, as collection tools for the monitoring and evaluation system.

## **Meeting at the Ministry on coordinating, financing and outreach of research results**

The meeting focused on 3 points: Coordinating, Financing and popularization of research results, particularly stressing financing Research-Development and a bit less on Operational Research across the three agenda items noted below:

1. How to reinforce national coordination on Research for health (Mission, Composition, Resources)
2. How to boost public and private financing of research for health (Sources, Mechanisms, monitoring indicators)
3. How to organize access to Research results and enhance their use in public health policies

Apart from the agents from the Ministry and the Manager in charge of coordinating research Mr. SARR, other participants were the TC1 (technical advisor N°1) of the Minister, representatives of the ministries of Scientific Research, the DAGE of the Ministry of Finance, the Child Fund, the Dakar University, the ISED through its Director, and the ADEMAS.

This meeting opens for the project an opportunity to share in the future all our research results and beyond those, all research plans, protocols collection tools and reports through the Health Ministry with this committee to be set up.

### **Complementary training on Dataverse (continued)**

All the PSI platforms at the global level were trained on how to post into a server at Havard University the research data entitled "DATAVERSE". This training was followed though Skype with Oana Lupu, the Washington based research assistant. It was done in two phases, a theoretical phase from the PSI-U site and a second one via Skype on the server to receive the data.

### **Developing collection tools of the MIS**

The technical assistance brought by the PSI proposed a review of our collection tools to stick to the most relevant program indicators and to the Performance monitoring plan (PMP). To this purpose a seven day meeting enabled to develop collection tools for the distribution and for the medical visits with teams from the marketing department.

### **Sharing the Performance Monitoring Plan (PMP) with the USAID for feedback**

The Performance Monitoring Plan (PMP) was the subject of meetings with the USAID to revise and implement an appropriate number of indicators.

### **Training the Research Director on AidTRACKER**

The Research Manager benefitted from an initial training at the USAID conducted by its bureau of monitoring and evaluation on the use of a WEB platform.

This application entitled "AidTracker" makes the link between achievements and the geographical area having benefitted from these interventions and to be visualized on a map. The geographical unit adopted is the region in the current version of the software. Its effective implementation will be announced, its deployment requires several stages.

#### **3.2.4. Public Private Partnership Activities (PPP)**

The Public/Private Partnership Department of the ADEMAs attended the meeting between the USAID/health and the IMS discussing collaboration strategies related, amongst others, to the setting up of a health counseling system by messaging (sms). This work session enabled our partners to commit themselves to a pooling of their activities through periodical encounters.

The Senegalese Association for Intellectual Property exchanged with the PPP Advisor on the terms and conditions to protect trademarks so as to secure the developed brands and to accompany the partnerships that will be materialized. Brands such like "JÖM", "ANDANO" are being developed with partners such as VALDAFRIQUE, Tigo and will be presented to other potential partners.

The Public/Private Partnership Department and the Sales Manager of the ADEMAs met with the PEPAM program. This meeting aimed at exchanging on how to take into account the Aquatabs product in the national strategies on water quality. It was thus decided to include Aquatabs products in the reference catalogue related to water drinkability study in Senegal. Furthermore the PEPAM will direct the ADEMAs to its partners like the AfDB and the EAA (African Agency for Water and Sanitation).

The Public/Private Partnership Department of the ADEMAs met with the SNEIIS team with the aim to develop the activities of the partnership project with Tigo. It was planned to meet the Cabinet and other services of the Ministry of Health and Social Action so as to discuss identified activities.

#### **3.3. Capacities of Key Stakeholders Reinforced to carry out advocacy on Political and Social Commitment in favor of Health Programs**

During the month of September, the CEFOREP organized an advocacy session with the Union of Associations of Local Elected Office Holders on financing family planning through the ENGAGE model. This activity gathered over 90 participants and was attended by the press. Following the presentation of the model, exchanges followed on the need to strengthen the financial support made to the regions within the FP program. Other steps have been identified and will be the subject of an action plan.

#### **3.4. Component 4: Social Marketing of Main Health Products**

The marketing activity recorded significant developments during this quarter and many efforts were put on marketing plans and also on operational plans.

##### **3.4.1. Elaborating FP and Aquatabs marketing plans**

As previously with the HIV marketing plan during the last quarter, a new workshop was organized and facilitated by a PSI consultant for five days. This was an opportunity to gather the technical staff of the ADEMAs but also external partners such as Intrahealth, the ASBEF and a strong SNEISS team. The objective was to develop this plan based on the DELTA methodology and adult learning, allowing the participants to take an innovative stand. The participation of our AOTR is also worth noting. Thus all the stages of the Delta planning process were explored and applied. At each level, strategic decisions were made on the choice of target groups, segmentation, strategic positioning of our Securil and Depo Provera brands. Behavioral and sales goals were also determined

on the basis of behavior criteria. The four Ps were also revisited to ensure proper coherence with the identified targets. At the end of this workshop a clearly defined action plan, allowing us to have our marketing plan for the next twelve months, was established as well as a research plan, to confirm certain decisions.

In the same vein, we also developed our Aquatabs marketing plan following the same process but inviting this time public and private partners involved in the water and sanitation sector. Therefore, partners like the SDE, the Water Ministry, Azufors from Kaolack etc., attended. As for the other plans, this one also witnessed very enthusiastic sessions with discussions that led to key decisions which will help to better disseminate Aquatabs across Senegal.

### **3.4.2. Sharing new marketing plans**

In the month of August we organized in the premises of the DFAS a meeting to exchange on the social marketing plans of the contraceptives and condoms with all the partners who took part in their development, namely the SNEIIS, the ANCS, FHI 360, the ASBEF, the PPJ, Intrahealth. This was an opportunity to show the results and to share them with the USAID, the DRH, the CNLS, the CEFOPREP, the UNFPA and ABTS Associates. The objective of this meeting was to allow the different participants to bring their suggestions and comments in order to improve strategic documents about the contraceptive products and condoms. Some recommendations were made about the intervention areas, to be extended and the targets. All of them insisted on the need to keep on involving all the actors within the sector in the implementation of these marketing plans.

Another meeting took place in the second half of the month. This time the objective was to introduce our FP and HIV plans to the members of the Board of directors as well as all the ADEMAs staff. This session allowed clarifying a few issues and taking into account the remarks from members of the Board of directors in order to improve these strategic documents.

### **3.4.3. Distribution Strategy**

During the month of July we received a PSI consultant specialized on distribution who travelled with us in the field. All the distribution chain, ranging from retailer to wholesaler was visited and we had discussions with the shop-managers to better understand the market supply chain.

As a result, some suggestions were made to improve our current distribution chain. Indeed, the visit revealed not only the decisions made during the development of the different marketing plans but it also showed us the inefficiency of the direct distribution system. To improve our distribution strategy, we met with distributors of liquid, and agricultural and food products, who are very enthusiastic when it comes to working with us, all the more so as they find the condoms as a supplement to their product range, mainly in the niche market made of Hotels, Restaurants and Cafes.

### **3.4.4. Sales and Distribution**

The promotion activities of the social marketing products allowed us to obtain the following results during this quarter.

#### **3.4.4.1. Condoms**

The outflows of different ranges of Protec reached 722 160 distributed as follows: 374 544 for the natural, 258 336 for the mint and 89 280 for the strawberry.

As to the sales of the Fagaru condoms, they totaled 587 840 units. Compared to the previous quarter, it represents a 5% decrease despite the month of Ramadan which was in July-August. Indeed, to help improve sales during this off-peak period, missions were carried out. Thus the promotion teams were divided into three groups to visit the areas going from Mbour to Touba, from Tivaoune to Bakel and from Kaolack to Ziguinchor. During these missions in addition to sales, the teams aimed at sensitizing the populations in the covered regions.

#### **3.4.4.2. Hormonal Contraceptives**

The outflows of the Depo Provera for this quarter was of 3311 units, for the injectable, whereas those of Securil totaled 132 954 packs. We noticed respectively a decrease of the outflows of the injectable and an increase for the Securil.

It was noted that the visits by the Medical Visitors were not conducted in an active way due to their participation in different marketing plans.

#### **3.4.4.3. Aquatabs**

The sales of Aquatabs amounted to 824 300 pills, that is 16 486 000 liters of treated water. These outflows were sustained by proximity activities carried out by the different teams at the community level but also at pharmacies, which reflects a greater appropriation of the product by sales agents who recommend it to their customers.

The different sales and distribution activities of Aquatabs were sustained by messages broadcast by private television and radios stations as well as community radios. Thus, we aired 79 Television commercials and 106 radio commercials on private radios and 1201 on community radios, all promoting the Aquatabs product. Due to the month of Ramadan, condom commercials were not aired during this period.

#### **3.4.5. Communication activities**

The different Sales and distribution for Aquatabs were supported by messages on different medias, private and community TV and radios. Thus, 79 TV adverts and 106 radio spots were broadcast on private radio station and 1,201 on community radio station for the promotion of the Aquatabs products. Due to the month of fasting (Ramadan), condom adverts were put on hold.

#### **3.4.6. Diagnosis of the Information Management System (IMS)**

As part of the diagnosis of our IMS, we received a PSI consultant. She had several interviews with the technical staff and the Research Director to ensure we had tools adapted to our needs. An action plan was developed to improve the current system. This diagnosis coincided with the visit of another specialist in geomarketing information system (GIS), an area also taken into account by the MIS. In fact the indicators enabling us to better manage our sales and marketing related decision must be tracked down by the information system that is to be set up.

### **3.4.7. Training on GPS for georeferencing of sales points**

A training session was organized by the Research Director to update the promotion teams on newly acquired devices for the georeferencing of our sales points. This session allowed a better familiarization with the information collecting tool used in the field.

### **3.4.8. Elaborating the documents for IMS collecting**

The teams of medical visitors and promoters elaborated documents that will serve to collect information for the MIS. This task was undertaken with the support of the Research Director, the Sales Manager and the marketing officers.

### **3.4.9. National Forecasts on hormonal contraceptives (CPT's)**

During the second week of September, the Sales Manager took part in a meeting to review the forecasts regarding hormonal contraceptives. The opportunity was given to him to show the results achieved by the ADEMAs during the first semester in terms of residual stocks, outflows and ending inventory. After that, the pipeline, which is a planning tool, was used to make forecast to the partners, followed by recommendations to ensure a proper monitoring of the national plans. The DFAS, the DRH, the UNFPA and the USAID attended this week.

## **3.5. SUB-COMPONENT 5: Technical Capacity Building and Institutional Development of beneficiaries**

### **3.5.1. Setting up the CPS team**

#### **Staff Commitment**

The Chief of Party (COP) worked with the DCOP, the AFO and the Research Director to identify the Behavioral Change Communication officer (a key position for the CPS project), the logistician, and research assistants. In order to get the commitment of the technical staff, the COP introduced an evaluation tool to ensure a more effective recruitment process. Applicants who satisfy the minimum conditions were invited to pass a written technical test focusing on basic technical knowledge necessary for the position. This technical test would allow ADEMAs to identify the most qualified candidates before engaging in interviews.

To facilitate the integration of the ADEMAs Regional Advisors into to Regional Bureaus of USAID partners, the ADEMAs head office organized three orientation workshops for the Bureaus staff on the Health Promotion and Communication Component (CPS). The COP and the DCOP visited Thiès, Kaolack and Kolda from 11 to 14 September to introduce the three regional representatives to the Coordinators and staff of the regional bureaus. The COP and the DCOP also made presentations on the USAID/Senegal 2011-2016 Health Communication and Promotion component. This was to ensure a common understanding of what is at stake in the component, its role and responsibilities, and the introduction of the regional representatives of the ADEMAs in their respective offices was planned with the Coordinators.

In addition to the presentations, the COP engaged the different FAOs of the Regional Bureaus into sustained discussions to better understand financial systems which will allow the ADEMAs representatives to achieve the planned activities. It is clear that the

ADEMÁS must develop its own tools and internal systems in order to manage these activities and take them to the the FAOs for discussion. The COP will work with the finance team to develop a simple and transparent policy with easy to use tools to allow an effective and transparent management.

The COP also backed the DCOP and the FAO to finalize terms of reference for two new positions for the institution: the Contracts and Agreements Manager and the Officer in charge of Coordination with stakeholders. These positions are important to help the COP and the DCOP achieve an action plan which requires a multi-sector coordination with several partners through instruments of partnership (agreements, grants, etc.). The programs are those of the Health ministry, the USAID partners at national and regional levels, medical regions, community based organizations amongst others. These positions will be advertised in early October.

### **Team Building**

The preparation of the different marketing plans, of the strategy and of an operational plan for sales and distribution, as well as the elaboration of a successful MIS/GIS were a real opportunity to establish a team spirit and a shared vision of the CPS project. All the technical assistance missions carried out by the PSI experts were based on an interactive and inclusive approach in order to maximize commitment from each participant. The ADEMÁS staff, at all levels, took part in exchange sessions as well as field visits.

