

**The Social Marketing Program for Child, Maternal, and Reproductive Health Products
and Services in Madagascar**

Cooperative Agreement No. 687-A-00-05-00109-00

Final Report

August 1, 2005 – September 30, 2008



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EXECUTIVE SUMMARY

Social Marketing Program for Child, Maternal, and Reproductive Health Products and Services

In August 2005, Population Services International (PSI) was awarded Cooperative Agreement # 687-A-00-05-00109-00 by USAID to provide support for the Social Marketing Program for Child, Maternal and Reproductive Health Products and Services in Madagascar. The overall aim of PSI Madagascar's program was to expand and improve its successful social marketing and behavior change interventions in family planning, maternal and child health, and STI and HIV/AIDS prevention and treatment. Utilizing research to guide its programmatic decision-making, PSI has successfully increased the use of health products and services through commercial strategies, collaborating with NGOs at the community level, and working closely with the public sector.

The initial project award was for \$8,700,000 for a period of 36 months from August 1, 2005 to July 31, 2008. During the course of the agreement, the end date was extended by two months and the total amount of the award was increased to a total of \$11,871,000 per the following modifications:

- In June 2006, USAID provided PSI with additional funding of \$1,714,000 to further strengthen its family planning, malaria, and STI/HIV interventions, with a focus on supporting the *Top Réseau* franchised network of private clinics.
- In April 2008, USAID provided PSI with additional funding of \$1,457,000 to provide additional support to PSI's malaria project activities, and extend the agreement through September 30, 2008.

The following final report highlights key results achieved and summarizes the program activities during the original project period, from August 1, 2005 through July 31, 2008. This report also includes highlights of activities and results from the last semester of the project (February 29 – July 31, 2008) as well as any activities that were funded under the agreement during the two-month extension (August 1 – September 30, 2008).

PSI is grateful for the support of USAID during this period and is enthusiastic about the continued collaboration between the US Government, PSI, and all the partners to improve health in Madagascar.

PROGRAM BACKGROUND

PSI is an international private non-profit organization dedicated to improving the health of low-income people through social marketing, which utilizes commercial and public channels to deliver needed health products at affordable prices, while creating informed demand for practicing healthier behaviors. With more than 30 years experience and programs in 62+ countries, PSI is the largest social marketing organization in the world.

Since 1998, with support from USAID, PSI Madagascar has revitalized social marketing in Madagascar for oral and injectable contraceptives and condoms, under the respective brand names Pilplan (Duofem), Con fiance (Depo Provera), and Protector Plus and Feeling male and female

condoms. PSI also established new platforms for malaria prevention and treatment with the launch of *Super Moustiquaire* long-lasting insecticide treated nets in 2001 and *PaluStop* pre-packaged anti-malarial (PPT) for children under 5 in 2003; for diarrheal diseases with *Sûr'Eau* sodium hypochlorite solution in 2000; for sexually transmitted infection (STI) treatment with the launch of *Cura7* pre-packaged treatment kit for urethral discharge in 2002 and *Genicure* PPT for ulcerative STIs in 2004; and adolescent reproductive health in 2000 with the launch of the *Top Réseau* social franchise.

A large part of PSI/Madagascar's success, beyond its behavior change communication campaigns and its strong distribution systems, has been achieved through its complementary training programs for NGOs, private doctors, and other private sector enterprises. During the course of the project period, PSI has successfully worked under the supervision of the Government of Madagascar (GOM), and in collaboration with partner organizations and local institutes – Institut National de Santé Publique et Communautaire (INSPC), Institut de Technologie de l'Education et Management (ITEM), and the International HIV/AIDS Alliance – as well as with local stakeholders and program beneficiaries in developing, implementing, and evaluating its programs.

KEY ACHIEVEMENTS DURING LAST SEMESTER OF THE PROJECT PERIOD

Specific results and details of activities that occurred during the last eight months of the cooperative agreement (February 1, 2008 through September 30, 2008), are included in the Program Component sections of this report, as well as in the indicator table (Annex A). However, the following section reports some key highlights from the last semester of the project period.

RESEARCH, MONITORING AND EVALUATION

- **Youth TRaC Follow-up Survey Second Round (2008):** Five behaviors were studied among youth 15-24 years old: partner reduction; condom use; STI treatment; and family planning. Data collection was conducted from April to June in seven urban *Top Réseau* sites: Antananarivo, Toamasina, Antsirabe, Mahajanga, Taolagnaro, Antsiranana, and Morondava, in collaboration with INSTAT DDSS. Indicator results related to TRaC Youth are presented in the table in Annex A.
- **FoQus on Scales Qualitative Study:** In preparation for the Women's TRaC Follow-up Third Round survey, a qualitative study on Family Planning, Diarrhea and Malaria was conducted to generate and/or update items for behavioral determinants. In-depth interviews and focus groups were conducted among specific target groups to explore opinions, motivations and barriers to practice safe behavior (e.g. use of contraceptives, ITNs, etc.). Results from these qualitative studies were used to update the statements in the forthcoming Women's TRaC quantitative questionnaire.

FAMILY PLANNING (FP)

- **Standard Days Method/Cycle Beads:** PSI has worked closely with *Santenet* and Georgetown Institute of Reproductive Health (IRH) to introduce Cycle beads, or Standard Days Method (SDM), into its portfolio of reproductive health products. In early

2008, lessons-learned and best practices of community-based distribution were shared with key partners of the IRH-sponsored SDM/Cycle beads program. PSI finalized a sub-agreement valued at approximately \$110,000 for two years to support the training and promotion of SDM/Cycle beads at a national scale.

- **Long Term Method (LTM) family planning products:** On July 1, 2008, PSI began an intensive promotion of LTM family planning products (specifically implants and IUDs) with financial support from a private US foundation. Activities developed to date include securing product supply, training selected service providers in the private and public sectors, developing quality assurance tools, and ongoing qualitative research on users and non users of IUDs to better understand the factors that determine use of this method.

MATERNAL AND CHILD HEALTH

Malaria Prevention and Treatment

- **National Measles/Malaria Campaign:** During the National Measles/Malaria week in April 2008, PSI procured and provided 50,000 ITNs for free distribution in three regions on the East coast: Antsinanana, Analanjirofo and Alaotra Mangoro.
- USAID's PMI early release funding allowed PSI Madagascar to **procure an additional 126,900 ITNs** in July 2008.
- **Malaria Radio Series:** The radio novela series "Aina Sarobidy" was officially launched in February 2008.
- **ACTIPAL Launch and Training:** PSI/Madagascar procured 600,300 units of Artemisin-based Combination Therapy (ACT) through UNITAID and Global Fund, and launched the product in October 2008.
- **Global Fund Round 7 Malaria:** The PSI-managed value of this award is \$26 million over five years. Under the new award, PSI and its sub-recipients will be responsible for the distribution of long lasting treated nets and will continue to manage the transition of malaria treatment from chloroquine to ACT at the community level.
- **Global Fund Round 4 Malaria RCC:** In December 2007, PSI Madagascar was requested to submit an application to be considered for a Rolling Continuation Consideration (RCC) for its current Global Fund Round 4 award which ends in February of 2009. PSI submitted the required documents to the GF in February 2008, and was invited to apply by the GF in March, 2008. The proposal was submitted on 30 November 2008.
- **Global Fund Round 4 Budget Reallocation:** Following the gap analysis of Round 7 on ACTs and due to delays in the delivery of UNITAID-procured ACTs, with the agreement of the NMCP and the RBM committee, PSI Madagascar decided to reallocate Round 4 budget for ACTs to procure more than 288,000 ITNs. This quantity will be used to bridge ITN gaps for 2008, as analyzed during Global Fund Round 7 reprogramming discussions, and to avoid an ACT overstock.

Diarrhea Prevention and Treatment

- **Sur'Eau Participation in MCH Week:** During MCH week in April 2008, PSI donated a Sur'Eau kit and offered a Sur'Eau bottle to each woman who visited the community-based health center (CSB) for a medical consultation. In total, 169 CSBs in the Atsinanana region were covered by the promotion.
- **RANORAY Startup:** An exciting new initiative, Ranoray, was launched in February 2008 by PSI and is ongoing. Ranoray is a community-based initiative that aims to increase diarrhea-prevention-related interpersonal communication (IPC) in the community. This network of 50 NGOs includes 1,000 female animators who promote key messages related to diarrheal disease prevention, as well as DIORANO/WASH key messages, through peer education and IPC activities.
- **Diarrhea Treatment Kits (DTK):** During the last semester, POUZN-funded DTK activities commenced, including training and the pretesting and production of packaging design, messages and instruction sheets. After the finalization of communication materials, procurement was launched in September and the product is expected to be in country by January 2009.

HIV/STI PREVENTION

Global Fund Round 8: During February- July, 2008, PSI took the lead along with the CNLS for the preparation of Madagascar's submission for Global Fund Round 8 funding. In June, PSI was selected by the CCM to serve as one of two principal recipients for HIV funding. The country formally submitted its proposal to the Global Fund in July, and was informed of its success by the Technical Review Panel in late October, 2008. The proposal will strengthen PSI's ongoing work in HIV/STI prevention among the most vulnerable groups including youth, Sex Workers (SW), Men having Sex with Men (MSM), and clients of sex workers, and will involve partnerships with several NGOs and civil society organizations (HIV Alliance, Vohary Salama, Faith-Based Organizations, and SW and youth associations in several regional towns).

- **STI Treatment Kits:** PSI successfully negotiated a donation of 175,000 Genicure kits and 193,666 Cura7 kits from the MoHFP, which arrived in March and June 2008, respectively. PSI further funded and procured 100,000 Genicure kits in August 2008. While World Bank (WB) funded grants to the public sector include a provision for socially marketed STI kits, stock issues have remained a challenge, and are anticipated to be problematic in 2009. Therefore, PSI will continue its ongoing discussions with the MoHFP and the CNLS to ensure that the long term unmet need for STI treatment kits is met.
- **Voluntary Counseling and Testing (VCT):** With the training of two additional *Top Réseau* sites in VCT in the first semester of 2006, VCT is now offered in 16 of the PSI franchised *Top Réseau* clinics in five cities throughout Madagascar. Despite limited funding for VCT, PSI plans to open additional *Top Réseau Plus* sites in the cities of

Antsirabe and Morondava by February 2009. The aim is to have 20-22 *Top Réseau Plus* sites active by mid 2009.

- **Extension of *Top Réseau* to Fianarantsoa.** Following a local site assessment in the summer of 2008, PSI decided to expand the *Top Réseau* network to Fianarantsoa, a large city in the highlands with a large youth and SW population. In preparation for the November 2008 launch, PSI conducted qualitative research on youth attitudes, practices and behaviors in reproductive health.
- **Candlelight Memorial Day Celebration (May 18, 2008):** PSI participated in the organization of this global memorial day event in collaboration with CNLS, MAD'AIDS; and local associations and youth groups such as FIMIZORE, AFSA, FIFAFI; and ANKOAY. The event was broadcast on national television and radio stations, providing a valuable opportunity to share correct information on HIV prevention and AIDS on a large-scale.
- **Men having Sex with Men (MSM):** PSI is one of the main organizations involved in HIV/STI awareness activities among MSM, a highly covert population that faces strong societal discrimination. Since June 2007, PSI has been working in collaboration with two local MSM associations, *EZAKA* in Antananarivo and *IVIA* in Tamatave, on self esteem and empowerment issues as well as general health issues including HIV prevention. During the last semester, PSI formalized its plan to expand the MSM program to Antsiranana and Mahajunga by the end of 2008, including plans to recruit additional PEs and train interested *Top Réseau* providers on MSM friendly service delivery. Since February 2008, a total of 28 doctors were trained in MSM-friendly service provision: 15 doctors in Tamatave and 13 in Antananarivo.
- In June 2008, the MOH organized an international conference for both public and private sector partners (in collaboration with FHI), and PSI was invited to present on its *Top Réseau* franchise to highlight “best practices” for reproductive health interventions. Held in Antananarivo at the National Leadership Institute of Management (NLIM), PSI presented an overview of franchising and quality assurance issues, and discussed the success in creating demand for services and reaching at-risk communities through its peer educator activities and voucher system.

CROSS-CUTTING ACHIEVEMENTS

- ***Kaominina Mendrika:*** PSI maintained a successful partnership with SantéNet and supported the *Kaominina Mendrika* program. Through partnerships with CARE, SALFA, ASOS, MCDI, ADRA, etc. and in collaboration with the SSD, the number of trained community based sales agents that distributed PSI products increased to 5,710 total agents during the project period, covering approximately 300 communes. In the last three years, PSI has conducted a training of trainers for a total of 307 community-based agent trainers on health messages and socially marketed products.

