

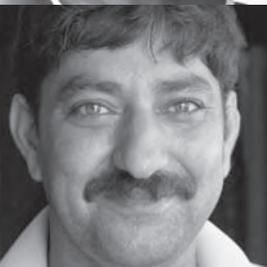
MADAGASCAR FINAL REPORT

September 1997–April 2005

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





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**Madagascar Final Report
September 1997–April 2005**

for

**USAID's Implementing AIDS Prevention and Care
(IMPACT) Project**





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*Submitted to USAID
By Family Health International*

December 2007

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In partnership with

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral surveillance survey
BCC	Behavior change communication
FHI	Family Health International
FIVMATA	Fikambanan'ny Vehivavy Mandeha an-Tsambo Antsiranana
FIFAVIA	Fiarovana Fahasalmana Viavy Antsiranana
FSW	Female sex worker
HIV	Human Immunodeficiency Virus
IA	Implementing agency
IEC	Information, education and communication
IMPACT	Implementing AIDS Prevention and Care Project
INSTAT	Institut national de la statistique
LNR	Laboratoire National de Référence
MdM	Médecins du Monde
MOH	Ministry of Health
NGO	Nongovernmental organization
PNLS	Programme National de Lutte contre le SIDA
STI	Sexually transmitted infection
UNC	University of North Carolina
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Executive Summary

Between 1997 and 2005, the Implementing AIDS Prevention and Care Project (IMPACT) in Madagascar provided technical assistance to Madagascar's national government and key local partners. Their goal was intervention-linked research that would improve services to female sex workers (FSWs) with respect to sexually transmitted infection (STI).

While the country had reported HIV prevalence rates of only one percent in 2000, in 2005 it had one of the highest STI rates in the world, according to the USAID Health Profile for the country. Given that STIs facilitate the spread of HIV, developing low cost and effective methods for treating and preventing the infections of FSWs and their partners is especially important in an area with low HIV but high STI rates.

Managed by Family Health International (FHI) in partnership with Horizons, the project produced high quality research into appropriate and effective STI screening and treatment strategies for FSW in Madagascar.

In May 2001, a participatory planning workshop was convened to review research results. It brought together the health ministry officials, health service providers, sex workers and other stakeholders developing and implementing new national guidelines for treating STIs in FSWs. Their innovative guidelines included recommendations for developing effective community-based interventions for FSWs.

There was a second phase in FHI's research. It involved evaluating the feasibility and acceptability of working with sex workers to provide improved basic STI services for FSWs at the public dispensary. In this phase of the program, IMPACT/Madagascar supported Fikambanan'ny Vehivavy Mandeha an-Tsambo Antsiranana (FIVMATA), a sex worker peer education association in the northern provincial capital of Antsiranana (formerly Diego-Suárez) and worked with local government agencies to improve STI care for women. The program in Antsiranana used a two-pronged approach of curative and preventive care, and actively engaged sex workers in all project activities including behavior change interventions, training and capacity building activities to improve service delivery, and research initiatives. The latter included evaluating care-seeking behavior.

Throughout the project, FHI worked to build the capacity of several public and private sector organizations by strengthening their institutional, technical, and programming capacity. Among others, these organizations included FIVMATA, Fiarovana Fahasalmana Viavy Antsiranana (FIFAVIA), Laboratoire National de Référence (LNR), and Médecins du Monde (MdM). During the life of the project, FHI successfully secured a grant from the Japanese Embassy of Madagascar to add to USAID funds for implementing the final phase of project activities in Antsiranana. One of the major activities during this period was a round of intensive technical assistance to FIFAVIA aimed at increasing the organization's management capacity to sustain program activities once funding ended.

From 2003 to 2005, IMPACT/Madagascar provided high-level support for the development and implementation of Madagascar's first national behavioral surveillance survey (BSS). FHI did

much to raise awareness among stakeholders of the importance of BSS data, especially when it comes to the effort of designing and implementing evidence-based programming for groups considered most at risk.

Program Objectives, Strategies, Implementation, and Results

Beginning in September 1997, USAID/Madagascar committed a total of \$876,000 in field support funding to IMPACT. The work was to be done in partnership with Population Council/Horizons and FHI. IMPACT began by collaborating with public and private sector partners and NGOs who were prepared to conduct intervention-linked research. The program then responded to the empirical and qualitative results of its operations research by providing support for efforts to implement targeted prevention activities and for interventions to improve STI services. The particular goal of the interventions was to improve services for FSW in order to reduce the transmission of STI and prevent the spread of HIV in areas of the country where HIV prevalence was relatively low but there was a heavy STI burden.