### **3.5.2 Evaluating Institutional Capacity**

#### **PAT (Assessment platform)**

The team finalized the action plan (PAT) in a format which allows a routine monitoring. The tool will be revised and updated on a quarterly basis. In general the activities planned in the PAT for the current period are under way, including the preparation of marketing plans according to the DELTA methodology and the development of terms of reference for an executive management team. In order to ensure a synchronization of priority actions for the next fiscal year, planned actions in the PAT on the period October 1<sup>st</sup> 2012 to September 30<sup>th</sup> 2013 were incorporated in the action plan for the CPS project.

The COP and the DCOP organized a consultative meeting with the executive committee of the ADEMÁS on 24<sup>th</sup> September in order to move forward on some planned actions in the PAT. The COP, the DCOP, the FAO and the president of the Board of directors gathered to discuss:

1. The possibility to set committees to facilitate (a) the involvement of the Board of Directors in key decisions related to marketing activities (b) decision making related to the legal status of the ADEMÁS (c) the strategy to keep in the staff
2. Introducing the terms of reference to set up the executive management team, among the ADEMÁS senior staff.
3. Revising the Institutional Strategic Plan for the ADEMÁS

The Chairman of the Board gave very useful advice to move forward the issues raised and a recommendation to introduce an executive management team following the review and validation of its terms of reference by the Board, the approaches in prospecting to identify new premises, and the possibility to organize a review of the Strategic Plan before

the end of the year. The COP will work in coordination with the DCOP and the FAO to help push these forward in the month of October.

### **Evaluation of the Administrative, Financial and Accounting Systems**

As part of the PSI commitment to help improve the working environment at the ADEMAs, the team of Internal Auditing Service of the PSI, GIA, reviewed some administrative, financial and accounting procedures in order to determine if they have the right answers to the main financial risks and compliance risks. Thanks to the experience of the PSI in the management of programs to satisfy the requirements of donors in heavily controlled environments, we went through the manuals, reports, and existing policies to assess their conception with regard to the demands of the donors, and we recommended practices related to internal control and compliance, so as to identify areas that may potentially need improvement. We also carried out a limited test on samples to determine if the controls worked out as planned. The objective was to help the ADEMAs identify areas where compliance with existing policies might need strengthening by the Executive.

#### **3.5.3 Capacity building**

##### **Technical Assistance and Staff training**

The COP coordinated a series of technical assistance missions from 25<sup>th</sup> to 25<sup>th</sup> July and from 18<sup>th</sup> to 24<sup>th</sup> September. This technical assistance was provided by technical experts of the PSI in line with the institutional development plan included in the project as well as with the training and support needs identified during the institutional assessment carried out in early June.

This was particularly about the DELTA training methodology to develop marketing plans, setting up a relevant and efficient MIS system, and working out an effective and efficient sales and distribution strategy which enables introducing new products. The ADEMAs Board of directors was informed in advance about these technical assistance missions and board members were invited to participate in debriefing sessions.

Here is a summary of the technical assistance missions carried out to build the capacity of the staff and of the institution.

<b>Objective of training/ Assistance</b>	<b>Duration</b>	<b>Beneficiaries</b>	<b>Results</b>
<p><b>DELTA Training HIV</b></p> <p><i>Description:</i> workshop aimed at training the ADEMAs team on the DELTA approach, to expose several partners on this planning approach and develop the 2012-2013 HIV marketing plan</p>	June 25 <sup>th</sup> - July 2 <sup>nd</sup>	20 participants: CM*, RV, DR, CPPP, RR Thiès, RR Kaolack, 6 promoters, Rep DFAS, Rep FHI, Rep SNEISS, Rep CNLS, Rep ANCS, Rep AIDS Service, Rep PPJ	<ul style="list-style-type: none"> <li>• Working out a marketing plan for Protec and Fagaru for the next twelve months.</li> <li>• Establishing a vision and common understanding of the development process of a marketing plan and its implementation</li> <li>• Commitment of strategic partners to a dialogue on the HIV context</li> </ul>



			and FP programs and identifying areas where the ADEMAs can add value
<p><b>DELTA training Family planning</b></p> <p>Description: workshop aimed at training the ADEMAs team on DELTA approach, to expose several partners on this planning approach and develop the 2012-2013 FP marketing plan</p>	July 10 <sup>th</sup> -16 <sup>th</sup>	23 participants: CM, RV, DCOP, AM, AA, Secretary, AC, RR Kolda, 5 Medical Visitors, Rep Intrah, Rep DRH, Rep SNEISS, Rep CEFOREP, Rep Child Fund, Rep USAID, Rep ASBEF, Rep Mid-wives Association	<ul style="list-style-type: none"> <li>• Developing a marketing plan for Securil and for depo Provera during the next 12 months.</li> <li>• Establishing a vision and common understanding of the development process of a marketing plan and its implementation</li> <li>• Commitment of strategic partners to a dialogue on the context of Family planning programs</li> </ul>
<p><b>MIS assessment system</b></p> <p>Description: Current situation analysis, needs from managers and consumers of information as well within ADEMAs or partners (donors) Funds notably). This analysis will facilitate implementing an effective information management system which should be homogenous (that is on the basis of a shared structure), unified, organized, and comprehensive</p>	July 9 <sup>th</sup> -13 <sup>th</sup>	CM, RV, DR, All the Promoters, all medical visitors	<ul style="list-style-type: none"> <li>• Preparing a concrete and comprehensive action plan to be implemented during the next (2) years.</li> <li>• Documentation: MIS presentation</li> <li>• MIS Report (currently being drafted Family and identifying the areas where ADEMAs can provide a preparation value with NH)</li> </ul>
<p><b>Feasibility study on introducing GIS system</b></p> <p>Description: assessing the possibility of including geographical information in all marketing processes, and notably in sales and distribution as well</p>	July, 9 <sup>th</sup> 18 <sup>th</sup>	CM, SM, RD, All promoters, all medical visitors	<ul style="list-style-type: none"> <li>• Preparing concrete and comprehensive action plan to implement during next two (2) years.</li> <li>• Documents: geomarketing presentations, GPS, manuals and Google Earth samples; MAP documents (already provided on my kix page: <a href="http://kix.psi.org/display/">kix.psi.org/display/</a></li> </ul>

<p>as communication activities. This allows decision making on the basis of cards and segmentation analysis of markets on the basis of spatial variables</p>			<p>-BPiot/Home</p>
<p><b>Assessing sales and distribution network</b></p> <p>Description: Introducing fundamental principles necessary to developing an efficient and effective sales and distribution strategy, ADEMAs network performance analysis and developing an operational plan for sales and distribution working closely with the Sales Manager and his team</p>	<p>July, 17<sup>th</sup>-27<sup>th</sup></p>	<p>Omar Kambaye, Sales and distribution team</p>	<ul style="list-style-type: none"> <li>• Sales and distribution strategy</li> <li>• Sales and distribution operational plan</li> </ul>
<p><b>Global Internal Audit Visit (GIA)</b></p> <p>Description: This mission essentially focused on the diagnosis of the accounting, administrative and financial procedures as well as internal monitoring mechanism in place within the organization. The analysis focused on the following areas :</p>	<p>July, 16<sup>th</sup>-28<sup>th</sup></p>	<p>Financial and Administrative Manager, Accounting team</p>	<ul style="list-style-type: none"> <li>• Presentation on observations and recommendations to improve systems according to identified risks</li> </ul>

<ul style="list-style-type: none"> <li>- Efficiency and relevance of current manuals and policies</li> <li>- Compliance of policies with donors' requirements,</li> <li>- Management and reporting policy of sales and stock data;</li> <li>- Relevance of produced financial reports based on accounting systems (TOMPRO software)</li> </ul>			
<p><b>DELTA Training Aquatabs</b></p> <p>Description: workshop aimed at training the ADEMAs team on the DELTA approach, expose several partners to this planning approach and develop 2012-2013 FP marketing plan.</p>	<p>September, 18<sup>th</sup>-24<sup>th</sup></p>	<p>28 participants: MC, SM, RD, CPPP, RR thiès RR Kaolack, RR Kolda, AM, AV, AA, 6 promoters, MV, intern, 2 Rep of health Ministry, 2 Rep SNEISS, Rep DGPRE, Rep ASUFOR, Rep SONES, Rep Child Fund, Rep SDE,</p>	<ul style="list-style-type: none"> <li>• Working on a marketing plan for Aquatabs for the next 12 months.</li> <li>• Establishing a common vision and understanding on the development process of a marketing plan and its implementation</li> <li>• Commitment of strategic partners to dialogue on the context of programs to prevent diarrheal diseases and identifying areas where ADEMAs can bring value</li> <li>• Transfer of components: involvement key staff in facilitating some steps of the DELTA process: RD for PERFoRM model and RR Kaolack for the preparatory work on the epidemiologic situation</li> </ul>

\*Abbreviations stand for: Marketing Counselor (MC), Sales Manager (SM), Research Director (RD), Deputy Chief of Party (DCOP), Regional Representative (RR), Public Private Partnership Advisor (PPPA), Assistance Marketing (AM), Administrative Assistant (AA), Assistant Accountant (AA).

## **Leadership & Management**

Action Plan: the COP worked closely with the DCOP in order to manage the development of the action plan for the second year of the CPS project. This required deep commitment from strategic partners in preparing and revising the plan. The consulted partners were the SNEISS, the CEFOREP, Networks, the Child Fund, Intrahealth, the NPFM, the DRH, and the PEPAM. The ADEMAs presented the plan to the USAID on November 26<sup>th</sup> for review and discussion.

The Action Plan for the year 2 amounted to \$ 7 million. The COP confirmed with the USAID the need of a budgetary readjustment and the ADEMAs has started working on this process. The revised budget will be presented to the USAID after validation by the USAID of the Action Plan for the second year.

The COP and the DCOP will include recommendations from the USAID to finalize the plan before October 15<sup>th</sup>. Validating the plan will also allow the ADEMAs to finalize budgetary readjustment associated with growth activities.

The COP supported the DCOP and the AFO in finalizing the grant agreement between the ADEMAs and the CEFOREP so as to carry out advocacy activities within the CPS project. To have a real impact on the targeted communities, the COP found it necessary to **deeply review** the activities proposed by the CEFOREP in order to ensure the harmonization of advocacy operations between the partners involved in this area, including the CEFOREP.

Before the grant was approved, the COP attended coordination meetings with the CEFOREP, the USAID and the Population Reference Bureau, so as to ensure a synchronization of the activities planned by the CEFOREP with advocacy objectives included in the Family Planning national plan and expected results from the CPS project. Following these working sessions, the CEFOREP submitted a budgeted and revised work plan which was validated by the COP and the DCOP.

Partnership and Coordination: In order to expand the impact of the activities carried out by the ADEMAs, the team worked together to identify strategic partners which can help the ADEMAs reach a wider population group in an efficient way through their own networks, including the Peace Corps and the ACDEV, as well as the partners which can help the ADEMAs through innovative communication strategies, including GRAFF and Oneworld.

Peace Corps: the COP attended an "In Service Training" targeting Peace Corps Volunteers at a training center in Thiès. The COP presented the HCP project to the volunteer groups and she discussed avenues for collaboration with the Manager of the Peace Corps Health program. The COP also contacted other agencies to learn from their experiences, in collaborating with the Peace Corps Senegal, as well as with other social marketing programs. The objective is to sign a cooperation agreement with the Peace Corps to assist

in the implementation of community based communication activities, following the approval of the Action Plan and the PTAs.

Population Council: the COP represented the ADEMAs at an exchange workshop organized by the Population Council chaired by the DRH. The Population Council is very committed to research and advocacy and will be an important partner in the implementation of the family planning research plan.

Networks: the COP and the DCOP participated in a few exchange meetings with the Networks project so as to involve the private sector in routine distribution of anti-mosquito bed nets, as well as developing a communication campaign in support of routine distribution. The recommendations of the ADEMAs were included in the evaluation report of Networks on routine distribution.

In addition to its support in management, the ADEMAs will benefit from a technical capacity building of the COP on this important technical area thanks to its expertise in the field of Malaria prevention and his/her experience in the implementation of social marketing strategies in the prevention and treatment of Malaria at the international level.

GRAFF: the USAID recommended that the ADEMAs should contact an organization of artists with expertise in "street marketing". The COP shared this information and encouraged the marketing team to organize a meeting to assess the possibility of a collaboration for the implementation of the Fagaru marketing plan which targets "street marketing" activities as a communication channel to reach the target. This approach was launched with the support of the technical marketing Advisor of the PSI. The results to date are positive, with several opportunities for collaboration.