- **Research and Information Dissemination:** One of the key achievements made possible by USAID's continued support has been the facilitation of PSI's research studies, several of which have been disseminated to and validated by numerous external partners, including the CNLS and MoHFP. Most recently, in November 2007, in partnership with the CNLS and MoHFP, PSI disseminated the TRaC 2006 HIV Youth and TRaC 2006 HIV High Risk Group (HRG) results to USAID and other donors and technical partners. This meeting was the *first* time that the CNLS, MoH, and PSI presented TRaC findings together, signaling the government's endorsement of the TRaC data (funded by USAID) and emphasizing PSI's partnership with the public sector. Subsequently, PSI shared the family planning results from the Women 2006 TRaC during the national coordination meeting (Dec 17th -19th, 2007). The meeting was organized by the MOH and included all the 22 Regional Directors of the MOH and all 116 Health District Heads and several partners including WHO, WB, UNFPA, USAID, SantéNet, local NGOs. At the same time, in partnership with FHI, PSI presented the findings from evaluation of the pilot project of community based distribution of Depo Provera injectable contraceptives. Detailed results on this evaluation were copresented by PSI, FHI and MOH in front of several partners, NGO, representative of community agents, donors in end November 2007.

RESEARCH, MONITORING AND EVALUATION

PSI invested significant resources in monitoring and evaluation during the three-year project in order to measure and improve the effectiveness of its social marketing interventions. Program managers relied on data to make evidence-based decisions, and communication messages and media, geographic locations for program activities and product and service distribution strategies were all informed by PSI's research.

The Monitoring and Evaluation (M&E) Plan established at the start of this project included purpose and output-level indicators to be measured during the three years of the cooperative agreement. During the course of the agreement, adjustments were made which resulted in an amended indicator table (Annex A). The research activities outlined below not only allowed PSI to make informed decisions about how interventions should be developed, but also provided PSI with performance against indicators. Where two comparable sets of data exist; PSI has included measurable results against these indicators, both in Annex A and throughout the following sections.

Furthermore, distribution and activity targets were established at the beginning of the project and were monitored on a periodic basis as a proxy measure of availability and use of socially marketed products and services such as condoms or oral contraceptives. Results are included in the relevant program component sections of this report.

During the three-year project, PSI used four types of studies to generate data for program planning and evaluation: Tracking Surveys (Project TRaC), Mapping Surveys (Project MAP), Priorities for Local AIDS Control Efforts (PLACE) studies, and Qualitative Research (Project FOQUS, Mystery Clients). A summary of key activities relating to each methodology follows.¹

1) Tracking Surveys (Project TRaC) - PSI's "Tracking Results Continuously," or TRaC studies, are population-based, quantitative surveys that collect similar types of data as knowledge, attitude, and practice (KAP) surveys. Timely data gives program managers current and relevant information on which activities are most successful, and enables mid-course corrections for communication and program planning. TRaC surveys provide data on determinants of behavior in three main data tables: 1) monitoring tables that allow program planners to detect significant changes in logframe indicators; 2) segmentation tables which track differences in behavioral determinants over time between users and non-users of a product or service; and 3) evaluation tables which show the impact of PSI's activities on the desired behaviors among target groups.

During the project period, the following TRaC Surveys were conducted:

- Youth TRaC Survey First Follow Up (2006)
- Youth TRaC Survey Second Follow Up (2008)
- High Risk Groups/HIV TRaC Survey Baseline (2006)
- Women TRaC Survey First Follow-up (2006)

¹ Specific details and research reports on results have previously been shared with USAID in previous reports but can be furnished upon request.

2) Mapping Surveys (Project MAP) – Project Measuring Access and Performance (MAP) uses geographic information systems (GIS) to track PSI’s product coverage, as well as the quality of coverage. PSI defines quality of coverage as a combination of factors including physical distribution of sales outlets, communication materials that indicate where products or services are available and the availability of stock. PSI uses Project MAP in four phases: beginning at Phase 1, Project MAP uses lot quality assurance sampling (LQAS) to measure coverage and quality of coverage of the intervention; at Phase 2, MAP uses a geographic information system to measure access and equity of access; Phase 3 links MAP and TRaC; and Phase 4 applies GIS as a management tool for monitoring the spatial distribution of sales and community-level promotion.

During the project period, the following MAP Surveys were conducted:

- MAP Study Phase 1 Baseline Nationally Urban and Rural for Protector Plus, Pilplan, Confiance, Cura 7, Génicure, PaluStop, SuperMoustiquaire, and Sûr’eau (2005)
- MAP Study Phase 2 in High Risk Areas for condoms (2006)

3) Priorities for Local AIDS Control Efforts (PLACE) – PLACE studies use qualitative research methods such as key informant interviews to identify the sites where people meet sexual partners. PSI and INSPC conducted PLACE studies in large urban areas with high concentrations of high-risk groups and disseminated this information to local HIV prevention groups as appropriate.

During the project period, the following PLACE Surveys were conducted:

- PLACE study in Antsiranana, Fianarantsoa, Antananarivo, Tamatave, Tuléar in 2006 funded by USAID
- PLACE study in Fort Dauphin in Mars 2007 funded by QMM

4) Qualitative Research (Project FoQus) – PSI conducted qualitative research to inform concept development, pre-test communication materials, test packaging design and instructions for products, and gain a better understanding of key audience (consumers and stakeholders) needs and expectations. PSI also employed FoQus to further refine and explore questions raised in quantitative research, for example understanding the factors that differentiate users from non-users of a certain product or service.

During the project period, the following Qualitative Surveys were conducted:

- ‘FoQus on Scales’ qualitative study in preparation for the TRaC Women survey, study on Family Planning, Diarrhea and Malaria (2008)
- Pre testing brand and packaging on ACT (March-April, 2007)

Additional studies undertaken by PSI and its partners included:

- Feasibility Study for Community-Based Distribution of Depo-Provera: Beginning in 2006, PSI collaborated with the MoHFP and Family Health International (FHI) on a research study of community-based provision of the Depo-Provera injectable contraceptive. (Additional details on this pilot study can be found in the following section).
- *Sur-Eau* Emory University Study: PSI worked closely with a team from Emory University to conduct an assessment of PSI’s safe water solution (SWS) program using results from the

2006 TRaC survey. The goal of the project was to assess disparities in the use and awareness of *Sur-Eau* among different segments of the population of Madagascar.

- Mystery Clients Surveys (MCS): The MCS are qualitative surveys conducted among the *Top Réseau* health centers to evaluate the quality of services provided. During the project period, the PSI research team conducted a total of 16 mystery client surveys (family planning and STI syndromic management) among 345 *Top Réseau* franchise partners.

Continued funding from USAID will enable PSI to conduct the following research activities during 2008-2009. Some of these activities were originally intended to be conducted during the project period but were delayed.

- TRaC Women Follow-up Survey: PSI completed the survey and preparations during the project period, and is scheduled to begin data collection for the third-round Women TRaC Follow-up survey in October 2008. The two first rounds included family planning, diarrhea prevention, malaria prevention and malaria treatment. For the third round, diarrhea treatment will be integrated with the new program of ORS/Zinc and a malaria outlet survey with the ACT Watch program (funded by the Gates Foundation).
- TRaC HRG/HIV Survey First Follow-up survey: This survey will be conducted in first trimester 2009 in seven *Top Réseau* sites (for comparability) and may include the new *Top Réseau* sites of extension (Fianarantsoa and Tuléar). Target groups will include the SWs and High Risk Men.
- PLACE and TRaC High Risk Group HIV Follow-up in Fort Dauphin: Planned for the last quarter of 2008, this survey will be postponed to early 2009. Results from this survey will be inform the TRaC High Risk Group activities in Fort Dauphin in first trimester 2009.
- MAP Study Phase 1 Follow-Up. The follow up to the 2005 MAP study (all products) was delayed until 2010 because program managers are now using the results of the geo-marketing system PSI put into place in 2007 to improve product distribution and availability within each designated zone as well as product visibility through point of purchase materials. Using its geo-marketing tools, PSI is able to produce maps based on the exhaustive lists of outlets pinpointed by the distribution team with their GPS (Global Positioning System) during their fieldwork. Based on MAP results from 2005, program managers revised the minimum quality standard of the distribution system as noted in relevant program sections of this report. MAP Phase 1 Follow up will focus on quality of coverage on all products and will be conducted in 2010.
- MAP Phase 2 Follow up Survey on Condoms in Hotzones: This MAP Phase 2 survey, scheduled for 2010, will provide results on access and equity of access for condoms among High Risk Groups including Sex Workers and High Risk Men.

PROGRAM COMPONENTS

Program Component 1 (PC1) – Reduce Unintended Pregnancy and Improve Reproductive Health of Malagasy Women

The purpose of this component is to increase knowledge and use of modern family planning (FP) methods among women of reproductive age.

Madagascar's fertility rate is 5.2 children per woman,² with a high unmet need for family planning estimated at 24%: 11% of the demand for birth spacing and 13% of the demand for birth limiting. While overall the national contraceptive prevalence rate (CPR) remains low, during the past several years, there has been an encouraging upward trend in the CPR, as outlined below.

During the project period, two TRaC studies were conducted (2004 and 2006) that collected nationally representative data on behavioral and socio-cultural factors that drive the use or non use of modern contraceptive methods. The 2006 TRaC monitoring table, which compares 2004-2006 data adjusted for population characteristics, **indicated the following results at the purpose-level:**

- Increase the % of sexually active women 15-49 who are currently using an oral or injectable contraceptive

There was a positive % change among rural women currently using an injectable or oral contraceptive (from 11.6% to 18.5 %), and a non-statistically significant change among urban women currently using an injectable or oral contraceptive (from 17.2% to 18.6 %). Combined nationally, the percentage change from 13.4% to 18.3% was highly significant at $p < 0.001$. For married women currently using modern contraception, the percentage increase was even higher, from 18.8% in 2004 to 23.9% in 2006.

As noted by the World Bank in 2005 and highlighted in Figure 1. below, a large part of total market increase in contraceptives can be attributed to the expanding coverage of socially marketed contraceptives (currently estimated to contribute about 40-45% of national CPRs). With support from USAID, PSI was able to successfully continue its social marketing of *Pilplan* oral contraceptives and *Confiance* three-month injectable contraceptives. The data confirmed that the overall increase in national CPR was largely driven by growth in rural areas, and is well on track to reach the national objective of 30% CPR by 2012 (as set out in the Madagascar Action Plan (MAP)).

² UNFPA Madagascar website

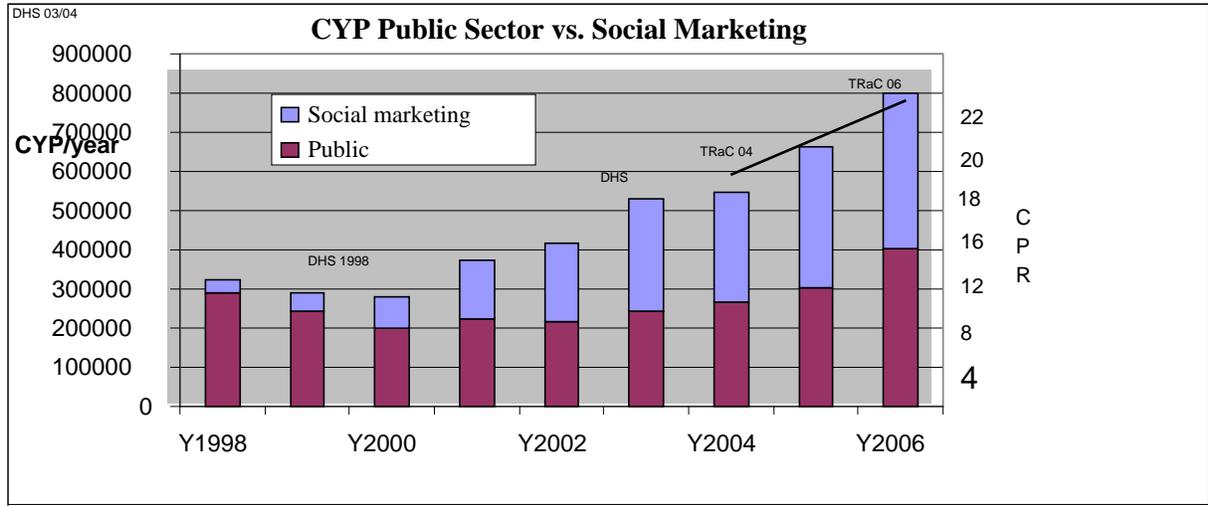


Figure 1

As part of a MAP commitment, the MoHFP has worked with partners – including PSI – to encourage the promotion of long term methods such as the Intrauterine Devices (IUDs) and implants. During the project period, PSI collaborated with the MOHFP to introduce *Implanon* in selected *Top Réseau* clinics and relaunch IUDs. Starting in July 2008, PSI received funding from a private US foundation to increase access to and use of long-term family planning methods among peri urban and rural women. During the period from July to October 2008, *Top Réseau*-trained IUD and Implanon providers inserted 1,012 IUDs and provided 260 Implanon insertions.

PC1.1 (Result 1) Increasing Informed Demand for Modern Contraceptives

Prior to this project, available data on awareness and acceptance highlighted the need for increased education and communication on the benefits of modern contraceptive methods. For example, while the 2003 Demographic Health Survey reported high knowledge of modern methods (84%), almost one-third of women declared fear of side effects as the main reason for non-use in the future.

PSI utilized information from the 2004 and 2006 TRaC surveys, as well as qualitative studies, to design and implement integrated behavior change communication (BCC) campaigns during the project. Communications were designed to emphasize the effectiveness and ease of modern methods, combat common misconceptions about side effects and reversibility, promote a more supportive environment for modern methods, especially among husbands, and provide a dual protection message for women at risk for STIs.