Country context



Madagascar is a small island nation in the Indian Ocean just off the southeastern coast of continental Africa, where the population in 2005 was estimated to be more than 18 million. Like most countries in southern Africa, Madagascar's general health indicators are poor, characterized by a high infant mortality rate of 76.83 deaths per 1,000 live births and a life expectancy of only 56.9 years.

In 2003, it was estimated that 143,000 adults and children were living with HIV/AIDS in Madagascar. While reported HIV prevalence is relatively low—adult prevalence rates at the end of 2003 were estimated to be 1.7 percent—Madagascar has one of the highest STI rates in the world. Seventy-five percent of women have at least one infection, making the country a prime candidate for an explosion of HIV/AIDS. Other factors that could contribute to the spread of HIV include widespread poverty, low literacy, limited access to health and social services, and an increasingly transient population.

The government of Madagascar's response to HIV/AIDS began in 1988 when recommendations were developed for the clinical treatment of illnesses related to HIV infection. Since then, the government has strengthened its commitment to fighting HIV/AIDS. In 2002, President Ravalomanana established a multisectoral program to prevent and mitigate the impact of HIV/AIDS, requiring the active participation of all governmental and civil society groups to ensure coordination of activities among various organizations and associations.

More recently, the government has focused significant attention and human resources on the development and implementation of surveillance, monitoring and evaluation systems for HIV/AIDS. FHI has taken a lead role in helping the government assess and strengthen the current HIV/AIDS sero-surveillance system.

Recognizing the importance of STI prevention and management interventions early in an HIV/AIDS epidemic, USAID/Madagascar, the Malagasy government, international NGOs, and donor agencies adapted and followed a strategy featuring information, education and communication (IEC) activities to promote behavior change and advocacy, prevention and treatment of STIs, and the use of condoms.

Implementation and management

In 1998, IMPACT staff from FHI headquarters in the United States conducted an orientation visit to Madagascar to identify opportunities for program support. In November 1999, a design team visited Madagascar to develop the intervention research protocol and identify appropriate local partner organizations. In 2000, FHI provided technical assistance to organize and start-up intervention-linked research in Antananarivo and Tamatave (Toamasina). Between 2000 and 2003, three successive study coordinators were hired to manage FHI activities in Madagascar; they provided technical and program support to FHI's local implementing agencies. In addition to these capacity building activities, the project coordinators were also responsible for monitoring and reporting and liaising with key players through the country. In 2002, FHI's study coordinator established an office in Antsiranana (at the time called Diego-Suárez, or just

Diego). This office was subsequently closed in 2003 when activities with FIFAVIA were completed.

During the period of BSS implementation in 2003-2005, with the local FHI office no longer operating, a consultant from the area was hired to provide continuous support to project partners and ensure that work progressed as planned between the technical assistance visits of FHI headquarters personnel.

During the life of the project, FHI staff in Arlington, Virginia provided primary program support and managed partner sub-grants. FHI Madagascar supported four sub-projects through letters of agreement and sub-agreements. FHI technical staff provided on-site technical assistance on a regular basis to the Madagascar program (see Appendix B: Technical Assistance Roster).

Madagascar program timeline

Program Activities	Fiscal Year Quarter	1999		2000		2001		2002		2003		2004		2005	
		1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4	1,2	3,4
Provided assistance in planning national HIV/AIDS activities															
Assessed feasibility of STI management intervention															
Developed concept papers for joint activities between Horizons and IMPACT															
Developed workplan for targeted STI interventions and budget															
Drafted research protocol															
Assessed feasibility of improved services															
Submitted budget and program design															
Provided technical assistance with questionnaire revision, methodology, recruitment, and training of study personnel for operations research															
Procured laboratory and clinic supplies															
Trained nurses and lab technicians															
Developed clinical and laboratory protocols															
SW training to become peer educators in promoting STI care-seeking behavior															
Developed materials to promote preventive and curative services for SWs															
Rehabilitated STI clinic rooms															
Organized and presented at dissemination workshop in Antananarivo to share to results of operations research															
Collaborated on revision of national STI treatment guidelines															
Provided technical assistance in instituting STI guidelines at clinic sites															
Provided programmatic and financial management training to FIFAVIA															
Equipped and furnished FIFAVIA center															
Trained clinicians in HIV/AIDS counseling															
Conducted evaluation of project															
Provided technical assistance in national M&E plan development															
Provided technical assistance to develop national surveillance strategies															
Support to establish an operational surveillance working group															
Provided technical assistance to design and implement a BSS															
Provided assistance with data analysis and dissemination planning															

Program strategies and activities

Initially, IMPACT/Madagascar activities involved a round of strategic planning about HIV/STI programming with USAID/Madagascar, Programme National de Lutte contre le SIDA (PNLS), and other partners. Together, the partners also developed some concepts for STI studies addressing the pressing needs of sex workers, one of the populations most at risk of acquiring and transmitting such infections.