Oneworld: the PPP Advisor identified this organization as a potential partner active in the field of multimedia communication among the youth. The COP attended an exchange meeting with the ADEMAs senior staff, Oneworld and the SNEISS to assess areas of strategic collaboration. The Marketing Technical Advisor will follow the progress of this partnership which seems interesting for the ADEMAs.

ACDEV: the COP attended exchange meetings with a partner of the ADEMAs active in providing health services at community level through multi-purpose private clinics. The ACDEV is also committed to the education of public health professionals, in terms of health promotion and it organizes colloquiums in partnership with the Health Ministry amongst others. The ACDEV can be a strategic partner for the ADEMAs, mainly in implementing social franchise.

TIGO: the COP worked with the PPP Advisor, the DCOP and the marketing team to elaborate a collaboration strategy with Tigo in the field of child survival. Tigo expressed their will to work in collaboration with the ADEMAs in promoting water treatment at home, through the use of SMS to promote health related messages.

Institutional governance. The Regional Director of the PSI visited ADEMAs on 27<sup>th</sup> and 29<sup>th</sup> August. The objective was to meet with the USAID, to assess the progress of the partnership between the PSI and the ADEMAs and to attend a meeting of the Board of directors. An exchange meeting took place on 27<sup>th</sup> August with the AOR of the CPS project to see together the progress made to date and the developments in the partnership between the PSI and the ADEAMS.

The COP worked in coordination with the DCOP and the Chairman of the Board of Directors to organize a meeting of the Board on August 28<sup>th</sup>. The aim was to build its leadership capacity. The DCOP was involved in preparing presentations and documents shared with members as well as formal presentations of organizational activities from the Executive team.

*Professional development of staff:* The COP and the DCOP worked with the PSI to identify opportunities in technical and managerial capacity building to be included into the Action Plan for the second year of the project. These activities were identified based on the capacity building needs of the technical leaders of the ADEMAs, those who will be in charge of conducting technical training sessions including the DELTA training of trainers, training partners in the DELTA methodology for the planning of communication strategies and campaigns, coordinating studies with partners of the program and training research firms in research methods for social marketing.

Eventually, the COP developed a tool to monitor capacity building actions and professional development of the ADEMAs staff at all levels.

### **Marketing, Research, & PPP**

*Professional Development of staff:* In order to show the acquired experience through the technical assistance in marketing and sales provided by the PSI in the month of July, the Marketing Director, the Research Director and the Sales Manager presented the marketing plans for 2012-2013 to the board of Directors. The team prepared a professional and comprehensive presentation and they were able to answer the serious questions asked by members of the Board. The presentation was facilitated by the Board which expressed its satisfaction for the commitment of all in preparing the plan and the mastery level of managers.

The COP and the Marketing Technical Advisor worked with the research team, the marketing and sales teams to implement an integrated system for the management of the distribution chain and for associated monitoring tools. The management of the full distribution chain and the cycle of sales were a weakness identified by the marketing and sales team as well as by the COP and by the internal auditor of the PSI who carried out the assessment of the ADEMAs systems.

The Marketing Technical Advisor (TAM) supported the Research Director, the Sales Director, the team of promoters and the medical visitors in elaborating the monitoring tools for the sales and distribution system. The TAM played an active role in workshops by sharing his experience and the tools available on Kix.

The tools developed during this process are: weekly planning, daily report, weekly report, monthly report.

The COP prepared the terms of reference for a workshop with senior staff in early October to revise and finalize all these documents and tools associated to sales management.

Finally, the COP assisted the marketing and research team in elaborating the annual research plan on the basis of identified needs, during the workshops to prepare the marketing plans. The COP, the DCOP and the relevant technical officers reviewed

together the relevance of the proposed studies, their compliance with the existing marketing plans, and concrete actions to be taken for their achievement.

#### **3.5.4 Integrating ADEMAs into the global network of SMOs**

The ADEMAs team was exposed to the different tools available on KIX, SocialCast and PSI University, as well as through training workshops and working sessions with the PSI technical experts.

#### **IV. OTHER ACTIVITIES**

- Support to Madam the Minister of Health and Social Action during her visits to the Daaras. In the month of July, on the Minister's request, we traveled with a caravan on her behalf to the Daaras which enabled us to increase the visibility of Aquatabs, through demonstrations at the vited locations.
- The Ademas, the SNEISS and Child Fund held a meeting on August 23<sup>rd</sup> to discuss different collaboration areas. It was then decided major collaboration would be on Aquatabs distribution, at the health huts, sharing of IEC/CBC tools and capitalization of experiences and staff reinforcement. A quarterly meeting will be held for monitoring activities to be conducted as part of this partnership.
- The Ademas met with the Reproductive Health and Child Survival Division to discuss and share the terms of reference and activities of the FP campaign.
- Part of the brainstorming process for a smooth running of "street marketing" defined in the Protec and Fagaru condoms business mix or proximity activities, we had an opportunity to meet in our offices officials of "Graff Health", accompanied by their partners Doxandem Squad and OIM. Following a presentation of the ADEMAs on the institution and on its products, particularly the condoms, target groups and positioning, several aspects were discussed. The objective was to have a better understanding of the developed approach during events so as to see how to integrate the "guerilla marketing" concept on the 3<sup>rd</sup> edition of Graff and Health planned for the months of September and October 2012. A memorandum of understanding will soon be signed to implement activities.
- On September 11<sup>th</sup> we attended a meeting of the working group on "Creating demand" of the FP national plan, which was an opportunity for the consultants to expose working methods but also to choose the chairperson and the administrative secretary of the group. The ADEMAs proposed to take the chairperson' position, while the secretary position was filled by the DSR. A meeting will quickly be organized to carry out a detailed action plan of the group and appoint people in charge of each activity.
- We participated in the meeting organized by the USAID between the DSR and CA's to provide to the latter the opportunity to clearly mention the support it dedicates nationally to the Family Planning national plan in their 2012/2013 actions plans. Through its leader, the Directorate of reproductive health and child survival was delighted to see that all CA's focused on their plan for all their actions related to

FP and wished for another meeting to be held for better coordination and to avoid actors intervening in the same areas

## **V. MANAGEMENT (ADMINISTRATION AND FINANCE)**

### **5.1. Administration**

#### Staff:

During this quarter, the Agency continued the staff recruitment process. Thus, the positions of Communication Advisor for Behavioral Change (CBC), Manager-Logistician (ML), Marketing Assistant (MA), and Qualitative Research Assistant (QRA) were filled. Recruiting a Storeman (S) and a Monitoring-Assessment Research Assistant (MARA) are being finalized.

Advertising was carried out in order to fill the positions of Grant Manager (GM) and Officer in charge of Coordinating stakeholder activities. The selection and effective commencement of service of the people to be appointed is planned for the next quarter.

#### Partnership:

During this quarter, the Sub-Contractor PSI carried out the planned activities according to the Sub-Agreement and action plan. The Partnership with the CEFORP was at its initial implementation phase in the month of September 2012 with the organization of a workshop.

As part its support, back-up and capacity building role, the Agency also signed during the period various memoranda of understanding with the SNEISS.

#### Contraceptive products:

CONDOMS: No delivery was reported during this period.

COMBINATION 3PILL: No delivery was reported during this period.

#### Equipment:

As a result of the launch of different bids and their completion, the Agency acquired a power generator, computers, a photocopier and a telephone auto switch. As for the rolling stock (vehicles and motorbikes), the Agency is waiting for the approval of the USAID to finalize selection and attribution process.

### **5.2 Finance**

During this period, the Agency completed and sent to the USAID on July 25<sup>th</sup> 2012, the advance request N°3 for the months of August and September 2012 as well as the relevant budgets.

After submitting the USAID the Pipeline Analysis according to the Action Plan on June 19<sup>th</sup> 2012 of, the Agency received from the USAID on July 18<sup>th</sup> 2012, a "modification of Assistant N°01" related to the increase of the "Obligated Amount" of \$2 841 000, representing a total of \$3 884 000.



During this period, the monthly settlements for the period regarding the Agency's activities were produced and submitted to the USAID.

### **Funds received during the period**

#### **USAID:**

**311 775 684 FCFA** were received during this period from the USAID representing the advance payment of a part of the advance request number three (N°3) related to budget of the month of August.

### **Expenses of the period**

The expenses of the period amounted to **331 962 103 F CFA** that is an implementation rate of 59.50% compared to the annual budget of the fiscal year (824 893 688 F CFA).

Cf. financial situation on September 30<sup>th</sup> 2012 in annex.

Monitoring of funds, on September 30<sup>th</sup> 2012 in annex.

## **VI NEXT STEPS**

- Implementation of the HIV, FP Marketing plans
- Review operational sales plan and sales management guidebook
- FP campaign
- Training partners on research techniques
- Action plan Year 2

**Part 2**  
**Annual report**  
**March – September 2012**

## **I. INTRODUCTION**

The Health Communication and Promotion component is part of the implementation of the USAID health program (2011 – 2016), intended to contribute to the improvement of the health situation of the Senegalese people.

The implementation has been assigned to the Agency for the Development of the Social Marketing (ADEMAS), in collaboration with the Population Services International (PSI), and the Regional Center for Training and Research in Reproductive Health (CEFOREP).

The aim of the component is to support the Senegalese Ministry of Health, the other private and civil society organizations, through advocacy activities, Communication for Behavior Change (CBC) and social marketing; to encourage the adoption of sustainable and healthy behaviors by everyone at the household and community level.

The CPS component intervenes at the national level in all the 14 regions of Senegal, its main fields of intervention being the maternal health and the family planning, Malaria, Child Survival, nutrition, hygiene and sanitation, HIV/AIDS and tuberculosis.

Thus, the work was carried out in close cooperation with the services of the Ministry of Health, particularly the National service of Education and Social Health Information (SNEISS) as the coordinating body of the Ministry on CBC interventions and for all actors involved in the field of health communication and promotion in Senegal. The **CPS** component has also worked with the DSR, the DANSE, the PNL, among others, in order to better meet their needs. It works in collaboration with the other components of the USAID health program as well as the development partners.

This component started its activities in March 2012 and this report covers the period from March to September 2012. It deals with all the main activities undertaken within the framework of the different sub components.

## **II. OBJECTIVES AND EXPECTED RESULTS OF THE COMPONENT**

The aim of this component is to improve the health situation of the people of Senegal. The project aims at supporting the Senegalese Ministry of Health, the other private organizations and the civil society, through advocacy activities, through Communication for Behavior Change (CBC) and social marketing; to encourage the adoption of sustainable and healthy behaviors by everyone, at the household and community levels.

In order to achieve its objectives, the Partnership for Health Communication and Promotion will strive to reach the following results:

1. Capacity building for the implementation of efficient Communication for Behavior Change programs;
2. Execution of communication activities for a high quality behavior change the final objective of which is the adoption of healthy behaviors and an increased use of health services.
3. Capacity building of the main actors for a strong political and social commitment to the health programs.

4. Social marketing of the main health products in order to increase their sales volume and their use;
5. Implementation of technical capacity-building activities and institutional development to support a Senegalese organization in its option of long term sustainability

### **III. IMPLEMENTATION OF THE DIFFERENT SUB COMPONENTS ACCORDING TO THE EXPECTED RESULTS**

#### **3.1 Sub component 1 : Capacity building for the execution of efficient programs of Communication for Behaviour Change**

##### **3.1.1. Orientation Workshop SNEIPS**

We prepared and held on March 22nd at Savana Hotel an orientation workshop of the SNEIPS in collaboration with the PSI and the CEFOREP. The aim of that workshop was to harmonize the prospects and the expected results in collaboration with the SNEIPS under the PHCP program (Partnership for Health Communication and Promotion). More specifically, it dealt with:

1. Understanding the mission and the activities of the SNEIPS as well as their perception of the constraints and challenges in relation to their operations ;
2. Outlining the orientations of the PHCP program and the role of the ADEMAs towards the SNEIPS in this program.
3. Assessing the issues and challenges to be met in regard to the expected results of the PHCP program in relation to the expected outcome of the PHCP Program and to the mandate of the SNEIPS.
4. Developing a harmonized plan of action to kick off the activities with the SNEIPS (6 months)

In the run up to that meeting, we have developed and sent a survey on line to probe the perception of the SNEIPS agents upon some issues of the program.

The SNEIPS through one of its managers presented to us the functioning and the structure of their service. This led to a very rich discussion through a set of questions and answers; this enabled a better knowledge about the mission of this service.

Then, we presented them with the results of the survey. The observation is that the results confirmed what was presented beforehand.

This led to a presentation made by the Deputy Project Manager on the health communication and promotion component, added to those made on the PSI and the CEFOREP, the ADEMAs partners.

Owing to those different activities, the workshop allowed to the SNEIPS to take part in the elaboration of the action plan for the first year.