PC1.1.1: Indicator Achievement during Project Period

PSI’s 2004 TRaC study among women of reproductive age provided nationally representative data on behavioral and socio-cultural factors that determine use or non-use of modern FP methods. Study results for both rural and urban women indicated that availability, social support, and false beliefs regarding FP were statistically significant determinants of use. Using findings from this 2004 TRaC survey, and building on existing BCC activities, PSI produced and aired generic radio spots and shows that aimed to address beliefs and social support issues with a particular emphasis on reaching rural areas.

The second round (2006) of the TRaC study among women of reproductive age provided a similar set of nationally representative data that was comparable to the 2004 data. A summary of the findings is presented below and in Annex A.

The 2006 TRaC monitoring and segmentation tables revealed several determinants as significant influences on the use of modern contraceptives for urban and rural women, including perceived accessibility; self-efficacy regarding correct product use; beliefs, in particular fears regarding infertility and safety of pills and injectables; and threats regarding the risk of the non use of modern contraceptives. As noted above, some of these remained unchanged compared to 2004 drivers of use versus non use.

Final TRaC data analysis shows that for all of the **output-level** indicators related to motivation, no changes were detected for rural and urban women 15-49 years old during the two years in between survey rounds (2004-2006):

- Increase the % of women 15-49 years old who are convinced that pregnancies spaced less than 2 years apart cause negative impact on a mother's health (from 67.9% to 69%, no statistically significant change);
- Increase the % of women 15-49 years old who cite that modern contraceptives (oral or injectable) are effective in preventing pregnancy (from 78.6% to 76.2% for oral contraceptives, and from 81.6% to 81.7% for injectables, no statistically significant change):
- Increase the % women 15-49 years old who cite that modern contraceptives are reversible (52.51% to 55% for oral contraceptives and 54.5% to 58.4% for injectables, no statistically significant change)

In terms of women's perceived ability to use modern contraceptives, no changes were found for the **output-level** indicators during the two years in between the TRaC surveys:

- Increase the % women 15-49 years old who are convinced that modern contraceptives are easy to use (24.8% to 29.4% for oral contraceptives and 32.9% to 35.6% for injectables, no statistically significant change);
- Increase the % of sexually active women (urban and rural) who feel able to convince their partner to use injectable or oral contraception (from 62.1% to 63.9%, no statistically significant change)

Exposure – which PSI defines as the frequency of exposure to PSI family planning messages from any channel (radio, TV, mobile video unit, IPC, printed materials), can be classified into three levels: low (exposure between 0-9 times); medium (9-12 times) and high (more than 12 times). The 2006 TRaC evaluation table indicated that those with medium levels of exposure were significantly more likely to report use of pills or injectables (in the past month) compared to the 2004 baseline. There was a negative correlation for those with low levels of exposure, with the % of those currently using pills or injectables decreasing compared to 2004 (11.8% versus 13.3%). Those reporting high levels of exposure had higher method use, and were significantly less likely to be negatively influenced by socio-cultural and behavioral factors such as self

efficacy, wrong beliefs and threat. This suggests that medium or high levels of exposure seem to be necessary to positively influence pill or injectable use.

In conclusion, use of modern methods is going up, despite the lack of change in some of the motivation or ability related indicators that were presumed to be driving the uptake of pills or injectables. At the same time, the 2006 TRaC found that social support of husbands increased significantly; that beliefs regarding side effects and infertility caused by oral contraceptives and injectables are still prevalent but have seen a positive change; and that the fear of unwanted pregnancy and its consequences is a significant driver of modern contraceptive use.

PC1.1.2: Summary of Project Activities

As a result of the 2006 TRaC results, PSI revised its family planning messages in 2007 to more effectively and intensively address the key factors that appear to be influencing oral or injectable contraceptive use, namely perceived accessibility; self-efficacy with regard to correct product use; beliefs related to infertility and safety of pills and injectables; and threat regarding the risk of the non use of modern contraceptives. As a result, new information, education, and communication (IEC) materials and peer education materials were developed during the last semester of the project period, and are currently being distributed. The new materials, which include posters and brochures, highlight all long-term methods currently available, but focus on oral contraceptives and injectables. Targeted, focused radio spots were aired on radio stations across the country. Lastly, community based health volunteers were provided with training and oriented on the same messages, and encouraged to dispel common misconceptions and promote the benefits of modern methods with women, men and community leaders.

During the project period, with funding from USAID, PSI utilized several channels to disseminate family planning messages, including the following activity highlights:

- Fifty-four episodes of the popular radio show "*Trust and Confidence*," were produced and broadcast a total of 87 times on national and local radio stations. Content of episodes continued to evolve during the project, and included testimonials from satisfied users, women and their husbands or family members that highlighted the benefits of oral and injectable contraceptives. The episodes also included interviews with doctors and other health providers.
- Forty-five radio spots were produced by PSI using its in-house radio, and were broadcast nationally 24,823 times. Spots on pills and injectables included generic messages on FP such as benefits and effectiveness, and aimed to dispel common misbeliefs.
- A 25-minute-long film on family planning, featuring women who use family planning methods, President Marc Ravalomanana, (then the Minister of Health and Family Planning), and other high ranking authorities was produced and broadcast on national television a total of 47 times. The film demonstrated commitment at the highest level of Malagasy society to inspire the population to consider family planning as a 'noble' activity. The film was also successfully used to engage rural/peri-urban people during mobile video unit sessions.

- A TV spot designed to promote IUD insertion services at selected *Top Réseau* clinics was developed in 2006. The spot was used during the training of providers and aired a total 242 times on selected TV stations in Antananarivo, Mahajnga and Tamatave.
- A short film – entitled “Mirindra” – was produced during the last semester of the project specifically to address the main behavioral determinant “self efficacy” on the utilization of oral contraceptives among female youth. Qualitative research was used to determine the main barriers to use and to develop key messages accordingly. The film was broadcast in several local dialects, and was also used during sensitization sessions conducted for the mobile video unit (MVU) team peer education training sessions.

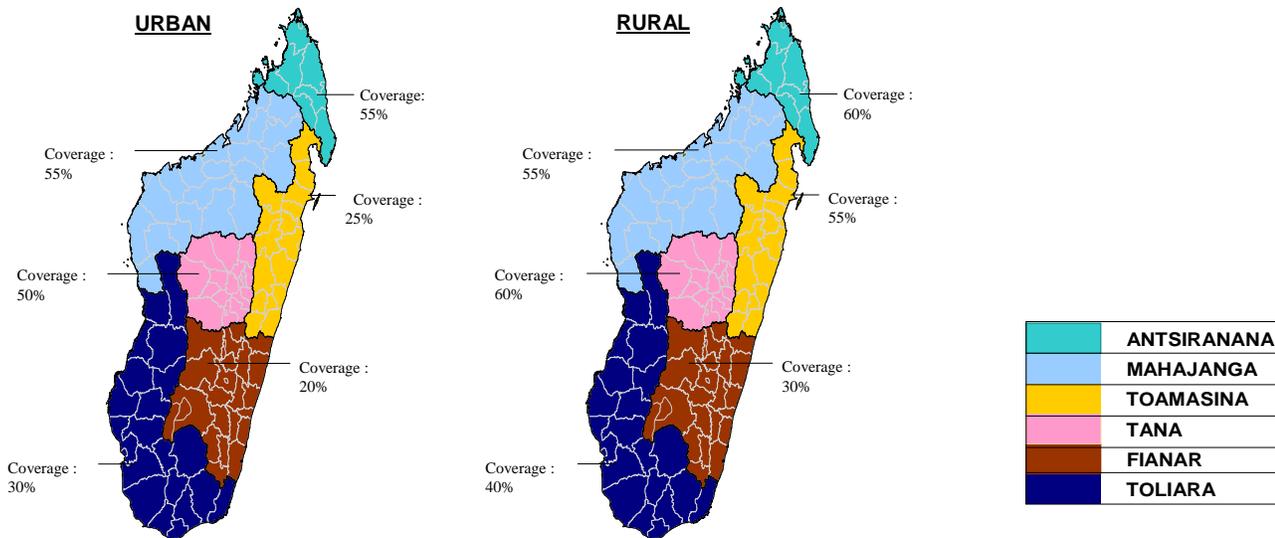
PC1.2 (Result 2) Expanding Access to Socially Marketed Contraceptives

To meet the demand for modern contraception, PSI used a nine-member medical detailing force to expand the number of sales points of socially marketed contraceptives and STI treatment kits. Medical detailers are physicians trained in both the use and potential side-effects of PSI-pharmaceutical products, and they play a critical role in ensuring access to socially marketed family planning products. During the project period, the medical detailing team conducted periodic visits to 22 pharmaceutical wholesalers, 201 pharmacies, 591 “dépôts de médicaments”, and 1,703 private and 1,370 public sector doctors to provide support for the use of these products. They also distributed point of sale materials and conducted group education sessions with women of reproductive age.

PC1.2.1: Indicator Achievement during Project Period

- Increase the % of rural communes and urban fokotany with at least one point of sale that sells *Pilplan* and *Confiance*

A 2005 MAP study set a baseline for the number of communes that possessed at least one point of sale for *Pilplan* and *Confiance*. As seen below, this baseline ranged from 20% to 60% of communes in their associated distribution zone that possessed at least one point of sale for *Pilplan* and *Confiance*. On a national level, 35% of rural communes had at least one point of sale for *Pilplan* and *Confiance*, whereas 21% of urban fokontany had at least on point of sale for *Pilplan* and *Confiance*.



As noted in earlier reports, the minimum standard for the follow-up MAP was subsequently changed in 2006, designating the commune as the administrative level for both rural and urban areas, and insisting on the presence of different points of sales (e.g wholesalers, pharmacies, ‘depots de medicaments’) for urban areas.

The preliminary target for the 2007 follow up MAP for coverage was set at 45% for rural areas and 50% for urban areas. In view of the minimum amount of time needed to ensure that activities designed to improve coverage and quality of coverage are well implemented and reinforced, PSI decided to postpone the planned MAP follow up surveys for all products from 2007 to 2010.

- Increase the number of community based sales agents who promote and sell oral contraceptives between years 1 and 3.

For this second indicator, the APONGE (“Approche aux ONGs et Entreprises”) department has trained an estimated 902 community based sales agents (AVBCs) in family planning since August 2005. These agents were provided with an initial start up stock of *Pilplan*, and used the revenue from sales to purchase additional supplies. With the change in policy towards free contraception, put in place in July 2007, PSI and Santenet explored the best way AVBCs could be re-supplied, using public sector ‘centres de santé de base’ and local NGOs.

PC1.2.2: Summary of Project Activities

During the project period, USAID funding enabled PSI to expand its social marketing activities for family planning, with a particular emphasis on expanding access in under-served rural areas by adding an additional 67 “dépôts de medicaments” that stock and sell OCs and ICs since

August 2005. In addition, PSI medical detailers have distributed point of sale materials and conducted more than 139 group education sessions with women of reproductive age. FARMAD, one of Madagascar's principal pharmaceutical distributors, was the primary distributor for most of PSI's products and managed the majority of distribution activities in the wholesale-retail channel.

Medical detailers visit each private clinic in their respective geographic area approximately once every three to four months, and submit monthly data on their activities to headquarters to identify gaps in distribution coverage. At a workshop conducted in 2006, they identified several important challenges to increasing points of sales, including geographical and financial barriers. Of particular importance was the impact of the 2006 18% tax added on to health commodities, including contraceptives. As a result, PSI reduced the price of its products to its main distributor, FARMAD, by the same % in order to keep retail and pharmacy prices at the same level.

PSI continued to work with SantéNet, the US Peace Corps, and selected local NGOs in the area of community based FP product sales. Under the *Kaominina Mendrika* program, an additional 316 community based sales agents were trained during the reporting period.

A pilot program was developed - in cooperation with Peace Corps volunteers and Wildlife Conservation Society - in the Maroantsetra prefecture in 2006. This partnership allowed PSI to expand its distribution into sites that had never had access to health education, or to PSI products. Due to the success of this partnership, PSI decided to continue its collaboration with WCS and expand its partnership in and around Masoala Park in 2008, with an emphasis on training additional AVBCs to continue community based distribution of essential health products with a focus on family planning.

As part of the 2006 health/environment fair in Maroantsetra which represented the launch of the partnership, the MVU tested a new scaled down version of the cinemobile, which includes a TV, VCR, and speakers. This highly-mobile "mini-kit," has helped PSI's MVU team to access areas that were previously unreachable by cinemobile.

During the project period, PSI also worked with the MoHFP on the launch of the *Implanon* implant and the relaunch of IUDs. In 2006, the MoHFP worked with PSI and other partners to select 50 pilot sites for *Implanon* introduction. *Implanon*, which offers protection against pregnancy for up to three years, and provides 2.51 CYP per individual implant, was initially introduced in four *Top Réseau* clinics which were among fifty public and private sector sites selected for the initial pilot project. Four additional *Top Réseau* sites were added in 2007. Between June 2006 and July 2008, PSI trained an additional eight providers on *Implanon*.