In collaboration with the Population Council (PopCouncil), the second phase of IMPACT's work involved developing a protocol for intervention research into ways of improving STI diagnosis and the treatment of FSWs. Next, IMPACT developed an innovative peer education program to address the special needs of sex workers in Tamatave. The final phase of IMPACT's work in Madagascar involved providing technical assistance to the national government to assess and provide recommendations for strengthening national surveillance systems.

IMPACT activities, described in more detail below, contributed to USAID Madagascar's strategic objective of "smaller, healthier families" and the following intermediate results:

- Increase use of family planning and maternal and child health, HIV/AIDS services and healthy behaviors (Intermediate Result 2.1)
- Increase community participation in health and food security issues (Intermediate Result 2.2)
- Improve capacity to plan and manage programs (Intermediate Result 2.4)
- Improve policies, program advocacy and decision-making activities (Intermediate Result 2.5)

Intervention-linked research

From July 2000 to May 2001, FHI and PopCouncil partnered with two local implementing agencies, Laboratoire National de Référence (LNR) and Médecins du Monde (MdM), to undertake operations research (intervention-linked) in Antananarivo and Tamatave.

The preparations included developing questionnaires, training personnel, procuring clinical material and laboratory supplies, and supervising work on data collection methods. MdM's peer educators and care providers encouraged sex workers to present themselves at MdM's Ha Clinic and those who met the study criteria were enrolled in the STI study. FHI supported LNR in its effort to provide laboratory diagnosis and study management services through the period of operations research in order to improve STI treatment and prevention interventions for FSW. Key findings from the study revealed that STIs were detected in almost two-thirds of the FSW in these cities, although few sex workers tested positive for HIV. Since the link between the presence of STIs and transmission of HIV is well established, it became critical to identify appropriate, affordable and effective STI screening and treatment strategies for FSWs.

Individual risk profiles (including age and number of partners) as well as clinical signs, symptoms, and markers were assessed to evaluate their associations with STIs. Based on research results, IMPACT/Madagascar and PopCouncil worked with representatives from the Ministry of Health (MOH) and other local partners to revise algorithms for STI diagnosis and treatment for FSWs. They also devised a set of new national guidelines, which were adopted by

the MOH. The recommendations included protocols advising managers to make sure appropriate and low cost drug supplies are available and to keep working with the MOH and donors to maintain low costs for services. The FHI project coordinator provided technical assistance at the Antananarivo study site to get the new STI guidelines in place, and at the public dispensary in Diego, which was the first site in Madagascar to follow the new guidelines.

Improving STI treatment and prevention interventions for sex workers

The second major component of the IMPACT/Madagascar project was initiated in July 2000 in the northern provincial capital of Antsiranana. The objective of this component was to decrease STI prevalence rates among FSW by strengthening preventive and curative care-seeking behaviors and improving the quality of STI-related care at the Antsiranana clinic. There were two parts to the resulting strategy: offer assistance at the clinic, and provide peer education and outreach.

The first strategic action was to provide technical and management assistance to improve STI services at the public clinic. To boost those services, basic supplies and operating materials had to be purchased. The list included lab equipment, such as a rotator, a centrifuge, gloves, and speculums; cotton, needles, tubes, and cleaning supplies. In addition, it was necessary to enlarge the STI clinic to include a third room designated for confidential counseling. Finally, STI nurses attended a five-day training in Tana focused on improved STI diagnosis and clinic-based counseling.

The next strategic action was to provide peer education and outreach to FSW in order to encourage consistent condom use and routine STI care. This involved supporting 40 peer educators in their effort to conduct outreach activities with FSW that would improve health-seeking behaviors, condom use and condom negotiation skills. As well, there were weekly STI classes for peer educators and sex workers to reinforce skills, peer education training, the collection of data about barriers to sex workers using condoms with their clients, and materials development.

Estimating the total population of FSW in Diego

In order to plan interventions effectively for sex workers in Diego, more information was needed about the local sex trade. Peer educators were trained in mapping techniques using the Capture/Recapture Methodology and served as field agents in a research effort aimed at estimating the size of the sex worker population in Diego. In each neighborhood, a map was created, noting sex trade sites, markets, discos, taxi stations, ports and other features connected with the trade. The location of FSW was not actually determined because most were street-based and mobile, moving from site to site depending on the time of day, day of the week, and season.