### **3.1.2 Workshop on the Finalization of the Strategic National Plan of Health Promotion**

From May 15<sup>th</sup> to 17<sup>th</sup>, 2012 the program supported the SNEISS in the organization of the finalization workshop of the Health Promotion National Strategic Plan (HPNSP), held in the CCCD of Thies. The meeting made it possible to bring together many actors of the health system among which, particularly the representative of the Ministry of Health and Social Action, the CAFSP, the Ministry of Education, the WHO, the ADEMAs- USAID Project and the UNICEF. In addition to attending the review of the plan, thanks to its expertise in the communication field, the ADEMAs has contributed to the organization and to the costs of this workshop through the HCP project as planned within the work plan of the first year.

At the end of the meeting, a selected committee was set to organize pre-validation sessions and the validation workshop. The latter activity will take place before the national workshop for the launch of the implementation phase Health Promotion National Strategic Plan (HPNSP).

The ADEMAs will keep on giving technical support for the finalization and the validation of the plan as a priority activity. The ADEMAs considers that the plan is important to build the technical capacities of the SNEISS and will serve as the starting point for the evaluation and elaboration of the capacity building plan included in the project. The last version of that plan is annexed to this report.

### **3.1.3. SUPPORT TO THE SNEISS FOR THE ORGANIZATION OF COORDINATION ACTIVITIES**

We have supported the SNEISS for the organization of a workshop aimed at developing and sharing many documents related to training and research. This workshop was an exchange forum on the results of the survey on the training needs and also on an organizational and structural diagnosis. They developed a research plan with the support of our research Director. The Community Relay Guidebook was finalized with the participation of the Child Fund. During this workshop the DRH shared the proposals for the organization of an FP campaign and of topics, messages and tools to be used for the FP.

## **3.2. SUB COMPONENT 2 : Execution of Qualitative CBC Activities for the Adoption of Healthy Behaviors and an increased use of the health services.**

### **3.2.1. Support to the Organization of Poponguine Pilgrimage**

As part of the coverage of the Marian pilgrimage of Poponguine, which was celebrating its 125<sup>th</sup> edition, the ADEMAs backed the SNEIPS through a MOU for the production of communication tools. This support had also a technical dimension, with a mission sent for that purpose and made of a supervisor and 2 promoters. The mission's role was also to follow up the implementation of the planned and budgeted activities. Thus, they actually took part in the different planning meetings, as well as in the daily activities evaluation meetings. They also supervised the handing over of the communication tools elaborated by the SEIPS to the Poponguine Health District and took part in the CIP activities, initiated by the SNEIPS and the DCIP.

### **3.2.2 Support to the Supplementation Local Days**

The program supported the SNEISS during the local days for Supplementation of children with vitamin A, in ZINC and anti-parasitic such as Mebendazole. This support was materialized by assisting in the production of some communication tools such as T-shirts and banners. A team was sent from June 25th to 30th for the supervision of those days in the regions of Thies, Louga, Kédougou, Kolda, Sedhiou and Ziguinchor. A total of 23 000 T-shirts and 23 000 IEC forms were produced and distributed to all the health districts.

Suggestions were made, mainly:

- reminding the administrative conditions and the best way to deal with the relays,
- the orientation of HPN and the relays, and
- the coordination at the central level with the partners on holding the SLDs. Some areas had already held supplementation and anti-parasitic activities with the support of local partners.

This was also an opportunity to get in touch with the RMO of Thies, Dr Oumar SARR, newly appointed to that position, who appreciated the support of the ADEMAs during the SLD and he specially outlined the quality of the tools produced. He also showed his availability and his support to the health program of the USAID. He is already informed of the upcoming arrival of the ADEMAs representative in the Regional Office.

The Regional Office Coordinator of the USAID in Thies was informed about the implementation status of the Communication and Health Promotion component. The draft TOR for the representatives will be shared with those coordinators, to have their input before they take their seats during the next quarter.

### **3.2.3. SISDAK**

As every year, the SISDAK exhibition was held at the CICES from July 05th to 8th, 2012. Many public and private institutions in from the medical field attended this meeting of the health actors.

Indeed, the SISDAK is the meeting place for the health promoting actors, and more particularly the technological innovations for better medical care of the people and the patients, in particular.

This year's topic was about « the community's accountability in the fight against communicable and non-communicable diseases ».

To implement properly the support given to the SNEISS, the ADEMAs, through a dedicated team took part in several activities including:

- Several preparatory meetings with the CNLS, the SNEISS, all the actors within the Ministry of Health.
- The supervision of the creation production of communication tools (banners and stickers)

- The supply of promotional materials (wash basins and soaps)
- The production of a documentary film on all the activities of the SISDAK
- The making of a large board 2m X 1.5m of the conceptual barge of the health program of the USAID SENEGAL 2011 – 2016 by the NSESHI.

Parallel to these actions, we bought advertising space in the 2012 SISDAK. We also took part to the launch ceremony and to the scientific forum. During the Minister's visit, together with and all her collaborators, we were introduced and congratulated for the permanent support of the ADEMAs to the Ministry of Health and Social action.

The SNEISS organized a radio competition on the different topics related to the communicable and non-communicable diseases.

#### **3.2.4. Launch of the Health Communication and Promotion component**

This launching day marked the official beginning of the HCP activities. It was chaired by the Minister of Health and Social Action in the presence of the Director of the USAID/SENEGAL, of the executive Director of the ADEMAs, of the SNEIPS Chief Officer, the directors, the head of services, the head of Divisions, the program coordinators, the Regional medical officers, the managers of regional bureaus health education and information (BREIPS), the technical and financial partners from the private sector and the press

The official launching ceremony of the HCP was held at the Radisson Blu under the chairmanship of the Minister of Health and Social Action on July 18th, 2012. The day started with the arrival and seating of the guests at 9 A.M. Then the welcome note was pronounced by the Head of the SNEIPS, in his speech, has thanked the Minister of Health and Social Action and all the audience who honored the invitation. He then reminded the objectives and the importance of the 5th component of this USAID program in the fight against diseases and maternal and child mortality.

After the speech of the Head of the SNEIPPS, a documentary related to the CPS and produced by the SNEIPS was shown on screen.

Then, a Power Point presentation of the component followed. The focal point of the component at the SNEIPS presented the objectives, the Strategic approaches, the intervention areas, the expected results and the beneficiaries.

Then, a performance on the Health Communication and promotion component was presented by the theatrical group Kocc Barma.

At the end of those 3 activities, highly appreciated by the guests, it was the turn of the USAID /Senegal Director and of the Minister of Health and Social Action to speak. The minister expressed all the pleasure she had to chair the launching ceremony of the fifth component of the 2011-2016 USAID/Senegal health program. She underlined the importance her Ministry is giving the preventive actions through education and communication. She also underlined the high importance that the government of Senegal is giving to the partnership between the Senegalese people and the American people, through the USAID, a partnership which is already lasted half a century old. She also

noted the crosscutting nature of the HCP which must support the programs of the Ministry, but the other component of the health program of the USAID as well.

The Minister said that the choice put upon the SNEISS as not by chance, taking into account the important role that it is playing in the coordination and harmonization of the health interventions based on information, education and communication, within the Ministry. She encouraged the agents of that department to pursue further the teamwork because there are many challenges and they are multifaceted. She also reiterated her commitment to using all her resources and expertise to achieve the goals of that component. The Minister finally congratulated the Director of the USAID/Senegal and his staff for the efficiency, the fairness, and the transparency of their interventions, which are symbols of good governance for which they have earned the respectful and consideration of the Senegalese government.

She appreciated and hailed the women's leadership and requested everyone's support for the achievement of the MDG 4 and 5. After her speech, the Minister launched the opening of the exhibition related to the different health programs before giving a media briefing. The day ended with a cocktail offered to all participants at 12H00.

### **3.2.5. Research activities**

During the period, as part of the upgrading of the research platforms, a workshop was held in Cotonou during which the invited researchers of Senegal, Burkina Faso, Ivory Coast and Benin benefitted from a presentation of the PSI research tools and their use in the implementation process of the social marketing project. These tools were mainly: studies of quantitative type TRaC (Tracking Results Continuously), MAP (Measuring Access Performance) and qualitative FoQuS (Framework for Qualitative Survey). All those studies being based on the conceptual framework Perform of PSI aim at measuring and /or explaining the data related to the determinants of behavior change and measuring the behavior data. This research, the main outputs of which are the instruments panel, determining the framework for the exchange and interpretation of the data collected from the research, was at the center of the agenda for a whole week with the regional researchers based in Cotonou, as facilitator, from April 16th to 21st, 2012.

The workshop aimed at familiarizing the researchers with the PSI tools which are adapted needs of the social marketing program, mainly in the identification and monitoring of the behavior change determinants and the use of products. Those tools were in line with the evolution of the research disciplines for behavior change and represent currently the best practices in terms of planning, monitoring and evaluation of the social marketing programs.

Those tools were then shared with the programs that will be the main beneficiaries of the research results. As expected, once back from Cotonou, the Research Manager shared with all the team and based on interest levels the documentation and tools which will be used as the framework to share research results. Thus, all the different types of research, both quantitative (Trac and MAP), and qualitative (FoQuS) were presented. The basic principle conferring to research the position of services provider to the programs is the « evidence based decision ».



The research department was involved in the diagnosis process of the institutional framework and particularly of the former role of research in the implementation of the programs and contributed to showcasing the research already conducted by the ADEMAs and their use. This diagnosis allowed the establishment of an agenda of the tasks to be performed for the integration of research as culture and the use of data in the decision making as sacred.

The setting up process of the new HCP program and of its monitoring system required the collaboration of a PSI consultant who came to back up the team. Thus the system used until now was in detail (collection tools, data base, etc.), and the supporting computer system used as well as the filing system of the archives. A new system based on the actual information needs of the operational agents is currently in its modeling process, to integrate the geographical information system, which represent the main innovation of the information system to be installed. In that context, the information system specialist Mr Bram Plopt has introduced to the whole team the use of the GPS and presented the GIS samples to highlight the interest of such a system for the coverage management and for the access to the Social Marketing of products and services.

A five – year research plan matching the life cycle of the CPS program is currently being finalized, it includes all the studies to measure the basic indicators of the program, and those coming from the information gaps identified during the development of the different marketing plans for the HIV/condoms, for the one related to Family Planning as well as for the Aquatabs.

The process to recruit a monitoring specialist and an expert on qualitative studies has been launched to strengthen the platform's Research team.

The research department accompanied the SNEISS in the elaboration of its research plan during the planning workshop in Thies. This workshop was an opportunity for Research manager at the ADEMAs to share the innovative research methods with all the SNEISS members at the central level and at decentralized level (ROEHI and AHEI). This session on research was moderated by the Ministry of Health and by Mr Samba Cor Sarr from the Ministry's Research Department.

Once the research methods shared, the research plan of the HCP component was presented and the methodology used to develop it so that it can be used to design the research plan of the SNEISS.

As part of the planned technical to build the capacity of the research team members for the CPS component by the PSI, this period was also an opportunity to identify the current back needs in back up and terms of reference were drafted for the planned visit of Dr. Joseph Inungu in October 2012. The major lines of the TOR are mainly the sharing with all partners (CAs, CNLS, Ministries and Private firms) of the research methods but also and moreover the qualitative methods FoQuS as substitute to TRaC under particular time and /or budgetary constraints and / and their contribution in the identification process of the behavior change determinants during the the planning process.

The research plan was revised and corrected with the Executive board and the Regional researcher to better fit the actual needs identified, the time and the available budget.

The research team and the marketing service developed new tools for the monitoring plan of the program.

The Performance Monitoring Plan (PMP) was on the agenda of meetings between the USAID represented by Mrs Izetta and Mr Sounka Ndiaye to review and agree on some proper indicators.

The Research Manager benefitted from an initial training on the use of the WEB platform, at the USAID through its monitoring department. The application called « AidTracker » makes the link between the achievements and the geographical area having benefitted from those interventions through map visualization. The geographical unit chosen is the region, based on the current status of the software. Its actual implementation will be announced, as its deployment requires many steps.

### **Research Activities Prospect:**

In the first quarter of the 2<sup>nd</sup> year, the main research assignments will be:

- Qualitative studies, to support the marketing decisions will be undertaken
- The MIS of the project will be developed, as well as the applications
- The setting up of the GIS will kick off with the support of Mr Bram PIOT from the PSI

### **3.2.6. Public Private Partnership (PPP) activities**

As part of the need to involve the private sector in the achievement of the national objectives of Health Communication and Promotion, the ADEMAs signed a contract with the Private Public Partnership Advisor, Mr. Mouhamadou BA, who took office on April 12, 2012.

Thus, the PPP initiatives started with awareness activities, establishing contacts, sharing the issues and challenges on the mobilization of the companies for the improvement of the health situation.