In 2005, PSI collaborated with the MOHFP to assist in the re-launch of the IUD. Use of the IUD in Madagascar has remained very low, at less than 1% (0.6%), largely due to very limited product availability and common misconceptions about side effects. In November and December 2006, PSI and ITEM conducted a series of three-day trainings for 64 *Top Réseau* providers (53 clinics), which included a practical component at a local partner NGO clinic. An

additional 14 *Top Réseau* clinics (seven in Antsirabe, two additional sites in Tana and five in Morondava) were trained to provide IUD services in 2007 and 2008.

In order to increase demand and dispel product-related fears, PSI developed printed materials that were placed in *Top Réseau* clinics, and produced a TV spot to promote IUD insertion at select *Top Réseau* clinics.

Between June 2006- June 2008, PSI has sold 3,589 IUDs to NGO partners (CARE, MSI), and 909 to *Top Réseau* providers, at a highly subsidized price. A total of 889 clients received IUD services at *Top Réseau* clinics.

Starting July 1, 2008, PSI increased its activities related to the promotion of Long Term Method (LTM) family planning products (specifically implants and IUDs) with the support of a grant from a private US foundation. Activities developed to date include securing product supply, training selected service providers in the private and public sector, developing quality assurance tools, and ongoing qualitative research on users and non users of IUDs. In all *Top Réseau* sites, PSI has recruited outreach workers who make door to door visits to women informing them about family planning in general and LTMs in particular. They accompany interested women to a *Top Réseau* doctor, or an NGO clinic (SALFA, MSI) in their neighborhood. *Top Réseau* doctors have agreed to provide highly subsidized IUD and Implanon services to women with a PSI distributed voucher, and PSI supports the doctors with a contribution toward the consultation fee and the costs associated with consumables.

PC1.3: Improving Quality and Coverage of Reproductive Health Services

At the beginning of the project period, PSI was the sole provider of continuing professional education in modern contraceptive methods to private practitioners. Since 2005, PSI's partner organization ITEM has trained thousands of public and private sector family planning services providers in counseling on and use of modern contraceptive methods. The PSI/ITEM training – funded by USAID – was critical for improving the quality of reproductive health services in Madagascar, since doctors receive only two days of family planning education during medical school. Periodic refresher trainings increased both knowledge and skills and updated providers' knowledge with the latest information on family planning technology.

PC1.3.1: Indicator Achievement during Project Period

- Increase by 900 the number of private sector providers fully trained in quality reproductive health services and socially marketed contraceptive products
- Number of *Pilplan* and *Confiance* distributed

From the baseline of 1,882 private sector providers who were fully trained in quality reproductive health services and products in August 2005, PSI's partner organization ITEM has trained an additional 2,782 medical professionals for a total of 4,664. Since February, 2008, 105 medical professionals were trained in basic family planning and 153 in medical education.

From February – July, 2008 PSI distributed 1,064,526 units of *Pilplan* and 329,133 of *Confiance*, for a total distribution of 5,586,523 units of *Pilplan* (128% achievement of target) and 1,947,148 units of *Confiance* (140% of achievement of target) during the three-year project period.

PC1.3.2: Summary of Project Activities

During the project period, the ITEM trainings covered numerous topics, including reproductive anatomy, counseling techniques and modern contraceptive methods, and included an emphasis on patients' concerns about side effects and common misconceptions. The quality of the training was monitored by pre and post-tests, medical detailing visits, and refresher trainings. PSI also met regularly with ITEM to ensure content of the training reflected the latest in contraceptive technology following (inter)national norms and standards.

In April 2006, PSI participated in a series of meetings related to a joint USAID-Family Health International (FHI) visit to document best practices in family planning in Madagascar. Impressions of the quality of services at the *Top Réseau* clinic, including provider knowledge and equipment and product availability, were very positive; however, comments from the evaluation team included the need to expand product offering, systematize information management for public and private sector FP providers, and allow for the provision of injectable contraceptives by community based health agents.

As a direct follow on to this visit, Family Health International (FHI) began supporting a pilot research study in two communities on the provision of Depo-Provera. PSI was invited to collaborate with FHI and the MOHFP on the project, and a local consultant based at PSI began work in September 2006, supervising project implementation in 13 communes within the two regions of Alaotra Mangoro and Anosy. Following an initial training in November 2006, 61 CBD agents administered injections to women. To date, CBD agents have provided *Depo-Provera* to more than 1,662 clients. PSI provided technical support in training, data collection and data entry. Results from the study were disseminated first on December 10th 2007 to key partners and again at the Ministry of Health's national coordination meeting on December 15th -17th. PSI will continue to participate in discussions with USAID, Santenet 2, FHI and the MoHFPSP for the development of a scale-up plan, and plans to initiate its community based activities in two districts in 2009.

Program Component 2 (PC2) - Prevent/Control Infectious Diseases of Major Importance and Improve Child Survival, Health and Nutrition

Malaria and diarrheal diseases remain leading causes of morbidity and mortality in Madagascar, with the greatest burden falling on pregnant women and young children. Although these diseases are preventable and treatable, malaria is the second highest cause of morbidity among children under five, and diarrheal diseases rank third, according to statistics from MoHFP health centers³.

The purpose of this component is to increase knowledge and use of insecticide-treated mosquito nets (ITNs), pre-packaged anti-malarial treatment (PPT), and safe water solution (SWS) among high risk groups.

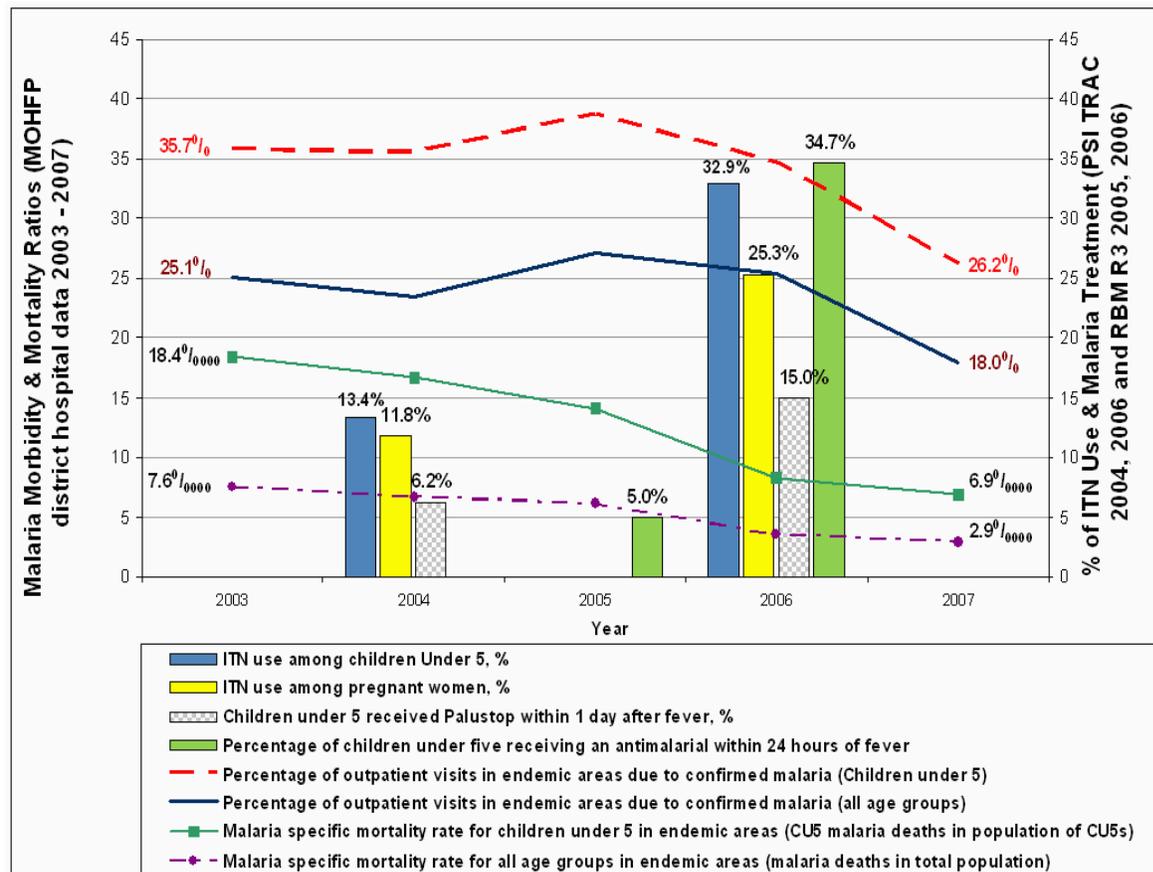
PC 2.1 Malaria Prevention and Treatment

ITN ownership continued on its upward trajectory during the project period. Results from a 2007 Health Bridge/CDC study demonstrated significantly higher ownership figures, with nearly 70% of respondents declaring ownership of one ITN, a significant increase from the 2006 TRaC study that showed 45% net ownership. Mass free distribution of more than two million ITNs in 2007, completed by 914,556 socially marketed ITNs sold at a highly subsidized price by PSI Madagascar with complementary funding from USAID and Global Fund, contributed to these impressive and encouraging results. Supply source analysis confirmed that during this period, 34% of households owned a Super Moustiquaire distributed by PSI, compared to Olyset (31%) and Permanet (34%) distributed for free during the National Measles/Malaria Campaign in October 2007. Despite these promising results, only 20% of respondents reported owning two nets (the national objective is to cover each family with two ITNs), necessitating continued support for net distribution.

Recent results from the Service des Statistiques Sanitaires study 2003-2007 reports a **63% drop of mortality in children under 5 in endemic areas (from 18.4/1000 in 2003 to 6.9/1000 in 2007)**. Figure 2 below shows the correlation between the drop in infant mortality cases, the increase in ITN use in pregnant women, and the increase in PPT use during the 24 hours following a fever episode in children under 5.

³ *Annuaire des Statistiques du Secteur Santé*, 2001

Figure 2: Impact of prevention and treatment activities on malaria morbidity & mortality 2003- 2007



The 2004 and 2006 TRaC studies collected nationally representative data on behavioral and socio-cultural factors that determine use or non use of treated nets, and the use or non use of *Palustop* for children under five years old.

The 2006 TRaC monitoring table, which compares 2004-2006 data adjusted for population characteristics but unweighted by strata (rural and urban) as the SPSS module used at this time did not support this option, indicated the following results at the **purpose-level**:

- A significant change in the % of pregnant women who reported sleeping under a net the previous night (28% in 2006 versus 11.9% in 2004).
- A significant change in the % of children under five who reported sleeping under a net the previous night (37.8% to 15.9% respectively).

Similar encouraging findings were reported for malaria treatment, as reflected in progress on the following **purpose-level indicators**:

- Twenty-two % (22%) of caregivers reported using *PaluStop* to treat their children under five year during the last case of fever (suspected malaria), compared to 8.1% in 2004.
- Eighty-three % (83%) of caregivers reported completing *Palustop* doses as directed, compared to 50.6% in 2004.

- The percentage of children under 5 with malaria/fever receiving appropriate management according to national policy within 24 hours of onset of fever increased from 64.8% to 66% (not statistically significant).

PC 2.1.1 (Result 1): Increasing Informed Demand for Malaria Prevention and Treatment

Since launching its ITN campaign in 2001, PSI has documented considerable progress in knowledge and risk perception among key target groups in Madagascar. The PSI 2004 TRaC survey showed, for example, that 30% of respondents cited the mosquito as the only mode of malaria transmission compared with almost zero respondents in a 2001 PSI KAP survey in Tamatave. However, the fact that in 2004 only 16% of women could cite that pregnant women are more vulnerable to malaria revealed that additional work was still needed. During the past three years, PSI has been working to disseminate these and other key messages, especially to the most vulnerable populations. As the results below indicate, thanks in large part to USAID's support, progress is being made toward increasing the knowledge and understanding of the causes and risks of malaria.

PC 2.1.1.1 - Indicator Achievements

The 2006 TRaC follow up survey reported progress on the **output-level** indicators for Result 2.1.1 for prevention and treatment.

- Increase the % of women 15-49 years old who cite treated nets as the most effective method of preventing malaria (increase from 72.3% to 82.5%)
- Increase the % of mothers/caregivers who cite *Palustop* as an effective malaria treatment for children under five (increase from 15.4% to 35.6%)
- Increase the % of women 15-49 years old who know malaria is transmitted only through mosquitoes (increase from 30.1% to 35%)
- Increase the % of mothers/caregivers that consider ITNs affordable (increase from 52.1% to 75.6%)
- Increase the % of mothers/caregivers that consider PPT affordable (increase from 23.7% to 82.7%)
- Increase the % of women 15-49 years old who know malaria is most serious for pregnant women (increase from 16.6% to 28.7%)
- Increase the % of women 15-49 years old who know malaria is most serious for children under five (increase from 49.7% to 61%)
- Increase the percentage of 15-49 year old women who cite that fever is a sign of uncomplicated malaria for their children under 5 (decrease from 62.% to 55.8%)
- Increase the % of mothers/caregivers using Pre-Packaged treatment who can correctly describe treatment regimen for PPT for their child under 5 (increase from 49.9% to 85.2%)

PC 2.1.1.2 - Summary of Project Activities

Continued funding from USAID for the *SuperMoustiquaire* and PaluStop programs complemented Global Fund resources and allowed PSI to scale-up its ITN and PPT social marketing efforts. With the additional \$1,457,000 in funding from the President's Malaria Initiative (PMI), PSI accomplished the following activities during the last semester:

- An additional 126,900 ITNs were procured in July 2008, and were shared between NGOs and community-based agents for distribution.