Sex trade sites were grouped into 19 clusters determined by their proximity, the time of activity, and the number of sex workers expected to be there. The total population in the 19 clusters was estimated at 2,684 registered and non-registered sex workers.

This additional research was carried out in collaboration with health district representatives, STI clinicians at the public dispensary, members of FIVMATA (an association of registered sex workers) and other non-registered sex workers. Together they created and registered FIFAVIA

(Fiarovana Fahasalmana Viavy Antsiranana, meaning “protecting the health of women in Antsiranana”), a community based organization of sex workers set up to manage STI clinic and peer education activities. FIVAVIA’s objective was to provide a link between the clinical team, peer educators and women at risk in Diego. At this time, FIVAVIA became the key partner in sex worker interventions.

Peer educator training

In order to encourage consistent condom use and routine STI care, FIVMATA expanded its peer education and outreach efforts. Specifically, FIVMATA recruited, mobilized, and deployed ten additional sex workers, bringing the total number of peer educators to 40. Their task was to promote regular clinic visits and to share information about STI symptoms, HIV transmission and prevention, condom use and negotiation skills. In addition to their technical training in STI symptoms, care, and prevention, these sex workers were trained in participatory education methods and the principles of BCC in collaboration with PACT, AIDS Alliance, and Population Services International (PSI). FIVMATA also created an STI service advisory committee made up of peer educators working to improve public STI clinic services.

Multimedia education

Following this training, FIFAVIA produced a variety of colorful and culturally appropriate educational materials in the local dialect designed specifically for sex workers. They included five engaging gazettes or comic books addressing real-life STI issues and the challenges experienced by sex workers. As well, there were four extremely popular locally televised programs and four radio spots where sex workers discussed HIV/AIDS prevention issues including condom use and negotiation and routine clinical care. Sex workers served as actors in the TV spots and facilitated the radio discussions.

Community outreach

As part of their community outreach work, the peer educators initiated ten activities per month. These ranged from talking to individual women in the privacy of their homes to holding a public group education session. In addition, technical staff from the clinic facilitated weekly participatory sensitizations on a variety of topics. These discussions were held for sex workers, including the peer educators, and provided an opportunity to delve deeper into complex issues while allowing sex workers to refresh and deepen their knowledge and skills. Supplies were also procured to improve the clinic’s services. It should be noted that political unrest caused delays in FIFAVIA’s program from December 2001 until June 2002.

Capacity building at the local and clinic levels

One of FHI’s major strategies was to build the organizational and technical capacity of its two local partners FIVMATA and FIFAVIA, STI clinic technicians, and staff from the Tanambao-Antsiranana public laboratory to strengthen their STI/HIV outreach and peer activities.

In terms of organizational capacity building, given FIFAVIA’s lack of experience and difficulty in preparing and submitting financial reports, FHI organized intensive onsite training in financial management. This week-long training course was followed by practical hands-on experience with the FHI project coordinator working with the FIFAVIA project manager to prepare the monthly financial reports. By using a simple software package to input data, the project manager was able to track expenditures and refer to the results when making decisions.

To improve service delivery at the public clinic, its employees were trained in client-focused STI/HIV/AIDS counseling techniques as well as STI symptoms, care, and prevention. In order to provide a confidential place for STI counseling services, the clinic waiting room was divided into two separate rooms. Lab and clinic operating materials, such as gloves, pH strips, speculums, alcohol, and cleaning supplies were also purchased.

Conducting a Behavioral Surveillance Survey

IMPACT/Madagascar provided leadership and technical assistance to the Government of Madagascar in conducting a national BSS. Direct technical assistance was given to the local implementing agencies Institut National des Statistiques (INSTAT) and Focus Development Association in the form of help with study design development, training in BSS methodology, budgeting, mapping, questionnaire development and revision, supervision of data collection, size estimation, data analysis and cleaning, dissemination planning, and final report writing. IMPACT/Madagascar also worked with the USAID mission to ensure that complementary funding to disseminate BSS findings was secured from other sources, including the World Bank and UNICEF. IMPACT also assisted in presenting preliminary BSS data to principal stakeholders and provided guidance to USAID Madagascar and the national government in planning a size estimation activity.

Strengthening Madagascar's monitoring and evaluation systems

During the last phase of FHI work in Madagascar, in response to a request from USAID, the Government of Madagascar, and UNAIDS, FHI provided technical assistance to the national government and other partners in the development of a country-wide sentinel surveillance system. Specifically, FHI assisted USAID, the US Centers for Disease Control and Prevention, and Tulane University in evaluating Madagascar's current national HIV/STI surveillance system, and provided recommendations for strengthening it. The study found that the current system was antiquated and not functional; assessment findings were presented to the government and other stakeholders, and the recommendations were implemented.