Actually, a series of meetings were held with some departments of the Ministry of Health and Social Action in order to better understand the orientations and objectives of the State regarding the partnership with the private sector. These include in particular:

- The national Service for Health and Social Education and information (SNEISS)
- The Support Unit to Health Funding and Partnership (CAFSP)
- National Program for the Fight against Malaria (PNLP)

It is worth highlighting that the SNEISS has designated a PPP focal point who should work in pair with the ADEMAs PPP advisor in order to ensure the representation of the Ministry during the meetings with the private sector.

In addition, the individual interviews were conducted with some private sector stakeholders who have expressed real interest to support the health promotion initiatives. Indeed, the exchanges allowed to the core topics related to the objectives of the HCP component and to inset them to the SER policies (Social and Environmental

Responsibility) of the targeted companies. It is on such a basis that a partnership has been concluded with the following entities:

- Fight against the diarrheal diseases amongst children with TIGO (through the promotion of a distribution network for AQUATABS and other products)
- Promotion of nutritional products for the improvement of the maternal and child health through the creation of a branded social marketing product with VALDAFRIQUE
- Training on Social and Environmental Responsibility (SER) on health with the CFPMI / SER Senegal firm
- Setting up of a health counseling system by through messaging (SMS) with Orange (via its Orange Health and SER Orange departments).

To date, those different ways of partnership identified should be documented and shared with the concerned companies, in order to negotiate a formal framework prior to the elaboration and signature of an MOU.

However, the PPP Strategic framework is to be implemented through the development of a PPP Marketing Plan (with the DELTA approach), in order to better assess the operational activities towards the private sector.

### **3.3 SUB COMPONENT 3: Capacity Building for Key Actors to Lead the Social and Political advocacy in Favor of the Health Programs**

#### **3.3.1 Updating the advocacy activities for the ADEMAs Staff**

In order to reflect the budget increase for the first year, the ADEMAs worked in collaboration with the CEFOREP during that period to review the planned activities and to put them in line with the budget changes. The ADEMAs aims at concluding the sub-contract with the CEFOREP in the next semester.

The project will benefit from the process of designing an integrated and comprehensive advocacy plan made during the planning workshop for the Ouagadougou Summit. The partners intervening in the reproductive health sector have noticed the absence of a close collaboration for the implementation of advocacy activities. Several important tools exist, including the ENGAGE tool, but, in the absence of coordination, they may fail to have the desired impact at the national level. The ADEMAs supported the CEFOREP and the partners involved in the elaboration of the national plan for the FP Summit on advocacy and we shall continue to work more closely with those stakeholders in the implementation.

#### **3.3.2 Advocacy session with the local elected officials**

In the month of September, the CEFOREP organized an advocacy session with the Union of the Local Elected Officials' Association for the funding of the family planning through the ENGAGE model. The activity brought together more than 90 participants with the attendance of the press. Following the presentation of the model, the discussions were held around the need to reinforce the financial support given to the regions within the

framework of the FP. The next steps have been identified and will be included in a plan of action.

### **3.4. SUB COMPONENT 4: Social Marketing of the main health products**

#### **3.4.1 Sales and Distribution**

At the very beginning of the project, in March, the marketing team in collaboration with the PSI marketing consultant designed a distribution plan due to start in the third quarter.

The main characteristic of the ADEMÁS distribution network is that 70 % of it is done through the pharmaceutical network and 30 % through the commercial network (at least for our brand of condom PROTEC). Meanwhile, the other brand of condom FAGARU (funded by a Kfw project) is mainly distributed through the private commercial network. Currently the two brands of condom are not managed with an inclusive market approach and are even somehow competitors. In both cases, the commercial distribution is done through the « direct-to-retail » distribution model, which highly limits the coverage potential and the availability in regard to the logistical means of the ADEMÁS.

Furthermore, since September 2011 (end of the previous USAID project), the monitoring of the distribution network has completely been neglected, though the distribution continued through the unique distributor of the ADEMÁS: VALDAFRIQUE.

In this context, it was decided to work only on promoting the brand's attractiveness for the period from April to August. The approach adopted was then:

- 1- To refresh the current distribution network with a particular focus on the valorization of the Sales point in the pharmaceutical and commercial sectors. While doing this, we decided to establish a real merchandising discipline based on the type of Sales Point.
- 2- To map the Sales points using the GPS. In the prospect of the development of a distribution network based on the wholesalers, we have to analyze the networks by tracing them back from the Sales Points to the wholesalers. A prior exercise of categorization and prioritization of the type of Sales Point was performed.

That's why we thought of boosting the social marketing activities, and a new distribution plan was developed. Actually, the marketing team worked on the new distribution plan of the ADEMÁS, aiming at revitalizing the current Sales points (visibility and availability of the product) and to achieve a mapping of the additional potential Sales Points.

After all this, the promotion team was hosted and inducted for two days (April 26 -27). The aim was to update them on the new component in order for them to understand the issues and objectives. They were on sales techniques and the new distribution operational plan was communicated to them. Equally, the recruitment of the Medical delegates was done in May. Thus, from May 3<sup>rd</sup> to 5<sup>th</sup>, they also received their induction following the same approach. They were also trained on the medical delegation techniques and the new operational plan, based on the health mapping, was communicated to them.

Based on these set ups, the promotion teams started their field activities. Thus, the above outflows were recorded for the different social marketing products.

- Protec: **1,508,144 units** among which **817,104 natural, 501,552 mint, 190,128 strawberry**
- Fagaru: **1, 351,122 units**
- Depo Provera: **11,298 pre filled seringes**
- Aquatabs **322,200 tablets, representing 6, 444,000 liters of water treated.**

The condoms outflows stood at 2,859,266 units and decreased due to the delays at the beginning of the project, the setting up of the promotion team (promoters and medical visitors), their training and their appropriation of the new operational plan while waiting for the arrival of the ordered products from VALDAFRIQUE. It should also be noted that regarding the two types of condoms, we noticed the shortage of the product.

As far as the hormonal contraceptives are concerned, we respectively noticed 40% execution rate for the Depo Provera in comparison to last year and a 68% rate for Securil. Compared to the same period last year we notice a growth of 7% for Securil and a decrease of 22% for Depo Provera.

Regarding the Aquatabs, from June 12<sup>th</sup> to 21<sup>st</sup>, we did a mission for the promotion and distribution of the Aquatabs product. The mission, beyond the promotion, aimed at improving the access and the use of Aquatabs, to sensitize people on water treatment with Aquatabs, to improve the health situation of the people and to increase the sales. The north and south axis were visited by the promotion team according the pre-defined areas.

The team which t was in charge of the north area visited the areas from Thies to Saint Louis where it visited the medical officers of the regions, health districts and health posts, but the busy areas as well (markets, petrol stations...) During those visits, they had an opportunity to promote, sensitize and sell. In total, in that region, the team succeeded to deliver 571,000 Aquatabs tablets representing 1,142,000 liters of water treated. The south axis team did the same work in the regions from Mbour to Kolda. In that region 690,000 tablets were sold, representing 1, 380,000 liters of water processed. The whole mission delivered 1,261,000 tablets, representing 2,522,000 liters of water treated. However, the team noticed a real need for media and non-media communication to back up the promotion of the product.

A distribution team took part to the Marian pilgrimage of Poponguine and sold 22,000 tablets to treat 440,000 liters of water. This was done jointly with the SNEIPS which covered the costs of the sensitization campaign. We sent a team of 2 promoters accompanied by a supervisor. This outing was preceded by a one day preparatory mission, during which the issue was about harmonizing our activities with the SNEIPS, the medical officer of the district of Poponguine and his staff as well.

### **3.4.2. Distribution Strategy**

During the month of July, we received the visit of a PSI consultant, a distribution expert, who traveled with us in the field. The whole distribution chain from the retailer to the wholesaler was revisited and we had discussions with the managers to better understand the market supply chain. After that, suggestions were made to improve our current

distribution circuit. This visit did not only give us a clearer idea on the decisions made when designing the different marketing plans but it also showed us the inefficiency of the direct distribution. To improve our chain, we met with liquid and agro-business distributors who have reacted enthusiastically to the idea of working with us, especially where they find condoms complementary to their product range, particularly in the niche – market of hotels, restaurants and cafes.

### **3.4.3. Communication Activities**

To boost the growth of our activities, we realized that it was important to include mass media in order to support our activities for the first year. Thus, TV and radio adverts were planned for the period from June to September 2012. For this purpose, a broadcast plan and MOUs were agreed between the ADEMAs and the different media houses. The airing started in the second half of July for Aquatabs, a period which coincided with the month of Ramadan and, therefore the adverts for Protec and Fagaru have been moved to September.

The different sales and distribution activities were backed by messages aired on private and community television and radio stations. Thus, we aired 79 TV spots and 106 radio spots on the private radio stations for the promotion of the Aquatabs products. Because of the Ramadan, the airing of the condoms spots were suspended during that period.

### **3.4.3. Elaboration of the HIV/Aids, FP and Aquatabs Marketing Plans**

The marketing activity recorded many achievements during the last months, with a particular focus on designing the marketing plans but also the operational plans. In June, a 5 day workshop on the DELTA process was facilitated by a PSI consultant. The workshop gathered the technical staff of the ADEMAs, external partners such as: FHI, PPJ, ANCS in working groups.

The aim of that workshop was to establish an HIV marketing plan based on the the DELTA methodology. The different steps of the Delta approach were followed and introduced during the elaboration. At each step of the process, Strategic decisions were made for the choice of the targeted group, the segmentation, and the positioning strategy of the Fagaru and Protec brands. The sales objectives were determined based on the determinants of the component. The 4Ps were revisited to ensure a good coherence with the target. At the end of the workshop, a plan of action clearly defined was elaborated in order to have a marketing plan for the second year of the project.

As done previously with the HIV marketing plan during the last quarter, a new 5 day workshop was held by the PSI consultant. This was an opportunity to bring together the technical staff of the ADEMAs but also external partners such as Intrahealth, he ASBEF and a large team of the SNEISS. The aim was to elaborate the FP plan based on the Delta methodology and the adult learning approach which allowed putting the participants in an innovative attitude. We also had the participation of our AOTR. Thus, all the steps of the DELTA planning process were reviewed and implemented. At each level, Strategic decisions were made for the choice of the targeted group, the segmentation and the positioning strategy of the Securil and Depo Provera brands. The behavior and sales objectives were also defined on the basis of the behavior determinants. The four Ps were revisited to ensure a good coherence with the identified target. At the end of the

workshop, a plan of action clearly defined was elaborated in order to have a marketing plan for the next 12 months as well as a research plan to confirm some decisions.

Along the same line, I we also elaborated our Aquatabs marketing plan, through the same process but inviting this time public and private partners active in the water and sanitation sector. Thus, partners such as SDE, the Water ministry, the AZUFOR of Kaolack etc... attended the meeting. As for the other plans, this one also witnessed very enthusiastic sessions, through discussions which led to key decisions capable of contributing to a better dissemination of the Aquatabs throughout Senegal.

#### **3.4.4. Sharing the new marketing plans**

In August, we have organized within the DLSI an exchange meeting on the condoms and contraceptives social marketing plans with all the partners who took part in the their elaboration namely, the SNEISS, the ANCS, FHI 360, the ASBEF, the PPJ, Intrahealth. This was an opportunity to present the results but also to share them with the USAID, the DSR, Nthe CNLS, the CEFOPREP, the UNFPA, the EPOS and Abt Associates. The objective of the meeting was to allow the different participants to bring in their suggestions and comments in order to improve the contraceptive products and condoms Strategic documents. They suggested some recommendations regarding the intervention areas to be enlarged and also regarding the targets. They all insisted on the need involve all stakeholders in the sector in the implementation of the marketing plan.

Another meeting took place in the second half of the month aimed this time at presenting the HIV and FP plans to the members of the executive board and to all the staff of the ADEMAs. That session allowed the clarification of some points and also taking into account the remarks of the E.B members in order to strengthen these strategic documents.

#### **3.4.5. Diagnosis of the Information Management System (IMS)**

Within the framework of a diagnosis of our IMS, we received the visit of a PSI consultant. She had many interviews with the technical staff and the Research Director to ensure that we have elements adapted to our needs. A plan of action was elaborated to improve the current system. The diagnosis coincided with the visit of another specialist in geomarketing information system (GIS), an area which is also taken into account by the ISM. The indicators, which should allow a better management of our decisions in relation to sales and marketing, should be tracked by the information system that will be settled.

#### **3.4.6. GPS Training for the geo monitoring of the sales points**

A training session was organized by the research director to update the promotion team on the newly acquired tools for the geo-monitoring of our sales points. This session allowed us get familiarized with the tool that will help collect the information on the field.

#### **3.4.7. Elaboration of IMS collecting documents**

The teams of medical visitors and promoters elaborated documents which will be used for the collection of information of the IMS. The exercise was conducted with the support of the research director, the Sales manager, he marketing advisors.