- PSI/Madagascar created an innovative radio campaign to increase the awareness of target group on malaria risks, especially for pregnant women. The Novela series “*Aina Sarobidy*” (“precious life”) was officially launched in February 2008. Twenty-seven episodes were produced and aired 2,500 times through 23 radio stations in endemic areas. The main objective of the campaign was to promote the adoption of safer malaria prevention behaviors - such as systematic ITN use - in a lively and engaging way. “*Aina Sarobidy*” is complemented by a monthly show and a game to reinforce the impact of the program.
- PSI worked with the National Malarial Control Program and the Roll Back Malaria committee to provide financial and IEC technical assistance for the first World Malaria Day organized in Ambatondrazaka on April 25, 2008. PSI Madagascar contributed to this event by developing all radio spots and posters and by funding different activities such as booths and traditional music and dance shows. Participating in this event allowed PSI to highlight its USAID-funded activities and to respond to the Minister of Health’s official invitation to be a contributing stakeholder in the process. PSI also had a booth presenting its activities in other health areas such as water treatment, upon specific request from Madagascar’s President and the Minister of Health.
- PSI also worked with the RBM and the organizing committee for the International Conference for Accelerating Malaria control toward elimination from May 28-30, 2008. This conference was a milestone, as Madagascar demonstrated its national achievements toward malaria elimination. In addition, international experts shared their experience and provided recommendations to the National Malaria policy; the recommendations will be included during the revision of the national strategic plan and the development of the national malaria business plan.
- PSI played a lead role - provided technical assistance and funding for the major logistics costs - to the NMCP and the CCM Secretariat for the Monitoring and Evaluation Strengthening System Tools (MESST) workshop in Antsirabe, from June 3-5, 2008. This workshop examined the NMCP monitoring and evaluation strategies, as well as those from UGP and PSI, the two Principle Recipients (PRs) for GF Round 7. Global Fund and Macro International experts provided technical assistance and moderated the workshop sessions, together with 22 regional malaria representatives, NMCP staff members, and members of the RBM committee. The workshop lasted three days and led to a concrete action plan and a clear list of recommendations to establish an effective M&E plan.
- PSI was an active stakeholder in the malaria strategic plan revision that was initiated in mid-September 2008. This document serves as the backbone of malaria interventions in Madagascar, evolving to incorporate the latest research results and the latest developments in malaria prevention and treatment policies. Madagascar will develop its first business plan, as recommended by the RBM Committee, to further reinforce the country’s ambition to eliminate malaria by 2012. Country proposals to donors will be based on this strategic and business plan.

During the three-year project period, the project focused on results-driven programming and communications, based on qualitative and quantitative research. The strategy was designed to

improve target group knowledge of the causes of malaria, its severity, the importance for high-risk groups to sleep every night under an ITN, and the need for mothers to treat fever symptoms promptly and correctly.

The 2006 TRaC results provided the PSI malaria program staff with additional information (compared to the 2004 TRaC) on the key socio-cultural and behavioral determinants that influence use or non use of malaria prevention and treatment products. Using the monitoring and segmentation tables, the team identified false beliefs and the low perception of availability as the most significant ‘drivers’ of desired behaviors for malaria prevention. This result came despite an increase in the % of caregivers who knew where to obtain an ITN (from 44% to 64%). Throughout 2007 and into 2008, messages to address these behavioral determinants were disseminated using mass media and ICP channels.

In total, PSI created 58 radio spots for malaria education and product promotion which were broadcast over 53,776 times since August 2005. In addition, 58 “Trust and Confidence” radio shows on malaria were developed and broadcast over 847 times and in 2008, the radio novela series “*Aina Sarobidy*” was officially launched, as noted above.

PSI also continued to implement an integrated BCC campaign for malaria prevention and treatment by producing:

- 50,000 educational brochures for target groups including malaria cause, symptoms, prevention, and treatment facts; and
- 2,000 sets of new counseling cards materials for community based agents for PSI and NGO partner training sessions including CARE, SALFA, SAF, and MCDI.

PSI began using a new type of MVU skit in 2005 to increase target group participation and interest in malaria prevention and treatment education sessions. The events were coordinated with local public health officials and took place at health centers during prenatal or vaccination visits by mothers and their children. The smaller MVU format included a brief sketch and several games that help mothers and their children understand the importance of prevention and timely treatment. This highly effective MVU format was used throughout the project, with more than 288,550 members of the target groups participating in more than 3,596 MVU activities conducted by PSI. After the 2006 TRaC results were finalized, MVU shows focused more precisely on the importance of starting malaria management within 24 hours after the onset of fever.

PSI also worked closely with NGOs with rural reach, including those in the *Kaominina Mendrika* program, to train community health agents on education about malaria transmission and prevention during household visits or group sessions, and to promote use of nets and treatment kits. Educational materials included a brochure with information on the causes and symptoms of malaria, prevention, and treatment facts; and a set of counseling materials for community based agents to be used during training sessions by PSI and NGO partners (CARE, SALFA, SAF, and MCDI).

During the period from August 2005 – July 2008, more than 1,912 community based agents received training on malaria from PSI. Training topics covered correct distribution of *PaluStop*

and the need to inform mothers of the importance of treating fever promptly in children under five, choosing the correct dose per the age of their child, and completing the full 3-day course of the treatment. PSI periodically conducted separate sessions with community based agents to gather feedback, learn about needs, and find out what has and has not worked to date. This information was used to update training materials for subsequent trainings in the *Kaominina Mendrika* program.

Transition from Chloroquine to Artemisinin-based combination therapy (ACT)

During the majority of the project period, PSI focused the social marketing activities outlined in this section on *PaluStop*, distributed on a nation-wide scale in Madagascar with a two-tiered distribution strategy based on malaria transmission. PSI's efforts were highly successful, with distribution of 6,809,145 *PaluStop* PPT kits since 2005.

However, the year 2007 was marked by the transition from Chloroquine to Artemisinin-based combination therapy (ACT) in line with the official recommendation from the National Malaria Control Program, WHO, and the donor community. In preparation for this shift, several coordination meetings were organized to prepare for a pilot study on community based distribution of ACT for use among children under five. This one-year study was implemented in three districts starting in May 2007, with involvement from different NGOs such as ASOS, Inter-Aide, ADRA, SAF/FJKM.

Through support of the MoH, PSI has been assisting in the distribution of the remaining chloroquine-based treatment. In an effort to facilitate a smooth transition from chloroquine based treatments to ACT in Madagascar, PSI also worked closely with the MoH to develop communication materials to support distribution of chloroquine-based malaria treatment brand, *Ody Tazomoka*.

In preparation for the switch to ACT, during 2007, PSI conducted several qualitative studies on brand name acceptance (Actipal), on package design and concept, and on comprehension of usage instruction in a low-literacy environment. The NMCP reviewed and approved all texts included on the packaging and the instruction manual.

Unfortunately, the initial launch of ACT was delayed until PSI was able to obtain approval from the MoH to proceed with community-based distribution of Actipal through community-based agents trained to provide malaria management in the communities. With approval secured in 2008, PSI has been proceeding with preparations for the launch of Actipal through both private and community channels. Working closely with UNICEF's procurement agency (UNITAID), PSI coordinated the arrival in country of 599,000 units of the product in August 2008.

The official launch of Actipal with the medical community is planned in late October 2008. The audience of this launch will include international and national partners and stakeholders, local health authorities, donors, and the national society of doctors and pharmacists. In anticipation of the launch of ACT in Madagascar, PSI has been designing and planning a series of trainings targeting private sector doctors, medical depots and pharmacists using a protocol designed in collaboration with BASICS.

Also in preparation for the October launch, PSI started to place the product into pharmacies and “depots de medicaments” in September, and PSI’s medical retailers are systematically visiting private doctors and clinics in order to inform them about the country’s transition to ACTs as recommended by the National policy and to promote the Actipal brand. PSI Madagascar produced several point of sale communication materials and promotional items such as branded prescription booklets, one-page fact sheets for pharmacists and doctors, stickers, and banners. To ensure correct product use and improve malaria management in Madagascar, PSI created communication materials for medical depots. A leaflet will be distributed to sales agents behind the counter and will include malaria danger signs and referral advice, and another leaflet will be distributed to doctors and will contain all medical information about Actipal

Based on a fever management training curriculum, the ACT distribution process at the community level will take place in collaboration with all stakeholders, following the lead of the NMCP. The training curriculum will be adapted to ACT management, as this relatively instable molecule requires more attention. Community-based distribution will take place in Global Fund 7 areas that include the whole country except for the central highlands. Community level ACT case management with trained community health agents will be undertaken by GF Round 7 subrecipient NGOs, including ASOS, SALFA, ZETRA, Voahary Salama, SLP and MCDI. PSI is excited to be implementing this innovative ACT-delivery model that will improve access to this much-needed medicine at the community level.

PC 2.1.2 (Result 2): Expanding Access to ITNs and Anti-Malarial PPT

PC 2.1.2.1: Indicator Achievements

The 2006 TRaC follow up survey reported progress on the **output-level** indicators for Result 2.1.2 for expanding access to ITNs and PPT:

- Increase the % of caregivers who knew where to buy ITNs (significant increase from 58.8% - to 65.2%).
- Increase the % of caregivers who knew where to obtain Palustop (significant increase from 18.6% to 40.8%).

PSI reports baseline findings for the following **output-level** indicator (MAP 2005):

- Increase the % of rural communes with at least one point of sales that sells *Supermoustiquaire* (29%)
- Increase the % of rural communes with at least one point of sales that sells *Palustop* (16%)

Following analysis in 2006, the minimum standard for the follow up MAP was changed for ITN and *Palustop* coverage in distribution zones (enumeration areas). The preliminary target for the follow up MAP for net coverage has been set at 40-70% for rural areas, with variation per distribution zone. Given the change to ACT and the many implications this has for *Palustop*, no target has been set yet for *Palustop* coverage. As noted in previous reports, PSI has decided to postpone the planned MAP follow up surveys for all products from 2007 to 2010.

Distribution Targets

- A total of 2,185,769 ITNs distributed
- A total of 6,809,145 PPT kits distributed

From February 2008 to August 2008, a total of 23,404 units of *PaluStop* and 111,844 units of *SuperMoustiquaire* were sold. These results represent target achievements of 20.65% for *PaluStop* and 51% for *SuperMoustiquaire* for this period.

Low *PaluStop* sales can be explained by the country's transition from Chloroquine-based treatment to ACTs. The primary reason for low *Super Moustiquaires* sales was the delayed ITN procurement process, which resulted from a prolonged Global Fund Round 7 reprogramming process and the grant negotiation. Funding was unavailable to ensure a regular procurement of nets.

PC 2.1.2.2: Summary of Project Activities

PSI's malaria social marketing activities during the project period were designed to reinforce and expand its distribution system, focusing on reach hard-to-reach rural areas to increase sales and assure optimal accessibility of ITNs and anti-malarial treatment.

To increase access among rural populations in malaria endemic areas, PSI collaborated with NGOs to support training of community-based agents who distributed ITNs in more than 300 rural communities. Of the total number of ITNs distributed during the project, 840,607 ITNs were distributed by community-based agents. Community-based agents reported that ITN sales activities increased community members' attention to discussion of other public health issues, including family planning and diarrheal disease prevention. PSI also provided PPT training to community-based agents, who distributed 1,040,678 units of *PaluStop*.

Throughout the project, PSI continued to seek NGO partners to expand rural coverage of key maternal and child health products. PSI's MVU teams actively supported more than 15 NGOs whose community sales agents were part of PSI's APONGE network. PSI collaborated with the 3rd Round Consortium (CARE, ASOS, and SALFA) to improve their community based sales agents' access to nets and other public health products.

In September 2008, PSI Madagascar started working with Global Fund Round 7 Sub-Recipients (SLP, ASOS, Voahary Salama, MCDI, SALFA and ZETRA) to increase the coverage of malaria interventions among the rural population in endemic areas. Moving forward, these partners will cover the districts uncovered by the Round 3 Consortium to improve access to ITNs, ACTs, and communication for health in malaria endemic areas.