In addition to support for surveillance, FHI provided technical advice for a national monitoring and evaluation system. The FHI plan was presented to the government and other key stakeholders and adopted by the government to serve as a national reference document in the context of the "3 Ones."

During several intensive technical assistance visits, FHI collaborated closely with colleagues in the monitoring and evaluation unit of the national AIDS program (NAP), in order to build their technical skills and capacity. Two workshops were conducted for presentation of the monitoring and evaluation plan, and another workshop updated health ministry personnel and partners on second generation surveillance. At least 30 participants including representatives of MOH, NAP, UNAIDS, UNICEF, UNFPA, WHO, USAID and others attended the surveillance orientation workshop.

Results

There were four primary activities and accomplishments under IMPACT: intervention-linked research, peer education, a behavioral surveillance survey and an improved system of monitoring and evaluation.

Intervention-linked research to improve STI treatment and prevention interventions for sex workers

- Provided technical assistance to strengthen LNR lab services
- Provided technical assistance/training for MDM clinicians to enhance STI management and prevention and counseling skills
- Developed clinical and laboratory protocols
- Trained local clinicians, laboratory nurses, and lab technicians (quality control, storage of samples, supply management, data entry)
- Established a monitoring system
- Provided training for improved STI services (including a monthly structured clinical exam and microscopic exams)
- Provided technical assistance in the development of national guidelines for sex worker STI care. The guidelines covered such things as clinic hours, cost of services and registration cards
- Organized and facilitated a workshop to disseminate lessons learned and research results, including recommendations for prevention and treatment of STIs in FSW
- Provided technical expertise in the development of a pre-packaged STI treatment kit

Peer education with sex workers to improve STI treatment and prevention interventions

Capacity building in FIVMATA

- Conducted financial management training
- Trained sex workers as peer educators through a series of workshops and BCC activities
- Trained lab technicians and clinicians to diagnose and treat STIs following a study protocol
- Trained sex worker in how to conduct outreach among peers
- Developed brochures with FSWs promoting preventive and curative services
- Developed comic books, radio and television spots in the local dialect describing condom negotiation skills for use with clients and other HIV-related topics
- Completed peer education curriculum

Capacity building in FIFAVIA

- Procured materials for laboratory and clinic operations (rotator, centrifuge, etc.)
- Renovated STI clinic room to create a counseling room
- Trained clinicians in HIV/AIDS counseling
- Developed and updated educational materials with clinic staff
- Provided refresher training to ensure that STI care protocol was applied consistently with clinic clients
- Equipped and furnished a project meeting center
- Conducted intensive financial management training
- Developed policies and procedures manual to guide future program activities

- Strengthened outreach skills of peer educators
- Conducted two surveys (one for clinic based clients and the other for sex workers) to evaluate the impact of project interventions
- Facilitated a lessons learned workshop to share project successes and constraints

By the end of the project, FIFAVIA and FIVMATA's organizational capacity had increased to the point that they had the skills to:

- Identify the needs of the target audience and establish project goals
- Establish the criteria for identifying peer educators and a process to encourage stakeholder participation in decision-making
- Develop technical and organizational training manuals
- Establish peer education supervisory systems
- Develop monitoring tools and an evaluation system to use in decision-making
- Establish linkages and referrals to other services
- Develop resource mobilization skills

Conducting a Behavioral Surveillance Survey

- Provided technical assistance in identifying appropriate local implementing agencies INSTAT and Focus Development Association
- Provided technical assistance to INSTAT in study design development, BSS methodologies, budget development, mapping, questionnaire development and revision, supervision of data collection, size estimation, data analysis and cleaning, dissemination planning, and final report formatting and writing.
- Presented preliminary BSS results to key stakeholders

Strengthening Madagascar's national monitoring and evaluation systems including Sentinel Surveillance

- Provided technical assistance to the national government and other partners in the development of a national sentinel surveillance system
- Provided technical assistance to assist in the development of a national monitoring and evaluation plan
- Helped to establish the national surveillance working group
- Conducted an orientation/update for 30 stakeholders on second generation surveillance