### **3.4.8. National Projections for hormonal contraceptives**

In the second week of September, the sales manager took part in the review meeting on the projections for the hormonal contraceptives. His was for him an opportunity to present the results of the ADEMAs in the first semester in terms of residual stocks, outputs and final stock. After that, with the use of the Pipeline, the planning tool, the projections were made by the partners followed by some recommendations to ensure a good monitoring of the national plans. The DLSI, the DSR, the UNFPA, and the USAID also attended the sessions during that week.

### **3.4.9. Other marketing activities**

#### **3.4.9.1. Team**

In April, the team grew up with the Public – Private Partnership (PPP) advisor taking up his post, as his title indicates, he will be in charge of creating relations with privileged partners in the public and in the private sector who wish to be involved in the social area. It was also in that context that we received the visit of Mr Chapman from the PSI from May 7<sup>th</sup> to 11<sup>th</sup>, 2012. During the visit, sessions were organized to work on the vision and the strategy for the implementation of the Public Private Partnership (PPP) component.

#### **3.4.9.2. Selection of a Communication Agency**

To meet the marketing needs planned in the implementation of the activities, we pre-selected three communication agencies which will be assigned to execute our activities. We visited 15 agencies. Those visits were conducted in collaboration with the SNEISS and after that and based of the TOR, an expression of interest was sent to them. At the end of that exercise, we chose three agencies Caractere, Mc Can, and Afrique Mediacom.

### **3.5. SUB COMPONENT 5: Building Technical Capacity and Institutional Development of the Beneficiary**

The activities undertaken during this quarter covered the first step of the institutional development of the ADEMAs as described in the project proposal with a focus:

- The constitution of the CPS team
- The assessment of the institutional capacity of the ADEMAs
- Identification of the main needs of in capacity building, and
- The integration of the ADEMAs in the global network of social marketing organizations (SMOs) through the PSI

The actions carried out, the recommendations, the achievements so far, and the next steps are written down in the section below.



### **3.5.1. Constitution of CPS Team**

#### **Staff recruitment**

In addition to the positions already identified, the ADEMAs reviewed the needs of staff due the increase of the work load, resulting from the budget growth and proposed strategic positions to be filled. Those are mainly technical staff to strengthen the ADEMAs capacity in qualitative research and monitoring, as well as a contract and grants manager. The team leader provided orientations on the elaboration of the job descriptions and some tools to simplify the recruitment process for the whole staff.

In addition to the local recruitment, the team leader carried out the recruitment of a technical marketing advisor who will provide permanent technical assistance on a consultative basis. After a comprehensive process to identify the suitable person to fulfill that role as planned in the grant agreement with the USAID, the ADEMAs, identified and hired a technical expert, Mr. Giovanni Alain Dusabe, who met the requirements of the program and who can bring an interesting support to the ADEMAs during the next years.

The Chief of Party (COP) worked with the the DPCOP, the the FAM and the Research director to identify an advisor in Communication for Behavior Change (a key position for the CPS project), the logistician, and the research assistants. In order to smooth the recruitment of the technical staff, the COP introduced an assessment tool to make the recruitment process more efficient. The applicants who met the minimum requirement were invited to pass a technical written exam focusing on the basic technical knowledge necessary for the position.

The technical exam would allow the ADEMAs to identify the more qualified applicants before investing in a job interview.

To facilitate the integration of the Regional Advisors of the ADEMAs to the Regional Bureaus of the USAID partners, the ADEMAs board organized three orientations workshops for the staff of the bureaus on the Communication and Health Promotion component (CHP). The COP and the DCOP visited Thies, Kaolack and Kolda from September 11<sup>th</sup> to 14<sup>th</sup> to introduce the three regional representatives to the Regional bureau Coordinators and staff. The COP and the DCOP presented the Communication and Health Promotion component of the 2011 – 2016 health program of the USAID /Senegal. They made sure there was a common understanding of what is at stake in this component, its role and responsibilities, then, with the coordinators, a planning was drawn to introduce the Regional representatives of the ADEMAs into their respective offices.

In addition to the presentations, the COP engaged the different AFD of the Regional Bureaus on serious discussions to better understand the financial systems that will allow the ADEMAs representatives to achieve their planned activities. It is clear that the ADEMAs should elaborate its own tools and internal systems to manage those activities and to introduce them to the AFDs for discussions. The COP will work with the financial team to elaborate an easy and transparent policy with easy-to-use tools to allow an efficient and transparent management.

The COP also backed the DCOP and the AFD to finalize the terms of reference for two new positions in the institution: the Contracts and Agreements Manager and the Officer in charge of Coordination with the stakeholders. Those positions are important to help the COP and the DCOP to implement an action plan which requires multi sectorial coordination, with many partners through many instruments of partnership (the agreements, the grants, etc...). This has to do with the programs of the Ministry of Health, the USAID partners at the central and regional level, the medical regions, and the community organizations amongst others. Those opening of these positions will be announced at the beginning of October.

### **Team Building**

The setting up of the team goes beyond the identification and hiring of the key members of the staff. It includes also the commitment of all the partners, including the SNEISS and the departments and the technical Departments, Directorates and programs within the Ministry of Health, and the development of a team spirit in which the whole staff shares a common vision for the project objectives, and of its role in achieving those results.

The relation between the ADEMAs and its partners will significantly evolve in regard to the HCP program. The ADEMAs will have to play a more proactive and strategic role as a technical advisor in communication for Behavior Change to the Ministry of Health. Beyond the execution of its own its activities, the ADEMAs will have to embrace a more strategic commitment to help the SNEISS define optimal communication strategies and, based on the identified needs of the Senegalese people and in the implementation of the campaigns at the national level with a real impact.

For that purpose, the COP and his deputy held many planning meetings with the SNEISS to clarify the objectives of the program, the support which will be provided by the ADEMAs and the communication channels. Following those discussions, the ADEMAs is trying to set up Partnership Protocols to make sure each of the partners shares a common vision and commitment, and has an actual understanding of its role and commitments when working together.

The preparation of the different marketing plans, of the strategy and of the sales and distribution operational plan, as well as the elaboration of an efficient IMS and GIS represented a good opportunity to establish a team spirit and a shared vision for the CPS Project. All the technical support missions carried out realized by the PSI experts followed an interactive and inclusive approach in order to maximize the commitment of each participant. The ADEMAs staff at all levels took part in the sharing and working sessions as well as in the field visits.

### **3.5.2 Evaluation of the Institutional capacity**

#### **PAT (Platform Assessment)**

In the week of June 4<sup>th</sup> to 8<sup>th</sup> 2012, all the staff took part in the assessment of the agency in regard to the management and public relations field, marketing, research and operations. The objective was to compare the existing systems with the best practices and to identify together the strengths and the weaknesses which needed to be corrected. At the end of the week we have elaborated a plan of action with champions, to improve

the communication and the collaboration between the different departments and to have the departmental and individual MBOs related to the strategic plan for ADEMÁS' institutional development.

The team finalized the plan of action for the PAT in a format which allows a regular monitoring. The tool will be revised and updated on a quarterly basis. In general, the planned activities in the PAT for the period are being carried out, including the preparation of the marketing plan based on the Delta methodology and the elaboration of the terms of reference for an executive management team. In order to ensure the synchronization of the priority actions for the next fiscal year, the planned actions within the PAT for the period starting October 1st, 2012 to September 30th, 2013 were included in the action plan for the CPS project.

### **Evaluation of Administrative, Financial and Accounting Systems**

As part of the PSI commitment to help improve the working environment of the ADEMÁS, the team of internal auditors' service of the PSI, the GIA, examined some administrative, financial and accounting procedures to determine if those are meeting in a suitable manner the main financial and compliance risks. Thanks to the PSI experience in the management of programs needed to meet the requirements of donors in tightly controlled environments, we examined the manuals and existing policies to assess their conception in regard to the requirements of the donors and recommended practices as far as internal control and compliance are concerned, in order to identify areas which may require some improvement. We also made tests on selected samples to determine if the control mechanisms worked as planned. The objective was to help the ADEMÁS identify areas where compliance with its existing policies could be improved by its Management.

### **3.5.3 Capacity Building**

#### **Technical Assistance and Staff Training**

A key aspect of the capacity building of the organizational leadership is to ensure that the senior staff of the ADEMÁS has a solid basis in the technical area of expertise and the related expertise to provide technical assistance. Thus, the COP and his deputy worked with the senior staff in order to identify the needs in technical assistance in the main priority areas for the rapid implementation of the HCP project. It mainly deals with research methods, marketing and family planning.

To build the capacity of the staff and the institutional development, the PSI coordinated a series of technical assistance missions from June 25th to July 25th and from September 18th to 24th. That technical assistance was provided by the PSI technical experts based on the institutional development plan included in the project and on the training and support needs identified during the institutional assessment performed at the beginning of June.

It was mainly about training in the DELTA methodology to elaborate marketing plans, the setting up of a relevant and efficient IMS system and the development of an efficient and effective sales and distribution strategy which allows the introduction of the new products. The ADEMÁS board was informed in advance of those technical assistance missions and it was involved in the debriefing sessions.

Here is a summary of the technical assistance missions carried out for the capacity building of the staff and the institution.

<b>Objectives of the training / Assistance</b>	<b>Duration</b>	<b>Beneficiary (ies)</b>	<b>Results</b>
<p><b>HIV Delta training</b></p> <p><i>Description:</i> the aim of the workshop was to train the ADEMAs team in the Delta approach, to expose many partners to that planning approach and to develop the 2012 – 2013 HIV marketing plan</p>	June 25th – July 2nd	20 participants : MA, SR, RD, PDCOP, Kaolack RR, 6 Promoters, DLSI Rep, FHI Rep, SNEISS Rep, CNLS Rep, ANCS Rep, AIDS Service Rep, PPJ Rep	<ul style="list-style-type: none"> <li>• Development of marketing plans for Protec and Fagaru</li> <li>• Development of a common vision and understanding on the development process of a marketing plan and its implementation</li> <li>• Commitment of the strategic partners to a dialogue on the context of HIV and FP programs and the identification of areas in which the ADEMAs can bring value.</li> </ul>
<p><b>Family Planning Delta training</b></p> <p><i>Description:</i> the workshop's aim was to train the ADEMAs team in the Delta approach, to expose many partners to that approach of planning and to develop the 2012 – 2013 FP plan</p>	July 10th – 16th	23 participants : MA, SR, DCOP, MA, AA, Secretary, AA, Kolda RR, 5 Medical Visitors, Intra rep, RHD rep, SNEISS rep, Midwives Association Rep,	<ul style="list-style-type: none"> <li>• Elaboration of marketing plans for Securil and Depo Provera</li> <li>• Development of a common vision and understanding on the development process of a marketing plan and its implementation</li> <li>• Commitment of the strategic partners to a dialogue on the context of family planning programs.</li> </ul>
<p><b>IMS System Evaluation</b></p> <p><i>Description:</i> Analysis of the current situation, the needs on behalf of managers and other consumers of information not only within the ADEMAs, but also amongst partners (donors). This analysis will facilitate the setting up of an efficient management system for the information which should be homogeneous (i.e based on shared structure), unified, organized and inclusive</p>	July 9th – 13th	MA, SR, RD, all the promoters, all the Medical Visitors	<ul style="list-style-type: none"> <li>• Preparation of a concrete and comprehensive action plan to be implemented during the next two years</li> <li>• Documents : IMS presentations</li> <li>• IMS Report (current Family and the identification of the areas in which the ADEMAs can bring a preparation value with NH)</li> </ul>
<p><b>Feasibility Study on the introduction of GIS system</b></p> <p><i>Description:</i> Evaluation of the possibility to integrate the geographical information in all marketing processes, mainly the sales and distribution and the communication activities. It allows decision making based on maps and analyses of market segmentation on the basis of spatial variables.</p>	July 9th – 18th	MA, SR, RD, all the promoters, all the Medical Visitors	<ul style="list-style-type: none"> <li>• Preparation of a concrete and comprehensive action plan to be implemented during the next two years</li> <li>• Documents : Geomarketing presentations, GPS, Manuals and Google Earth samples : MAP documents (already provided and on my kix page) : <a href="http://Kix.psi.org/display/BPiot/Home">Kix.psi.org/display/BPiot/Home</a></li> </ul>