PC 2.2 - Diarrheal Diseases Prevention

In Madagascar, 75% of the population – up to 88% in rural areas – lack access to potable water, putting them at significant risk of diarrheal diseases, including cholera⁴. According to the 2005 EPM (prioritized households surveys), 49.3% of households get their drinking water from surface sources and 14.2% from non-protected wells. According to DHS, some 10% of children under five had diarrhea during the two weeks preceding the survey. Diarrheal disease with severe dehydration is the second leading cause of mortality in children under five.⁵

⁴ Multiple Indicator Cluster Study (MICS)

⁵ Annuaire Statistique de Sante, MOHFP, 2004

In 2000, PSI, CARE, and the U.S. Centers for Disease Control (CDC) introduced an inexpensive and easy-to-use water purification solution, marketed under the brand name *Sûr'Eau*. With support from USAID and UNICEF, PSI scaled up distribution of *Sûr'Eau*, and later developed a new smaller bottle with higher concentration solution that reduced production costs of *Sûr'Eau* by more than 50%. With continued support from USAID, *Sûr'Eau* now leads the market in Madagascar. Produced locally, more than 2,810,057 bottles were distributed during this project and 5.4 million bottles have been sold since its launch in 2000.

While availability of *Sûr'Eau* has dramatically increased during the past three years, results from the 2006 TRaC, outlined in the sections below, indicate that consistent usage still remains low.

At the **purpose-level**, the 2006 TRaC indicated the following results:

- Increase the % of urban women 15-49 years old who report using *Sûr'Eau* in the past month (non-significant decrease from 13% to 12%)
- Increase the % of rural women 15-49 years old who report using *Sûr'Eau* in the past month (non-significant increase from 7.6% to 8.1%)

PC 2.2.3 (Result 3): Increasing knowledge and awareness about diarrheal disease prevention

PC 2.2.3.1 - Indicator Achievements

The 2006 TRaC Women reported results related specifically to motivation and ability related indicators as follows:

- Increase the % of women 15-49 years old who cite contaminated water as a cause of diarrhea (non significant increase from 63.1% to 65.6%)
- Increase the % of women 15-49 years old who cite *Sûr'Eau* as a way to purify water and prevent water born disease (non significant increase from 58.4% to 60.9%)
- Increase the % of women 15-49 years old that consider *Sûr'Eau* affordable, among women who know *Sûr'Eau* (non significant decrease from 88.5% to 86.5%)

For obvious reasons, PSI was not satisfied with the above results and has since taken steps to revise its communications' strategy. Since the results from the TRaC indicated that among the socio-cultural and behavioral determinants that were most likely to influence use or non use of *Sûr'Eau* and other SWS products were "social norms", "self efficacy" and "threat", PSI launched a new communication plan in 2007 utilizing MVU, mass media, and IPC channels. PSI has continued to refine and to improve all communication activities for diarrhea prevention into 2008.

Also in 2007, in order to increase the number of women who could cite correct usage instructions, PSI improved and simplified the usage instructions on the *Sûr'Eau* bottle. In addition, the bottle label was redesigned to highlight the new instructions as well as to include new messages and images based on the behavioral determinants identified in the TRaC results.

In an attempt to increase usage even further, starting in February 2008, Sûr'Eau bottles have a new sticker that addresses the self-efficacy issue identified in the 2006 TRaC. Usage instructions were also simplified and there are now only three drawings instead of six. In addition to this change to the sticker, the slogan has been revised to better convince target groups to use the product effectively and consistently. Changes in the slogan and the sticker were pretested with users and non users.

PSI is confident that its new strategy will enable significant progress toward key indicators prior to the 2008 TRaC.

PC 2.2.3.2 - Summary of Project Activities

To increase demand for Sur Eau and promote improved hygiene, PSI focused its potable water, hygiene, and sanitation BCC on improving knowledge of the three key WASH messages concerning use of potable water, latrines, and hand-washing with soap. Effective BCC messages were developed and refined – based on qualitative and quantitative research – throughout the three-year project. For example, in 2006, PSI research identified the need to reinforce the links between treated water and diarrheal disease prevention among Malagasy households. Messages were refined to stress the importance of clean water and good health; they also emphasized the need for continuous use of Sur Eau, as opposed to use solely during cyclones or heavy rains.

Multiple channels were utilized throughout the project period, including IEC, radio, TV, MVU, and community based agents. In March 2006, PSI launched an educational radio campaign through national stations named “*Antoka Ho an'ny Fahasalamana (AHF)*” (“Confidence for Health”). These radio shows addressed all issues on WASH key objectives, especially the need to treat water and to take care of hygiene everyday. During the project period, 41 radio shows were produced and broadcast more than 833 times.

In 2008, to complement changes to the sticker, a new “simple use” campaign was launched to improve the target group’s confidence to use the product correctly. Eleven radio spots and radio shows were produced and aired 4,500 times. More than 6,000 posters and 2,000 cards were placed in point of sales. This integrated mass communication campaign was also communicated through the label on the Sur'Eau bottle.

Other highlights during the project period include PSI’s national quiz game named “*Grand Jeu Sûr'Eau*”, launched in September, 2006. Three monthly lottery drawings were organized, which attracted the wide scale participation of retailers, small business owners, partner organizations and individual costumers.

MVU teams were utilized to reinforce all key communication campaign messages through more than 3,977 sessions that reached an estimated 324,225 people in rural and peri-urban areas since August, 2005. Working in parallel, the APONGE department ensured dissemination of the same basic information to community sales agents. During the project period, 82 training sessions for community based agents were held, and more than 1,774 NGO employees and NGO outreach staff were trained.

Throughout the three-year project, PSI remained a committed member of the DIOARNO/WASH consortium by providing technical assistance to the production of communication materials and by organizing on-demand MVU support activities. In 2006, PSI participated actively on the WASH educational campaign, from the launch in April in Tamatave, to the strategic planning with the WASH National Piloting Committee with the MINSANPFPS. *Sûr'Eau* was included in all WASH activities and PSI participated on the dissemination of other educational messages during this campaign. During the same year, PSI also participated in IEC committee meetings of WASH partners including the HIP national workshop to develop the BCC strategy on the theme” *Eau, Assainissement et Hygiène pour réduire la Pauvreté*”.

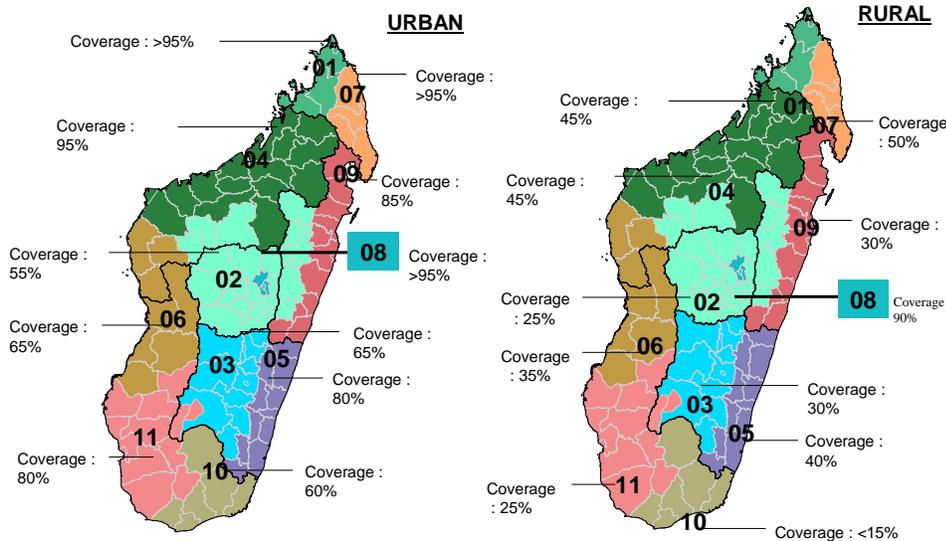
An exciting new initiative was launched in February 2008 by PSI and is ongoing: RANORAY, a community-based initiative that aims to increase diarrhea-prevention-related interpersonal communication in the community. Five zones were selected according to their high diarrheal disease prevalence in children under 5: 1) Antsirabe / Moramanga 2) Fianarantsoa 3) Tuléar, 4) Majunga 5) Diégo and Ambanja. In these areas, a request for expression of interest was published, and ten women’s associations were selected. Twenty members of each of these partner organizations were trained and since May 2008, more than 10,000 individual IPC sessions and group sensitizations have taken place. Messages of this peer education program will continue to focus on the necessity to treat water at the point of use as well as the three DIORANO/WASH key messages.

PC 2.2.4 (Result 4): Increased Access to Safe Water Treatment among Rural Households

PC 2.2.4.1 - Indicator Achievements

- Increase the % of women 15-49 years old who know where to buy *Sûr'Eau* (significant increase from 55.8% to 66.2%)
- Increase the number of rural fokontany with at least 1 POS that sells *Sûr'Eau* (21% in 2005, TBD via MAP 2010)
- Increase community-based sales of *Sûr'Eau* via NGOs to more than 100,000 bottles/year (project total of 501,547 via community based sales).
- Number of safe water solution product distributed per year (2,810,057 achieved)

The 2005 MAP data set a baseline for the number of fokontany that possessed at least one point of sale for *Sûr'Eau*. Urban coverage was fairly high: as seen below, the percentage of the urban fokontany that had least one point of sale ranged from 55% to more than 95%, with a national average of 27.4%. Rural coverage was lower in some areas, which gave a range of 15% to 90%, with a national average of 21%. These results further reinforced the need for PSI to expand access to PSI products in the more rural areas of the country. While the follow-on MAP has been delayed until 2010, PSI believes that the results will indicate significant improvement in product coverage and availability as a result of the efforts described below.



PSI continued to devote the resources needed increase Sur'Eau's availability, even in the most remote areas, including the communes of Belavabary and Antaniditra near Moramanga, and Tsarafidy and Ambalakindresy near Ambohimahasoia. Increased rural penetration was reinforced by PSI's sales teams operations. More than 404 new points of sales were created in 231 remote fokontany in the Vakinankaratra, Anosy and Boeny regions during the "coverage operation" of November, 2007.

During the life of the project, 2,810,057 bottles of Sur'Eau were distributed, vs. the goal of 2,317,000 (**121% achievement vs. target**). Of particular note: in 2008, monthly Sur'Eau sales steadily increased to reach levels never attained before: over 680,000 bottles were distributed since February 2008, including 80,000 for the Maternal and Child Health Week in the Atsinanana and Alaotra Mangoro regions. Of that total number, 245,422 were distributed through community-based agents and the new RANORAY initiative. Community-based distribution ensured the availability of Sur'Eau in remote areas and allowed vulnerable households to access an affordable, convenient way to treat their water.

USAID continued to support PSI's innovative social marketing campaigns: *Hotely Sûr'e* (HSE) and *Sekoly Sûr'e* (SSE). As illustrated by the story in Annex B, HSE restaurant owners sign an agreement to consistently use *Sûr'Eau* for all water treatment and food preparation, and to promote and sell *Sûr'Eau* to their clients, in exchange for technical support, HSE promotional materials, and PSI promotion of their establishments. SSE is aimed at reaching schoolchildren with sanitation and hygiene messages, as well as providing them with clean drinking water at school, and is conducted in collaboration with the School Committee of WASH and the Ministry of Education.

Since August 2005, several small roadside restaurants joined the Hotely Sûr'e (HSE) network in Antananarivo, but adherence to quality and commitment varied among the participants. Starting in 2008, PSI made a decision to focus on reinforcing its existing network rather than expanding it, with the objective to maintain high quality of Hotely Sur'E in terms of hygiene and water treatment. Regular supervisions and follow-on trainings helped ensure that partners in this program met their commitment to using safe water and promoting hygiene. In addition, appealing promotional materials were regularly distributed to help HSE with needed marketing support.

For the SSE program, after the 2004 pilot program - launched in Toamasina province in collaboration with the Freres San Gabriel – proved successful, PSI expanded the project dramatically during the last three years. More than 500 *Sûr'Eau* Kits were distributed to increase the number of Sekoly Sûr'e schools to 150. In order to extend the network, PSI collaborates with Santénet and HIP projects in Haute Matsiatra and Analamanga regions.

During 2008, PSI initiated its Diarrhea Treatment Kit (DTK) program with initial POUZN funding. The objective of this program is to simple diarrhea management kits that include two flavored ORS sachets (with the new WHO formulation) and one blister of 10 pills of zinc. PSI will launch the product through two channels in order to evaluate the potential of each approach:

- Through 300 commercial pharmacies and 3,000 depots de medicaments located throughout the country, at a full cost recovery price. The brand name is Hydrazinc, with strawberry-flavored ORS, and an end-user price of 2,000 Ariary.
- Through community-based distributors, at a subsidized price, supervised in seven pilot districts. The brand name is Viasur, with orange-flavored ORS and an end-user price of 500 Ariary.

Packaging design, messages and instruction sheets were pretested to ensure their relevance to low-education target groups. In August 2008, two PSI internal teams (MVU and APONGE) were trained to convey the product's properties to the target groups. Moving forward, APONGE will replicate the training at the community level and MVU teams will be in charge of sensitization sessions. Other campaign messages will include correct product use and correct identification of danger signs in children that require going to the nearest community health center. After finalization of communication materials, procurement was launched in September and the product is expected to be in country by December 2008.

Program Component 3 (PC3) - Reduce Transmission and Impact of HIV and AIDS

The purpose of this component is to increase knowledge and correct and consistent use of methods and products to prevent HIV among high risk groups.