Program achievements under the IMPACT project

Achievements	Number
Intervention-linked research	
Operations research protocol developed	1
Clinical and lab protocols developed	2
LNR and MDM study personnel trained	
Lab supplies and clinical materials procured	numerous
Staff trained in improved STI service delivery	2 nurses and 5 lab technicians
National STI treatment guidelines developed	1
Peer education with sex workers	
Size estimation study conducted using the Capture/Recapture methodology, and number of registered and non-registered sex workers estimated	1 study 2,684 FSW identified
Public dispensary equipped with supplies and furnished	1
Private counseling room created in clinic	1
Developed STI counseling protocols	1
BCC materials developed— 1 STI clinic brochure developed	1
Comic books or gazettes written on condom negotiation skills, care seeking behavior, etc.	2 gazettes revised and 3 new gazettes created produced 5,000 copies of each
Popular locally televised programs and radio spots arranged where sex workers discussed HIV/AIDS prevention issues including condom use	4 TV 4 radio programs
Behavioral Surveillance Survey	
Field workers trained in BSS methodology and mapping techniques	15 12 supervisors trained
Training workshop convened for BSS surveyors	10
Dissemination plan drafted	1
BSS executed and results disseminated	1 BSS 2 dissemination meetings

Stronger national monitoring and evaluation systems, including Sentinel Surveillance	
Orientation meeting convened on second generation surveillance	30 stakeholders
Sentinel surveillance assessment conducted and recommendations report produced in collaboration with the MOH, CDC, and Tulane University	1

Achievements from direct activities	Number
Peer educators and IA staff trained in strategic behavioral communication (SBC), care and prevention, participatory education methods and the principles of BCC including IEC materials development and monitoring and evaluation	40 outreach volunteers trained including 10 newly recruited volunteers
Project staff trained in STI management and care and counseling strengthened at clinics providing STI services for FSW	5 staff trained

New or expanded services from IMPACT sub-agreements	Number
FSW referred to clinic for STI diagnosis and treatment	280
Individuals receiving STI consultations at clinic	1,279
FSW reached by peer educator outreach workers	10,152
Peer educator outreach sessions conducted	1,728
Clients and others who attended weekly clinic sensitizations	900
IEC materials (gazettes, brochures, etc) disseminated	10,000

Impact

As the end of the FSW peer education project in Antsiranana, two brief evaluations were conducted to assess the impact of its interventions. In the first, 48 sex workers were interviewed in their communities to determine the impact of peer education outreach activities relating to changes in knowledge, attitudes, and practices.

There were three key findings from these interviews:

- Between 96-100 percent of respondents could identify different types of STIs and AIDS. However, there were gaps in knowledge about modes of HIV transmission
- While 92 percent of those questioned knew condoms were an important for prevention of HIV transmission, only 10 percent managed to quote the other means of primary prevention (fidelity and abstinence)
- Only 52 percent of sex workers interviewed stated that they had adopted a positive attitude about condom use

The second evaluation involved exit interviews at the private clinic with 25 individuals. This was an attempt to gauge satisfaction levels about clinic consultations as well as to assess the quality of services provided.

There were three key findings from clinic exit interviews:

- 96 percent of clients expressed satisfaction with the services offered
- 100 percent said that they would return to the private clinic for follow-up services. However, these interviews showed that the private clinic was not the FSW's first choice for care when they experienced STI signs and symptoms. According to 81% of those surveyed, they would prefer to seek a medical doctor for treatment.
- Moreover, 86 percent of clients complained about the long waiting times, which often exceeded 30 minutes

Challenges

One of the earliest challenges FHI encountered was securing adequate funding for the proposed activities. Since funding was often uncertain, it was difficult to plan activities more than one fiscal year at a time. Initial plans for an STI management intervention with FSWs involved evaluating two different approaches, in addition to measuring STI prevalence and condom use. Due to budget constraints, the proposed protocol was adapted to focus instead on identifying appropriate STI screening and treatment strategies while improving STI services for FSW through peer education and outreach.

Securing sufficient funds to sustain ongoing activities in Madagascar also proved challenging. FHI was successful in securing a grant of \$54,000 from the Japanese Embassy there, which enabled FIFAVIA to continue peer education activities in Antsiranana. This funding complemented existing funds from USAID/Madagascar. For the BSS implementation, USAID provided funds for IMPACT to work on certain aspects of the survey. Throughout the process, FHI worked with USAID/Madagascar to ensure that other stakeholders, including the World Bank and UNICEF, who had promised to fund specific components of the BSS followed through on their commitments.

FHI operations in Madagascar were impacted by political instability in early 2002. The political unrest disrupted regular flights to Antsiranana, causing activities to be delayed until the situation stabilized. Activities with FIFAVIA that were scheduled to start in December of 2001 were postponed until June 2002.