<p><b>Evaluation of the sale and distribution network</b></p> <p><i>Description:</i> Introduction of the fundamental principles necessary for the elaboration of efficient and effective sales and distribution strategy, the analysis of the performance of the ADEMAs network and elaboration of an operation plan for sales and distribution in close collaboration with the Sales manager and his staff.</p>	<p>July 17th - 27th</p>	<p>Omar Kambaye, Sales and Distribution Team</p>	<ul style="list-style-type: none"> <li>• Sales and Distribution Strategy</li> <li>• Sales and Distribution Operational Plan</li> </ul>
<p><b>Global Internal Audit (GIA) mission</b></p> <p><i>Description:</i> The mission mainly focused on the diagnosis of the accounting, administrative and financial procedures and of a control mechanism within the organization. The analysis was based on the following aspects :</p> <ul style="list-style-type: none"> <li>- Efficiency and relevance of the current manuals and policies</li> <li>- Compliance of the policies with the donors requirements</li> <li>- Management of sales and reporting of inventory data</li> <li>- Relevance of the financial reports produced from the accounting system (TOMPRO Software)</li> </ul>	<p>July 16th - 28th</p>	<p>Financial and Administrative manager, Accounting Team</p>	<ul style="list-style-type: none"> <li>• Presentation of the findings and recommendations to improve the systems based on the identified risks.</li> </ul>
<p><b>Aquatabs DELTA Training</b></p> <p><i>Description:</i> The aim of the workshop was to train the ADEMAs team to the DELTA approach, expose many partners to this planning approach, and develop the FP 2012 - 2013 marketing plan</p>	<p>September 18th - 24th</p>	<p>28 participants : MA, SR, RD, PPPA, Thies RR, Kolda RR, MA, AV, AA, 6 promoters, VM, trainee, 2 MOH rep, 2 SNEISS rep, DGPRE rep, ASUFOR rep, SONES rep, Child Fund Rep, SDE rep</p>	<ul style="list-style-type: none"> <li>• Elaboration of a marketing plan for Aquatabs for the next twelve months</li> <li>• Development of a common vision and understanding on the development process of a marketing plan and its implementation</li> <li>• Commitment of the Strategic partners to a dialogue on the context of diarrheal disease prevention programs and the identification of areas in which the ADEMAs can bring a value</li> <li>• Transfer of components: involvement of the key staff in the facilitation of some steps of the Delta process: RD for the PERFORM model and Kaolack RR for the preparatory work on the epidemiological situation.</li> </ul>

\*The abbreviations are: Marketing Advisor (MA) Sales Manager (SM), Research Director (RD), Deputy Chief of party (DCOP), Regional Representative (RR), Public Private Partnership Advisor (PPPA) Marketing Assistant (MA), Administrative Assistant (AA), Accounting Assistant (AcA)

## **Leadership and Management**

Action Plan: The COP has worked in close collaboration with the DCOP to lead the elaboration of the plan of action for the second year of the CPS project. This required a strong commitment from the strategic partners in the preparation and reviewing of the plan. The consulted partners are: the SNEISS, the CEFOREP, Networks, the Child Fund, Intrahealth, the PNLP, the DSR and the PEPAM. The ADEMAs introduced the plan to the USAID on September 26th for reviewing and discussion.

The Plan of Action for the second year is budgeted at USD 7 million. The COP confirmed with the USAID the necessity of a budget readjustment and the ADEMAs has started that process. The revised budget will be presented to the USAID after the validation of the plan of action by the USAID for the second year.

The COP and the DCOP will take into account the recommendations of the USAID to finalize the plan before October 15th. The validation of the plan will also allow the ADEMAs to finalize the budget readjustment in relation to the growth of the activities.

The COP supported the DCOP and the FAD for the finalization of the grant agreement between the ADEMAs and the CEFOREP to lead the advocacy activities within the CPS project. To have a real impact on the targeted people, the COP deemed it necessary to deeply review the activities proposed by the CEFOREP in order to ensure a harmonization of the advocacy actions amongst the partners involved in that area, and including the CEFOREP.

Before the signature of the grant, the COP took part in coordination meetings with the CEFOREP, the USAID and the People Reference Bureau in order to ensure the synchronization of the activities planned by the CEFOREP with the advocacy objectives included in the National Plan of Family Planning and the expected results from the CPS project. After those working sessions, the CEFOREP submitted a budgeted and revised work plan which was validated by the COP and the DCOP.

Partnership and Coordination: with a view to improving the impact of the activities led by the ADEMAs, the team worked together to identify the strategic partners able to help the ADEMAs reach more people in an efficient manner through their own networks, including the Peace Corps, the ACDEV and the partners who can help the ADEMAs through innovative strategies in communication including the GRAFF and Oneworld.

Peace Corps: The COP took part in an « In Service Training » targeting the Peace Corps volunteers in the Thies Training Center. The COP introduced the HCP project to the volunteer groups and discussed the possible collaboration areas with the manager of the Peace Corps Health Program. The COP also contacted other agencies to learn from their experience in collaboration with the Peace Corps/ Senegal, as well as the other social marketing programs. The objective is to sign a collaboration agreement with the Peace Corps to assist in the implementation of the communication activities at the community level, following the approval of the action plans and the PTAs.

Population Council: The COP represented the ADEMÁS at a workshop held by the Population Council under the chairmanship of the DSR. The Population Council is very much involved in research and advocacy and will be an important partner in the implementation of the Family Planning research plan.

Networks: The COP and the DCOP attended some exchange meetings with the Networks project in order to assess the possibility of engaging the private sector in the routine mosquito nets distribution and the development of a communication campaign in support of the routine distribution. The recommendations for the ADEMÁS were written down in the evaluation report submitted by Networks on routine distribution.

Further to the support in the management area, the ADEMÁS will benefit from technical capacity building by the COP on this important technical area, thanks to **her** expertise in the malaria prevention area and experience in the implementation of social marketing strategies in malaria prevention and malaria treatment at the international level.

GRAFF: The USAID recommended that the ADEMÁS should be in touch with an artists' organization with expertise in « street marketing ». The COP shared this information and encouraged the marketing team to organize a meeting to explore the possibility of a collaboration for the implementation of the Fagaru marketing plan, through « street marketing » activities as a communication channel to reach the target. The process was launched with the support of the PSI marketing technical advisor. The results are so far positive with several collaboration opportunities.

Oneworld: The PPP Advisor identified this organization, active in the multimedia communication field amongst the young people, as a potential partner. The COP took part in a meeting with the senior staff of the ADEMÁS, Oneworld and the SNEISS in order to explore possibilities of a strategic collaboration. The Marketing Technical Advisor will monitor the progress of this partnership which seems interesting for the ADEMÁS.

ACDEV: The COP attended exchange meetings with this partner of the ADEMÁS providing health services at community level, through polyvalent private clinics. The ACDEV is also committed to the education public health professionals in the area of health promotion and organizes colloquiums in partnership with the Ministry of Health, among others. The ACDEV can be a strategic partner for the ADEMÁS, and more so in the implementation of the social franchise.

Tigo: The COP worked with the PPP advisor, the DCOP, and the marketing team to elaborate a collaboration strategy with Tigo in the child survival area. Tigo expressed its willingness to work in collaboration with the ADEMÁS in the promotion of water treatment at home through the messaging network, and for a flow of information promoting health.

The institutional governance: The General Manager of the PSI visited the ADEMÁS from August 27<sup>th</sup> to 29<sup>th</sup> in order to meet the USAID, to assess the progress of the partnership between the PSI and the ADEMÁS and to attend the board meeting. An exchange meeting was held on August 27<sup>th</sup> with the AOR of the CPS project to see together the progress made to date, and the progress of the partnership between the PSI and the ADEMÁS.

The COP worked in coordination with the DCOP and the chairman of the Board for the organization of the board meeting on August 28<sup>th</sup>. In order to build his leadership

capacity, the DCOP was involved in the preparation of the presentation, the documents to be shared with the members and the formal presentation of the organizational activities on behalf of the Executive team.

*Professional Development of the Staff:* The COP and the DCOP worked with the PSI to identify the opportunities in technical and managerial capacity building within the plan of action for the second year of the project. Those activities were identified by taking into account the capacity building needs for the technical leaders of the ADEMAs who will be responsible of the training sessions including the Delta training of trainers, the training of the partners on the DELTA methodology for the planning of the strategies and communication campaigns, the coordination of studies with the program partners and the training of the research agencies for the social marketing.

The DCOP attended the leadership training in Reproductive Health 2012, from April 25<sup>th</sup> to May 25<sup>th</sup> 2012 in Washington DC. The training was backed by the Support for International Family Planning Organizations (SIFPO) project. The content was very rich and dealt with many areas, including: Training on Innovation, Research and Metrics, Implementing Gender Sensitive Programs for the Youth, DELTA for planning and program management, Interpersonal Communication, Integration of HIV/RH/CMH (Child and Maternal Health), Management of the Service Providing Network, Medical Retailer, Program Planning and Budget Management, Quality Insurance/Quality Improvement, Technical topics in Reproductive Health, Conformity with the FP policies of the US Government, Monitoring and Information System (MIS), New Business Development, Communication / Media, Advocacy, Leadership, Establishing and Sharing a vision.

The training allowed the acquisition of knowledge in those different areas and a higher capacity to lead, diversify, and scale up programs in RH/FP. It also allowed the elaboration of an Improved Performance Plan (IPP) of the program that was presented in front of experts of the USAID Washington and of the PSI.

Finally the ADEMAs developed a tool for monitoring capacity building and professional development activities of the ADEMAs staff at all levels.\*

### **Marketing, Research and PPP**

*Professional Development of the Staff:* to showcase what has been acquired through the technical assistance experiences in marketing and sales provided by the PSI in July, the Marketing Director, the Research Director and the Sales manager presented the marketing plans for 2012 - 2013 to the board. The team prepared a professional and clear presentation. They all were able to answer to the relevant questions asked by the board members. The presentation was hailed by the board which expressed satisfaction in seeing the involvement of all in the preparation of the plan and the level of insight shown by the managers.

The COP and the Marketing Technical Advisor worked with the research, marketing and sales teams to set up an integrated system for the management of the distribution channel and the sales cycle, an area where some weaknesses were identified by the marketing and sales team and by the COP as well as the PSI internal auditor, who did the evaluation of the ADEMAs systems.



The Marketing Technical Advisor (MTA) supported the Research Director, the sales director, the team of promoters and medical visitors in the elaboration of the monitoring tools for the sales and distribution system. The MTA played an active role in the workshops by sharing his experience and the tools available on the kix.

The tools developed during this process are: the weekly planning, the daily report, the weekly report, the monthly report.

The COP prepared the terms of reference for a working workshop with the senior staff at the beginning of October to revise and finalize all the documents and tools related to the sales management.

Finally, the COP assisted the marketing and research teams in the elaboration of the annual research plan, based on the identified needs through the marketing plan preparatory workshops. The COP, the DCOP and the relevant technical staff revised together the relevance of the proposed studies, their conformity to the already elaborated marketing plan, and the concrete actions to take for their achievement.

#### **3.5.4 Integration of ADEMAs within the global network of the SMOs**

Thanks to the partnership with the PSI, the ADEMAs staff will benefit from learning and exchange tools **from best practices and experiences** in the implementation of the social marketing projects in the world. The ADEMAs team was exposed to the tools and they are in the registration process to the different resources including:

**Knowledge and Information Exchange (KIX):** KIX is a wiki enterprise wiki which makes easier the sharing of information and the collaboration upon projects through the network of social marketing organizations (SMO) affiliated to the PSI. The website is a rich source of information on best practices and experiences in the elaboration, the implementation and evaluation of the social marketing projects. This information is shared as cases studies, tools as well as video and PowerPoint presentation.

**PSI University (PSI U):** A global learning resource which takes care of the development of the PSI staff and its affiliated partners. The aim of the PSI U is to help the staff in the implantation of social marketing programs at global level, to learn and to progress in their career. From there, participants can have access to a full range of online courses provided for free. The PSI U provides possibilities of development and learning to facilitate access to knowledge and acquisition of new expertise which is vital to fulfill the mission of improving the health of the people through the social marketing methodology.

The courses are delivered to support and empower organizational skills which are a set of expertise employees need to carry out field activities. To help staff acquire the skills they need for their work and the progress of their career, each online module or unit offered by the PSI U is listed under at least one area of expertise. When there is no specific unit or learning resources offered by the PSI U, other courses, websites, books, articles, work groups and cases studies are provided.

**Social Cast:** SocialCast is the PSI's own virtual community and its affiliates. It is a collaborative social platform which connects the staff from a platform or from an organization to the staff to others fellows sharing the same interest area. SocialCast makes easier and faster to efficiently solve problems by giving access to the experts and

the PSI staff in real time. It encourages the PSI staff to interact with one another through the full global PSI network.

The ADEMAs team was exposed to the different tools available on KIX, SocialCast and the PSI University, through training workshops and working sessions with the PSI technical experts.

#### **IV. COORDINATION ACTIVITIES**

- On March 14th, 2012 we attended a « post award meeting » at the USAID. The Chief of Party attended via conference call for the first part of the meeting which covered the contractual considerations of the project. The second part of the meeting focused on the technical considerations of the program.
- On March 27<sup>th</sup> and 28<sup>th</sup>, the DCOP with the interim project manager attended a workshop on the direct funding organized by Abts Associates and the CNRE
- We also attended a coordination meeting of the boards held on March 29, 2012 where a creation of a thematic group was announced for the communication and health promotion component.