Madagascar is considered a low HIV prevalence country and recent estimates set the HIV prevalence rate below 2% in groups considered as most vulnerable to HIV infection (sex workers, men who have sex with men, mobile male occupational groups) and at 0.13% (0.06 – 0.38) in the adult population (UNAIDS/WHO/WB estimate 2007).

Although the HIV prevalence rate is relatively low, Madagascar has one of the highest STI rates in the world, which reflects the magnitude of risky behaviors and the potential for HIV infection to spread. Estimates of syphilis rates currently range from 30% among sex workers in Tulear to 4% among the general population (EDS, 2003). Additional risk factors include multiple concurrent partners, low knowledge of prevention of HIV/STI and a trend of increasing commercial sex work. While 2006 TRaC HIV data about the most vulnerable groups indicated increasing condom use during last sex with commercial or casual partner, overall levels of condom use have remained low, especially for youth and high risk men. To prevent HIV from becoming a generalized epidemic, PSI worked with partners such as the HIV/Alliance and UNC/Mad on targeted outreach with sex workers and MSM, and played an active role in the preparation of the national STI/HIV prevention strategy for high risk groups.

With assistance from USAID during the three-year project period, PSI conducted several TRAC studies among targeted populations, such as High Risk Groups (HRG) and Youth. The research allowed PSI to identify and prioritize behavioral determinants that influence these high risk groups, to monitor progress on key indicators (where two rounds of comparable data exist) or establish baseline indicators, and in some circumstances to evaluate the impact of PSI's interventions. As a result, the studies have been useful in guiding the programming decisions with respect to PSI's behavior change communications strategy. An outline of key research that helped shaped PSI's approach to increasing both knowledge and use of safer sexual practices is summarized below and referenced throughout the following sections.

PSI conducted its 2006 HRG TRaC to further explore the data from the MOH-CNLS 2004 study, Enquête de Surveillance Comportementale (Behavioral Surveillance Survey) - which indicated that 76% of SWs used condoms with their partners, 68% of truck drivers used condoms with non regular partners, and 78% of military personnel used condoms with their non regular partners- and to establish baselines for several other indicators. PSI's survey was conducted in the identified PLACE sites⁶ in order to provide baseline information on SW and high-risk men

⁶ PSI/M analyzed its distribution system for *Protector Plus* using the Priorities for Local AIDS Control Efforts (PLACE) methodology first funded by USAID and carried out by the Measure Project and INSPC in 2003-2004 with the goal of ensuring optimal coverage in areas high-risk groups tend to frequent, e.g. military bases, truck stops, bars/nightclubs.

(HRM), and allowed PSI to identify and prioritize behavioral determinants that influence the safe sex practices among these high risk groups.

The 2006 HRG TRaC information was collected among more than 1,400 workers and 5,400 men from the transport and manual labor sectors in “hotzones” in seven cities⁷. A TRaC survey among 230 sex workers in the same seven sites was also completed. For sex workers, PSI researched two key behaviors: 1) Condom use during last sex, and 2) STI treatment seeking. For high risk men, PSI researched the same two key behaviors, as well as a third behavior: partner reduction. At the request of QMM, PSI produced additional analysis for SWs in Fort Dauphin.

A follow on TRaC HRG Survey is planned for early 2009 to monitor progress against key indicators, and measure impact of PSI interventions on the indicators.

In addition, PSI conducted a Youth TRaC survey in 2006 and a follow up Youth TRaC survey in 2008. The 2006 Youth TRaC researched five behaviors among youth 10-24 years old: 1) abstinence among youth aged 10-14 years; 2) partner reduction; 3) condom use; 4) STI treatment seeking; and 4) adoption of modern family planning methods among youth aged 15-24 years in selected *Top Réseau* sites.

Data collection for the 2008 TRaC Youth follow-up second survey was conducted from April – June, 2008 in the same seven urban *Top Réseau* sites. Four behaviors were studied among youth 15-24 years old: partner reduction; condom use; STI treatment; and family planning.⁸ The results are comparable to those from the 2003 and 2006 survey rounds, which will provide PSI with valuable input into programmatic decision-making for late 2008 and beyond.

During the last semester of the project period, data entry and data analysis for the 2008 TRaC Youth survey were finalized with the assistance of PSI’s regional researcher. Brief summary points of main findings are being produced, which provide the programming team with actionable data for activities related to partner reduction, family planning and condom use results. Program teams will use these summaries to develop IPC and mass media communication strategies to address main behavioral barriers. Progress toward youth-specific indicators is included throughout the following sections (PC3.1, PC3.2 and PC3.3).

PC 3.1 - Comprehensive Behavior Change Communication and Condom Promotion

PC 3.1 (Result 1) Increased Knowledge of STI/HIV Prevention

The purpose of component 3.1 was to increase correct knowledge about STI/HIV prevention among high risk men, to promote delayed onset of sexual activity among youth 10-18 years of age, and to increase consistent condom use among sex workers, and with last non-marital partner among selected male high risk groups. PSI employed a variety of channels to disseminate key messages about STI/HIV prevention including mass media campaigns, MVUs, and interpersonal communication with teams of peer outreach workers. Messages for sex workers focused on

⁷ These cities are the same cities as where youth TRaC surveys were conducted and represent the seven current *Top Réseau* sites.

⁸ No separate TRAC was conducted for youth 10-14 years of age given the very high level of primary abstinence found in the 2006 TRAC.

correct and consistent condom use, condom negotiation skills, and care seeking behavior for STIs. High risk men were targeted with messages promoting partner reduction, correct and consistent condom use, and care-seeking behavior for STIs. These messages were refined following the results from the 2006 TRaC survey (see below for details on new communications).

PC3.1.1 Indicator Achievements

As noted above, the HRG TRaC 2006 baseline for high risk groups collected information among more than 1,400 sex workers and 5,400 men from the transport and manual labor sectors in seven cities⁹. A TRaC survey among 230 sex workers in the same seven sites was also completed. **Baseline figures for the following purpose-level indicators** on correct and consistent use of methods and products to prevent HIV/AIDS were established.

Target group - high risk male occupational groups (truckers, taxi drivers, 'pousse-pousse' drivers, roadside workers):

- Increase in the % of high risk men who report having used a condom with their last non marital partner (casual, commercial) (Baseline: 61.7 %)
- Increase in the % high risk men who report having used a condom at last sex with their commercial partner (Baseline: 70.3 %)
- Increase in % of High Risk Men (HRM) who report having used a condom at last sex with their regular partner (Baseline: 34.7%)
- Increase in % high risk men who report having used a condom at last sex with their casual partner (Baseline: 59.0%)
- Decrease in % high risk men who reported having had two or more sexual partners during the last 12 months (Baseline: 73.2 %)

Using TRaC segmentation tables for high risk men, various behavioral determinants were found to be driving condom use during last sex with non marital partners, namely: self efficacy, beliefs and social norms/attitude. The following figures for **output-level indicators** were established, and will be measured against results from the planned 2009 HRG TRaC survey.

- 55.3% of high risk men believed condoms reduce sexual pleasure.
- 18% of high risk men interviewed believed that condoms break easily.
- 89.1% of high risk men believe that they can avoid HIV by reducing partners and using condoms consistently and correctly.
- 75.8% of high risk men believed that they can always persuade casual partners to use condoms.
- 76.2% of high risk men believed they can always persuade sex workers to use condoms.
- 8.1% of high risk men stated that it is acceptable to force sex upon a partner.
- 8.5% of high risk men believed that 'colleagues' pressure them to have sex without a condom.
- 51.4% of high risk men thought that their 'friends' accept to carry condoms with them.

Target group - Sex Workers:

⁹ These cities are the same cities as where youth TRaC surveys were conducted and represent the seven current Top Réseau sites.

PSI reports the following baseline data for sex worker **purpose-level indicators**, which will be monitored in the planned 2009 TRaC follow up survey. The baseline figures were higher than anticipated, possibly due to exposure to behavior change communication activities including training (by PSI or another organization) prior to the survey period.

- Increase the % of sex workers who report having used a condom with their last client (Baseline: 86.2 %)
- Increase in % of sex workers who report always or almost always using a condom with clients (Baseline: 72.3%)

Following the launch of *Feeling*, the female condom, in June 2007, PSI added the following **purpose-level indicator** to the monitoring logframe:

- Increase in % of sex workers who report having used a female condom in the past six months. (Baseline to be collected in 2009)

A similar **output-level indicator** was added for the female condom:

- Increase the % of sex workers who state they have the ability to use the female condom (Baseline to be collected in 2009).

Using TRaC segmentation tables for sex workers, the following two behavioral determinants were found to influence use of condom during last sex with a client: self-efficacy, namely sex workers' beliefs about their own ability to negotiate and use a condom; and social norms, namely the support and solidarity that exists among sex workers that encourages the use of condoms with clients. The following baseline figures for **output-level indicators** were established, and will be measured against results from the planned 2009 HRG TRaC survey.

- 75.9% of sex workers believe that they can avoid HIV by using male condoms consistently and correctly.
- 61.4% of sex workers believe they are at risk of HIV/STI if they do not use condoms when they have sex
- 84.5% of sex workers state they have the ability to convince their clients to use a male condom.
- 68.9% of sex workers thought that their friends would encourage the use of condoms with clients.

Target group: youth, ages 15-24.

Results from the recent 2008 TRaC Youth survey indicate the following progress at the **purpose-level** (PC3.3) compared to the 2006 TRaC Youth:

- Increase in the % of sexually active 15-24 year old males reporting condom use in “most cases or “always” with a) regular partners (a non-significant change from 21% to 16.7%), and b) occasional partners (a significant change from 46.1% to 25.9%)

Since 2006, communication activities have targeted self-efficacy among youth. Communication activities were designed to decrease the percentage of young men who reported being ashamed to buy a condom in a place close to their residence.

At the **output-level**:

- Increase % of youth 15-24 who can cite effective means of preventing HIV transmission (a non-significant change from 4.7% to 5.1%,)
- Increase % of 15-24 year olds who discussed HIV prevention in the last year with friend (a non-significant change from 29.4% to 27%).
- Increase % of 15-24 year olds who discussed HIV prevention in the last year with their partners (a non-significant change from 9.8% to 11.6%,)

PC 3.1.2: Summary of Project Activities

Communication

Throughout the project period, PSI used qualitative and quantitative research to guide its multi-channel approach to behavior change communications. As briefly summarized below and described in detail in earlier reports, several highly successful campaigns were launched during the past three years to address specific behavioral determinants and barriers of the target audiences.

Target group: 15 – 49 year old Men (August 1, 2005 –Nov 30, 2007)

Seventeen Protector Plus promotional radio spots were produced and aired more than 17,029 times and 34 educational radio spots were produced and aired 13,756 times. A promotional branded TV spot was produced and aired more than 329 times.

Target group: High Risk Men (Mobile Groups, Transport Sector) (December 1, 2007 –July 31, 2008)

During the three-year project period, a total of 14 video talk shows were produced and aired 96 times on Malagasy TV stations, and 12 new radio shows were produced and aired 184 times. Nine Protector Plus promotional radio spots targeted to high risk men were produced and aired more than 6,993 times, and nine educational radio spots were produced and aired 1,770 times.

Highlights of communication activities include the ongoing *Ahy Ny Safidy* “It’s My Choice” BCC campaign aimed at youth, which continued to be broadcast throughout the country (starting in 2000). This campaign included educational radio and TV spots, a weekly radio and TV show, a fan club, and a talk show. During the project period, 55 video talk shows were produced and aired 209 times on Malagasy television stations. An additional 41 new *Ahy Ny Safidy* radio show were produced and aired 816 times.

The integrated communications campaign on delayed sexual debut for youth, *Mahaiza Manao Tsia* (*‘I can say no’*), aired between April-July 2007. Delayed debut support tools included two TV spots, two radio spots, and two sets of printed documents (e.g. posters and mural paintings for rural areas). The story board of the campaign, the actors and the specifics of the TV, radio and print materials including the slogan and the logo were extensively pre-tested in both urban and rural communities in the highlands and on the coast. The campaign theme was indirectly linked with a theme developed by Santénet and used by its Ankoay (scout) troops, reinforcing the complementarities of messages by PSI and Santénet youth peer educators. Specific attention was given to ensure that young people who begin to consider initiating sexual activity identified with the message of the campaign. For both young boys and girls, emphasis was on the benefits of delaying sexual debut including competitiveness in sports and completion of studies.

Using the 2006 TRaC survey results, PSI launched a new campaign for high risk men entitled ‘*Gasy Band Cool*’ which means: “Malagasy Cool Guys”. To create this campaign, PSI conducted qualitative research in October 2007 to help managers better understand the barriers to practicing safer sexual behavior among men in highly mobile jobs. Research gave the communications team insight into the life of a “typical” high risk Malagasy man: what he does in his free time, where he lives, with whom he spends his time. Based on this information the communication team created an integrated BCC campaign.

Results indicated that changing social norms with regard to condom use is a barrier, so that a “cool guy” who always carries condoms with him, is not ashamed to buy them and encourages his peers and friends to do the same is likely to be an effective strategy. The emphasis of the ‘*Gasy Band Cool*’ campaign is to encourage positive social norms surrounding condom use and partner reduction. The campaign also touches on self-efficacy, with messages that promote safer sexual behavior, discuss correct and consistent condom use, address misconceptions about condom effectiveness, and promote the advantages of fidelity. In addition, the campaign addresses social norms to reduce stigma/shame around the purchase and possession of condoms. The campaign also communicates the importance of seeking treatment for STIs with qualified providers at the first sign of symptoms.