Lessons Learned and Recommendations

At the end of the IMPACT Madagascar project, there are three main lessons and recommendations.

Develop true partnerships with the target population

A particularly innovative component of this project was the formation of a management committee made up of STI service providers, health district representatives, and representatives of the registered and non-registered FSW population. Together they worked to oversee STI clinic and outreach services for sex workers. FIFAVIA succeeded in involving the target population in all stages and aspects of planning and implementation, which helped to ensure that project interventions were jointly designed and therefore culturally appropriate, relevant, and sustainable in the community.

Ensure sustainability by building local capacity

Given limited project funds, it was important to invest in institutional strengthening, in particular the strengthening of the key partner organizations FIVMATA and FIFAVIA. In addition to financial and organizational capacity building activities, IMPACT/Madagascar equipped and furnished FIFAVIA's office to create a functional and inviting office space, which also served as a meeting place for association members. USAID also donated a computer and provided ongoing program guidance throughout the life of the project.

Promote collaborative efforts between governmental agencies, NGOs, and community groups

During the course of activities in Madagascar, IMPACT collaborated with several partners including USAID, the MOH and PNLs, Population Council, PACT, AIDS Alliance, Population Services International, and many others. As demonstrated in this project, convening a regular workshop to discuss lessons learned and share information fosters collaboration among stakeholders, which in this case included government, civil society organizations, donors, and USAID and non-USAID funded implementing agencies. It also helps them to identify mutual goals, find consensus for selected strategies, and eliminate duplication of services. Finally, it increases the likelihood of sustainability once project activities come to an end.

Implementing Partners Activity Highlights

Implementing partners matrix

Recipient	Start Date	Completion Date	Life of Project Budget US\$	Total Funding US\$
FIFAVIA	3/15/02	3/15/03	\$54,513	not available
FIVMATA	7/01/00	12/17/01	18,220	17,840
LNR	7/01/00	6/30/01	17,685	17,685
MDM	7/01/00	3/30/01	6,289	6,289

Subproject highlights and partners

Name	Organization Type	Location	Target Population	Budget (US\$)	Intervention	Project Dates
FIFAVIA	NGO	Antsiranana	sex workers	54,513	STI diagnosis/treatment and peer outreach	3/15/02-3/15/03
FIVMATA	NGO	Antsiranana	sex workers	18,220	peer outreach	7/1/00-12/17/01
LNR	Governmental	Antananarivo	sex workers	17,685	STI diagnosis/treatment	7/1/00-6/30/01
MdM	NGO	Antananarivo	sex workers	6,289	STI diagnosis/treatment	7/1/01-3/30/01

Fiarovana Fahasalmana Viavy Antsiranana (FIFAVIA) is an association of sex workers, STI clinic technicians and staff from the Tanambao-Antsiranana public laboratory. FIFAVIA was created in September 2000 to manage the STI clinic finances and was registered with the Malagasy government in July 2001. USAID granted \$126,000 to IMPACT to provide institutional, technical, and administrative support to FIFAVIA. Due to political unrest in Madagascar, activities planned to begin in December of 2001 were postponed until June 2002. During the year-long project, FIFAVIA worked to provide quality STI care and prevention services for female sex workers and other women at risk by maintaining continuous dialogue and collaboration with community-based organizations, local MOH representatives and women in the local community.

Fikambanan'ny Vehivavy Mandeha an-Tsambo Antsirana (FIVMATA), an association of registered sex workers in Antsiranana, was selected as an IA to improve peer education activities for sex workers. They mobilized 40 peer educators to engage in STI/HIV outreach activities and help coordinate two peer educator trainings.

Laboratoire National de Référence (LNR), a public laboratory, was selected to provide diagnosis and study management services as part of the operations research to improve STI treatment and prevention interventions for FSW. During the intervention-linked research, they performed lab tests, managed quality control, facilitated shipment of frozen urine samples, managed study supplies, and handled data entry and management. In addition, they provided supervision, technical assistance, and monitoring of lab services related to the Tamatave lab. They also provided training to nurses at the public health clinic and STI training to CSW peer educators.

Medecins du Monde (MdM) was selected to work with the FHI operations research project to improve STI treatment and prevention interventions for FSW. They encouraged commercial sex workers (CSWs) to come to the 67 Ha Clinic in Antananarivo for STI treatment services. FHI trained MdM clinicians in improved STI management including STI/HIV prevention counseling. Staff members were also trained in research methods, interviewing techniques as well as clinic examination and treatment procedures.