In April, we hosted the Head of Mission (Mr Handerson) with the Health Office Manager who were briefed on the ADEMAs activities. They also visited the commercial partner of the ADEMAs, VALDAFRIQUE.

- Support to the Minister of Health and Social Action, during her visit to the Quranic schools. In July, we had, on the request of the Minister, travelled with the caravan, on her behalf, to the Quranic schools, which allowed boosting the visibility of the Aquatabs through demonstrations at the level of the visited sites.
- The ADEMAs, the SNEISS and the Child Fund team had a meeting on August 23<sup>rd</sup> to discuss the different major areas of collaboration, mainly the distribution of Aquatabs in the health care centers, the sharing of IEC/BCC tools and the capitalization of experiences and the personal capacity building. A quarterly meeting will be held for a follow up of the actions that will be undertaken within the framework of that partnership.
- The ADEMAs met with the Reproductive Health and Child Survival Division to discuss and share the terms of references and activities of the FP campaigns.
- As part of the reflection process and the implementation of « street marketing » defined in the mix activities of Protec and Fagaru condoms, or outreach activities, we were given the opportunity to meet in our offices the « GRAFF HEALTH » officials together with their « Doxandem » partners, SQUAD and IOM. After an ADEMAs presentation on the institution and its products, mainly the condoms, the targeted groups and the positioning, many areas were discussed. The aim is to have a better understanding of the approach developed during the activities, in order to assess the possibility of integrating our concept of guerilla marketing at the third edition of Graff Health planned in September and October 2012. A Memorandum of Understanding will be signed soon for the implementation of the activities.

- On September 11<sup>th</sup> we attended the working group meeting on « creation of the demand » of the FP National Plan. The objective was for the experts to discuss the working methods but also to choose the chairperson and the administrative secretary of the group. The ADEMÁS offered to fill the Chairperson's position whereas the secretary position was taken by the DSR. A meeting will be quickly held to carry on the detailed plan of action of the group and appoint the people in charge of each activity.
- We attended the meeting organized by the USAID between the DSR and the CA's (Board members) to give them the opportunity to clearly express their support to the Family Planning national plan contained in their 2012/2013 action plan. The head of the Reproductive Health and Child Survival Department expressed satisfaction to the board members, for having taken into account the plan for all their actions related to the FP and suggested another meeting to be held for a better coordination and to avoid the actors intervening in the same areas.

## **V MANAGEMENT (ADMINISTRATION AND FINANCE)**

### **A. Administration**

#### Staff:

The grant agreement ADEMÁS/USAID was signed on March 1<sup>st</sup>, 2012. The Financial and Administrative Department then re-introduced the ADEMÁS institution under the ADEMÁS/USAID Project to the Labor Services, then progressively hired the staff and signed the contracts and had them sealed by the Labor services. The staff hiring process went on for the whole period. Advertisements were circulated to fill the positions of Logistics Manager (LM), Marketing Assistant (MA), Qualitative Research Assistant (QRA) Monitoring Research Assistant (MRA) and Warehouseman (WM), Grants and Contracts Manager (GCM) and the Interventions Coordination Officer (ICO). Most of those positions have already been filled and the recruited staff have started their work.

All leasing contracts, and those related to the water, electricity and telephone as well as office keeping as well, have been signed with the different service providers and suppliers.

#### Partnership:

During the year, the agency prepared and signed the ADEMÁS/PSI and ADEMÁS/CEFOREP sub contracts. Those sub-contractors started their activities based on the sub contracts and submitted plans of action.

Within the framework of its back support, accompanying and capacity building work, the agency also signed many agreements with the SNEISS during the period.

#### Contraceptive Products:

CONDOMS: On June 12<sup>th</sup>, 2012, the Agency received from the USAID 334 boxes containing 1,000,000 units of Natural Protec male condoms and 334 boxes containing 1,000,000 units of Fagaru male condoms.

COMBINAITION 3 Pills: On March 26<sup>th</sup>, 2012, the agency received from the USAID packs of 173 boxes containing 225,600 Combinaition 3 cycle pills.

Equipment:

After the launch of the different bids and their analysis, the agency acquired a power generator, IT equipment, photocopying machine and the switchboard. Regarding the vehicles (cars and motorcycles), the agency is still waiting for the USAID's approval to finalize the bidding process and attribution of contracts.

**B. Finance**

During the period, the agency prepared and sent to the USAID monthly cash advance requests and the related budgets. The agency also regularly submitted to the USAID the « Quarterly Accrual Worksheet ».

The plan of action and the budget for the first year (from March to September 2012) was submitted to the USAID.

During that period, the monthly and quarterly financial reports were produced and sent to the USAID.

After submission to the USAID on June 19<sup>th</sup>, 2012 of the Pipeline Analysis accordingly to the plan of action, the Agency received from the USAID on July 18<sup>th</sup>, 2012, the « Modification of Assistant N°01 » increasing the « Obligated Amount » of USD 2, 841,000 and representing a total of USD 3,884,000.

**Funds Received during that period**

USAID :

The funds received during that period were CFA 501, 740,255 from the USAID for payment on cash Advance requests.

**Expenses of the period :**

The expenses of the period were CFA 490, 799, 266 which represents an execution rate of 59.50% in regard to the annual budget of the fiscal year (CFA 824, 893, 688).

See financial situation as of September 30<sup>th</sup>, 2012 attached.

Monitoring of the funds as of September 30<sup>th</sup>, 2012 attached.

# Appendix

ADEMAS / USAID N° AID- 685-A-12-00002

Financial situation on September  
30<sup>th</sup> 2014

Budget columns	On-going fiscal year budget	Expenses										Total expenses on-going fiscal year	On-going fiscal year remainder	% of annual budget spent
		Quart 1	Quart 2	Quart 3	July	August	September	Quart 4						
(A)	(B)	(F)=(C)+(D)+ €	(F)=(C)+(D)+(E)	(F)=(C)+(D)+€	(C)	(D)	(E)	(F)=(C)+(D)+(E)	(G)	(I)=(B)-(G)	(J)=(G)/(B)* 100			
STAFF	131 393 136	-	10 636 023	39 592 308	13 932 910	13 416 645	13 410 727	40 760 282	90 988 613	40 404 523	69,25%			
FRINGE BENEFITS	55 154 264	-	3 518 065	25 415 215	4 636 480	4 455 788	4 401 216	13 493 484	42 426 764	12 727 500	76,92%			
TRAVEL	51 878 992	-	-	4 114 583	1 740 459	2 608 884	6 916 393	11 265 736	15 380 319	36 498 673	30%			
EQUIPMENT	36 720 270	-	-	-	5 900 000	21 963 903	-	27 863 903	27 863 903	8 856 367	76%			
SUPPLIES	68 080 650	-	-	-	-	-	-	-	-	68 080 650	0%			
CONTRACTUAL	269 574 516	-	400 250	29 914 351	4 687 750	81 299 577	4 710 750	90 698 077	121 012 678	148 561 838	45%			
OTHER	212 091 860	-	2 645 928	42 600 440	13 918 256	111 363 199	22 599 166	147 880 621	193 126 989	18 964 871	91,06%			
TOTAL	824 893 688	-	17 200 266	141 636 897	44 815 855	235 107 996	52 038 252	331 962 103	490 799 266	334 094 422	59,50%			

In US\$ (1\$=443  
FCFA)

\$0      \$38 827      \$319 722      \$101 164      \$530 718      \$117 468      \$749 350      \$1 107 899      \$754 163

ADEMAS / USAID N° AID- 685-A-12-00002

Financial situation on September 30<sup>th</sup> 2012

Budget columns	On-going fiscal year budget	Expenses				Total expenses on-going fiscal year	On-going fiscal year remainder	% of annual budget spent
		QUART 1	QUART 2	QUART 3	QUART 4			
(A)	(B)	(F)=(C)+(D)+€	(F)=(C)+(D)+( E )	(F)=(C)+(D)+€	(F)=(C)+(D)+( E )	(G)	(I)=(B)-(G)	(J)=(G)/(B)*100
STAFF	131 393 136	-	10 636 023	39 592 308	40 760 282	90 988 613	40 404 523	69,25%
FRINGE BENEFITS	55 154 264	-	3 518 065	25 415 215	13 493 484	42 426 764	12 727 500	76,92%
TRAVEL	51 878 992	-	-	4 114 583	11 265 736	15 380 319	36 498 673	30%
EQUIPMENT	36 720 270	-	-	-	27 863 903	27 863 903	8 856 367	76%
SUPPLIES	68 080 650	-	-	-	-	-	68 080 650	0%
CONTRACTUAL	269 574 516	-	400 250	29 914 351	90 698 077	121 012 678	148 561 838	45%
OTHER	212 091 860	-	2 645 928	42 600 440	147 880 621	193 126 989	18 964 871	91,06%
TOTAL	824 893 688	-	17 200 266	141 636 897	331 962 103	490 799 266	334 094 422	59,50%

In US\$ (1\$=443

FCFA) \$1 862 063

\$0

\$38 827

\$319 722

\$749 350

\$1 107 899

\$754 163

ADEMAS / USAID N° AID- 685-A-12-00002

Funds situation on September  
30<sup>th</sup> 2012

Budget columns	On-going fiscal year budget	Expenses								On-going fiscal year cumulative total	On-going fiscal year remainder	% of annual budget spent
		Quart 1	Quart 2	Quart 3	Jul	Aug	Sept	Quart 4				
		(F)=(C)+(D)+€	(F)=(C)+(D)+( E)	(F)=(C)+(D)+€	€	(D)	€	(F)=(C)+(D)+€				
(A)	(B)				©					(G)	(I)=(B)-(G)	(J)=(G)/(B)*100
Family Planning & Reproductive Health	1 011 812 000	-	4 128 064	32 901 935	10 542 539	57 367 757	13 564 699	81 474 995		118 504 994	893 307 006	11,71%
Malaria	89 090 844	-	3 268 051	29 054 201	8 785 449	31 163 822	5 798 718	45 747 989		78 070 241	11 020 603	87,63%
Maternal & Child Health	332 140 136	-	3 956 061	32 115 771	10 325 767	74 476 731	15 006 455	99 808 953		135 880 785	196 259 351	40,91%
Nutrition	132 692 676	-	3 268 051	28 000 616	8 802 286	29 605 631	5 708 782	44 116 699		75 385 366	57 307 310	56,81%
HIV/AIDS	154 875 901	-	2 580 040	19 564 374	6 359 814	42 494 055	11 959 598	60 813 467		82 957 881	71 918 020	53,56%
<b>TOTAL</b>	<b>1 720 611 557</b>	<b>-</b>	<b>17 200 266</b>	<b>141 636 897</b>	<b>44 815 855</b>	<b>235 107 996</b>	<b>52 038 252</b>	<b>331 962 103</b>		<b>490 799 266</b>	<b>1 229 812 290</b>	<b>28,52%</b>

In US\$ (1\$=443

FCFA)

\$0

\$38 827

\$319 722

\$101 164

\$530 718

\$117 468

\$749 350

\$1 107 899

\$2 776 100



ADEMAS / USAID N° AID- 685-A-12-00002

Funds situation on September 30<sup>th</sup> 2012

Budget columns	On-going fiscal year budget	Expenses				On-going fiscal year cumulative total	On-going fiscal year remainder	% of annual budget spent
		QUART 1	QUART 2	QUART 3	QUART 4			
(A)	(B)	(F)=(C)+(D)+€	(F)=(C)+(D)+( E )	(F)=(C)+(D)+€	(F)=(C)+(D)+€	(G)	(I)=(B)-(G)	(J)=(G)/(B)*100
Family Planning & Reproductive Health	1 011 812 000	-	4 128 064	32 901 935	81 474 995	118 504 994	893 307 006	11,71%
Malaria	89 090 844	-	3 268 051	29 054 201	45 747 989	78 070 241	11 020 603	87,63%
Maternal & Child Health	332 140 136	-	3 956 061	32 115 771	99 808 953	135 880 785	196 259 351	40,91%
Nutrition	132 692 676	-	3 268 051	28 000 616	44 116 699	75 385 366	57 307 310	56,81%
HIV/AIDS	154 875 901	-	2 580 040	19 564 374	60 813 467	82 957 881	71 918 020	53,56%
<b>TOTAL</b>	<b>1 720 611 557</b>	<b>-</b>	<b>17 200 266</b>	<b>141 636 897</b>	<b>331 962 103</b>	<b>490 799 267</b>	<b>1 229 812 290</b>	<b>28,52%</b>
<b>In US\$ (1\$=443 FCFA)</b>	<b>\$3 883 999</b>	<b>\$0</b>	<b>\$38 827</b>	<b>\$319 722</b>	<b>\$749 350</b>	<b>\$1 107 899</b>	<b>\$2 776 100</b>	