Appendix 1 Country Program Financial Summary

Since September 1997, USAID committed US\$860,000 to IMPACT/Madagascar. In December 2001, IMPACT/Madagascar received a grant from the Japanese Embassy in Madagascar to provide operational support to a peer education program for FSWs and to the STI clinic in Antsiranana. Funds from USAID/Madagascar complemented the grant from the Japanese Embassy and were used for FHI's technical and program support.

The IMPACT/Madagascar program closed in April 2005. Project expenses as of August 2005 totalled \$875,089.

IMPACT provided the following subagreements over the life of the project:

Implementing Agency	Total
FIFAVIA	\$54,513
FIVMATA	\$18,220
LNR	\$17,685
MdM	\$6,289

Appendix 2 Technical Assistance Roster

Date	Purpose	Number of weeks
December 1998	Conceptualized study design; assisted with planning for HIV/AIDS activities	2
November 1999	Drafted research protocol, conducted field visits to potential study sites; assessed feasibility of improved services	6
June 2000	Pre-tested and finalized questionnaires; trained study personnel; assisted with recruitment; planned supervision; organized clinical, laboratory, and outreach activities	8
July 2000	Provided clinical and laboratory supplies; trained nurses and lab technicians; developed strategy for sustainable improved STI services; planned for BSS	3
May 2001	Presented dissemination workshop, outlining sexually transmitted disease prevention and control guidelines based on results from operations research	1
August 2003	Identified potential implementing partners for BSS and assisted with proposal and budget development	3
December 2003	Provided BSS guidance/orientation to implementing partner, trained implementing partner on mapping exercise, charted steps for BSS implementation	2
July 2004	Trained surveyors and supervisors, supervised data collection, assisted with data analysis and dissemination of results	3
November 2004	Assisted with data analysis, dissemination planning, and report writing	4

Appendix 3 Implementing Agency Contact Information

Agency	Name	Title	Mail
LNR	Dr. Andry Rasamindrakotroka	Project Manager	Chu Joseph Ravoahangy Andrianavalona BP 4150 Antananarivo Madagascar
MdM	Ms. Bao Hoa Dang	Project Manager	Lot VQ 103 Mandroseza 101 Antananarivo Madagascar
FIFAVIA	Ms. Georgine Vaovola	Project Manager	BP 139 201 Diego-Suarez Madagascar
FIVMATA	Mr. Emertienne Razanamanana	President	BP 139 4 Boulevard le Myre de Villaire Antsiranana 201 Madagascar

Appendix 4 Resources Published with Support from FHI

- Behets, F., Andriamiadana, J., Rasamilalao, D., Ratsimbazafy, N., Randrianasolo, D., Dallabetta, G., & Cohen, M. (2001). Sexually transmitted infections and associated socio-demographic and behavioral factors in women seeking primary care suggest Madagascar's vulnerability to rapid HIV spread. *Tropical Medicine and International Health*, 6(3), 202-11.
- Behets, F.M., Andriamiadana, J., Randrianasolo, D., Rasamilalao, D., Ratsimbazafy, N., Dallabetta, G., Cohen, M.S. (2002). Laboratory diagnosis of sexually transmitted infections in women with genital discharge in Madagascar: Implications for primary care. *International Journal of STD & AIDS*, 13(9), 606-11.
- Behets, F.M., Rasolofomanana, J.R., Van Damme, K., Vaovola, G., Andriamiadana, J., Ranaivo, A., McClamroch, K., Dallabetta, G., Van Dam, J., Rasamilalao, D., Rasamindra, A. (2003). Evidence-based treatment guidelines for sexually transmitted infections developed with and for female sex workers. *Tropical Medicine and International Health*, 8(3), 251-8.
- Homan, Rick and Kathleen van Damme of Family Health International; F. M. Behets and Kristi McClamroch of the University of North Carolina-Chapel Hill; Désiré Rasamilalao, Justin Ranjalahy Rasolofomanana, and Andry Rasamindrakotroka of the Madagascar Ministry of Health; and Johannes van Dam of Horizons/Population Council. Estimating the cost and effectiveness of different STI management strategies for sex workers in Madagascar. *Horizons Research Summary*. Washington, DC: Population Council.
- Kruse, N., Behets, F.M., Vaovola, G., Burkhardt, G., Barivelo, T., Amida, X., Dallabetta, G. (2003). Participatory mapping of sex trade and enumeration of sex workers using capture-recapture methodology in Diego-Suarez, Madagascar. *Sexually Transmitted Diseases*, 30(8), 664-70.
- USAID Madagascar's website highlighting HIV/AIDS success stories: *Horizons Study Helps Madagascar Health Officials Achieve Effective, Low-cost Management of Sexually Transmitted Infections*.