Communication channels include targeted mass media: educational radio spots (3 min.) that were aired nationwide; branded promotional radio spots (45 sec.); radio shows (26 min.) and TV shows (26 min.). Partner reduction was also emphasized in the *Gasy Band Cool* campaign: PSI distributed posters on partner reduction designated for bars, hot spots, and brothels in three regions in support of the peer education activities. PSI used its MVU teams to reinforce all key messages, and produced VCD/DVD edutainment clips that featured Malagasy singers interchanged with HIV prevention messages. The VCDs were given to bar and brother owners to be shown and disseminated to clients.

In 2009 PSI will evaluate the impact of these activities and redesign a follow on campaign with refreshed messages.

In February 2008, PSI, Santenet and the communication agency Digital Development Communication (DDC) launched an innovative radio drama for youth called *Revy Sy Talenta*. As noted in the last report, the 30-minute episodes wove together themes regarding safer sexual behavior – including ABC methods and STI care seeking behaviors – to encourage young listeners to draw conclusions about appropriate or safe sexual behavior based on the decisions and consequences of the actors.

From May 22 – June 6, 2008, qualitative research was conducted to evaluate the effectiveness of the program, and explored criteria including recall of messages, as well as main perceptions, attitudes and beliefs about HIV/AIDS transmission, unsafe behaviors and prevention. The evaluation was conducted among youth 10-24 years old who had been exposed to the shows in both rural and semi-rural areas in Antananarivo and Fianarantsoa. While data on exposure indicated the need to review the airing times and frequency, attitudes from both young men and women who had been following the radio drama indicated such interventions remain a powerful tool to reach youth with key messages. Results also showed that the intervention provided them

with necessary knowledge to practice safer sex and avoid STI and HIV/AIDS transmission and unwanted pregnancy. The results were so positive that PSI is planning to launch a new series in 2009.

Examples of messages recalled by youth (all from Fianarantsoa) are listed below:

1. Female, 15, sexually active, secondary school: “People should protect their sexual relationship, use condoms to avoid risks of unwanted pregnancy, syphilis, blennorrhagie, and HIV.”
2. Male, 15, sexually active, secondary school: “Men shouldn’t have an unprotected sexual act with anyone that they do not know to avoid infections.”
3. Female, 13, not sexually active, secondary school: “Behave correctly; avoid sexual relationships before having been married.”
4. Female, 13, not sexually active, secondary school: “Only one partner is sufficient.”

MVU

The popularity and effectiveness of the MVU teams continued to prove highly effective in bringing health messages to hard to reach areas where those who are in most need are located. In total, PSI utilized 4,150 MVU events to reach an estimated 775,732 high risk individuals, especially high-risk men. Through both workplace initiatives and MVU sessions, approximately 1,937,650 educational brochures were distributed. Along with printed materials, PSI staff distributed audiocassettes of a new series specially designed for long distance truck drivers. Lastly, community sales based agent received training in HIV prevention and condom distribution under the Santenet run “*Kaominina Mendrika*” project.

Since the last report, PSI’s MVU teams were present at several major events and gathered record-breaking audiences for HIV/AIDS sessions. In March 2008, a total of approximately 5,500 people combined were reached through the celebration of “Black History Month” organized by the American Embassy in Antsiranana, and during the “Milay Contest” organized by the NGO ASSOS in Fort Dauphin. In April, two major events marked the MVU’s team activities for HIV/AIDS: the “The CHDII Vatomandry Day” during which 750 targeted group members were reached, and the SSME (Semaine Santé Mère Enfant) Day organized in Fort Dauphin where approximately 2,000 people were reached. In addition, there were three other major events in April, with a total of 110,880 audience members reached: the CINEMA Festival in Antananarivo (980); the annual music festival “Donia” on the Island of Nosy-Be (estimated at 109,500); and the World Family Day celebrated with the SSD (Service de Santé du District) Manjakandriana (400).

Training

Under the terms of a USAID supported sub-agreement, PSI and the HIV/AIDS Alliance collaborated on a series of trainings in *Top Réseau* sites that addressed gender, rights and legal issues concerning sex workers in Madagascar. After two qualitative research studies in 2006 highlighted the need for PSI to reorient its interactions with SW towards a more participatory approach, the curricula for the trainings were revised to be more participatory and holistic. The trainings were conducted with approximately 20 sex workers per site and included PSI’s peer educators. A total of 115 participants attended the training during which three topics were

covered: (1) voluntary counseling and testing, (2) gender approaches and (3) stigmatization and discrimination. The HIV/AIDS Alliance staff made follow up visits to each of the six sites in August and September 2007 to assess whether the training had resulted in noticeable changes in individual sex workers' self esteem, knowledge or actions, and whether the trainings created a sense of solidarity among the group. Reports were written for each site and shared with PSI staff. Overall the training was well received and provided individual participants with important new knowledge.

Peer Educators

During the last three years, PSI continued to improve and expand its successful sex worker peer education program. Peer educators played a critical role in programmatic achievements, serving as a point of contact for information, support and access to products/services for their community. The program expanded from five to seven *Top Réseau* sites, and from 15 to 21 SW trained peer educators during the project period. During the period February 2005 - July 2008, PSI's SW peer educators reached a total of 39,756 female sex workers with HIV/STI prevention messages (30,675 were reached through IPC activities; 3,441 through small group discussions and 5,640 through training in collaboration with APONGE). Among the 12,204 SWs who visited a *Top Réseau* clinic, 1,999 agreed to VCT for HIV. During the same period, SW PEs sold 424,243 Protector Plus branded condoms and 36,258 female condoms.

Starting in 2007, PSI selected and trained peer educator teams to work with high risk men on HIV/STI risk reduction strategies in three *Top Réseau* sites. During a refresher training for peer educators and their supervisors in August 2007, participants analyzed lessons learned during the first six months of field work and shared experiences across the three intervention sites. Peer educators led many of the sessions themselves and significant time was allocated for discussion and question-answer sessions on technical issues.

In total, the high risk men peer educator teams reached 44,085 high risk men with STI/HIV prevention messages. Since February 2007, 11,403 individual IPC sessions were conducted, in addition to 13,737 group sessions. The target groups' interest in these activities was high and peer educators were often asked to hold educational sessions in truck stops, tea shops and other places where high risk men gather. In addition to answering questions about STIs/HIV, the peer educators also promoted VCT at *Top Réseau* clinics with coupons that entitled the bearer to discounted services. Since the start of their activities, they distributed 951 coupons, with 388 men presenting a coupon for VCT at a *Top Réseau Plus* clinic.

In Madagascar, as in many other countries, Men having Sex with Men (MSM) are often victims of discrimination and violence, and operate in the fringes of society, making it even more difficult to reach them with health messages and products. With support from USAID, PSI initiated peer education outreach for MSM in June 2007, and recruited two peer educators to begin outreach activities in Antananarivo. The two peer educators, who are MSM themselves, brought valuable experience to the program, identifying 'hot zones' for MSM activity, and gathering information on the needs of MSM and the opportunities for PSI outreach work. In August 2007, two additional MSM peer educators were recruited to initiate activities in the coastal town of Tamatave. That same month, a participatory training for peer educators on HIV/STI prevention was organized for the MSM peer educators and their supervisors. PSI

contracted an experienced MSM consultant for one-week external technical assistance in September 2007, to validate the overall program approach and establish a detailed work plan for the following six months. PSI continues to collaborate with two local MSM associations *EZAKA* (Antananarivo) and *IVIA* (Tamatave) for MSM HIV awareness activities.

Selected *Top Réseau* providers attended a two-day training in Antananarivo on how to offer MSM-appropriate services on February 7 and 8, 2008. The technical training covered STI presentations specific to MSM and updated the doctors' skills on diagnosis and treatment for MSM. A significant portion of the training was dedicated to sensitization of the doctors to the specific needs of MSM, as this particular clientele is highly stigmatized. MSM peer educators introduced coupons during their outreach/IPC sessions for discounted STI and VCT services beginning in May 2008. By the end of July 2008, PE MSM had reached 1,765 self identified MSM with their prevention messages in two sites. In addition, 19 MSM patients had been referred to *Top Réseau* clinics for STI and VCT services.

PC3.1.2 (Result 2): Increase Condom Use among High-Risk Groups with Non-Regular Partner

The purpose of this component was to increase availability and use of condoms (male and female) by high risk groups, with a focus on expanding *Protector Plus* distribution in geographic "hotzones" and non-traditional outlets frequented by high risk groups. In addition to distribution efforts, interventions included product distribution by peer educators, and organized training and educational sessions through associations, companies and national institutions that employ large numbers of high risk men.

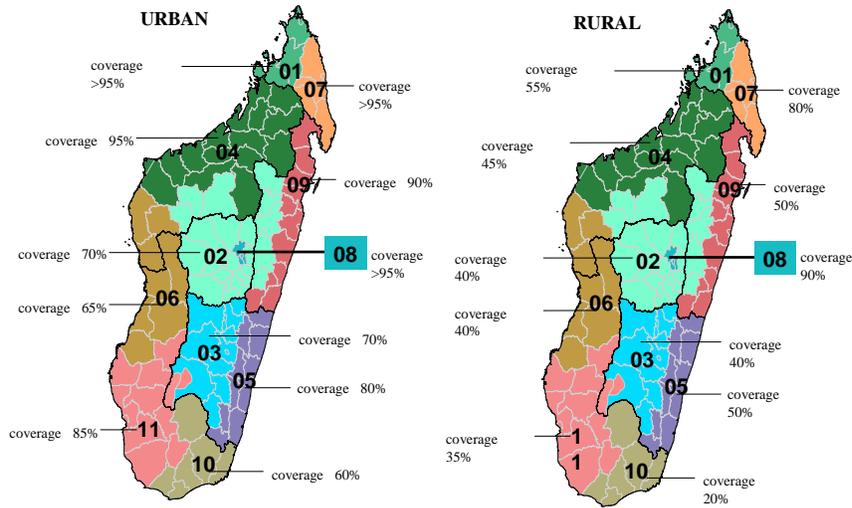
PC3.1.2.1: Indicator Achievements

- Increase the % of high-risk fokontany with at least one point of sales that sells condoms
- Increase the number of brothels that stock/sell condoms
- Number of condoms distributed/year

The 2005 MAP Phase I general Condom data set a baseline for the number of urban and rural fokontany that possessed at least one point of sale for *Protector Plus*. As seen below, the percentage of urban fokontany that had at least one point of sale was fairly high, ranging from 65% to over 95% coverage per distribution zone, with a national average of 71%. In rural areas, this ranged from 20-90%, with a national average of 33%.



Percentage of Rural and Urban Fokotany that **PROTECTOR** possesses at least one point of sale for Protector Plus



With the goal of ensuring optimal coverage in areas that high-risk groups tend to frequent, e.g. military bases, truck stops, bars/nightclubs, PSI analyzed its distribution system for *Protector Plus* using the Priorities for Local AIDS Control Efforts (PLACE) methodology first funded by USAID and carried out by the Measure Project and INSPC in 2003-2004 to identify high-risk areas. The data from these sites, combined with the data from the seven sites included in 2004, was used to update the sampling frame for the High Risk Group TRaC and MAP Phase 2 surveys that were subsequently conducted in August 2006.

The 2006 MAP Phase 2 (hotzone) study provided initial data on condom availability in a select number of “hotzones”. Findings indicated relatively low availability: using a minimum standard of 50% of sales outlets in high risk areas located in 19 hotzones in nine principal cities selling PSI’s condom brand, PSI found 80% of the high risk areas met this standard. However, once the standard was moved up to 80% of sales outlets, only 40% of the hotzones met this standard. The follow up MAP Phase 2 study planned for 2010 will aim to find 65% coverage among sales outlets, with 80% of the high risk areas meeting this standard.

Since the launch of this project, PSI has distributed a total of 31,711,328 Protector Plus condoms (5,958,816 since February 2008), and 7,834,841 generic condoms (2,463,771 since February, 2008). Generic condoms are included in the socially marketed STI kits while the public sector’s branded “Fimailo” condoms are included in the kits distributed by the public sector.

In addition, after receiving a total of 80,000 female condoms from USAID in 2007, PSI introduced the use of female condoms in the seven *Top Réseau* sites through the sex worker peer educator network, selected NGOs and SW associations. At the time of product launch, PSI peer educators in each site received a one-day training on correct use provided by UNC/Madagascar. Demand for the product has been high from the start of the program: since its launch in July 2007, more than 62,781 female condoms have been distributed in a targeted manner. Feeling is being sold to sex workers in a package of three condoms for 100 Ariary, and PSI also fulfills

requests for the product from a variety of partner organizations including EZAKA, AFSA, and HIV Alliance.

PC3.1.2.2: Summary of Project Activities

PSI distribution teams work continuously during the past three years to increase coverage and quality of coverage in known high-risk zones. Point of purchase materials and promotional activities were displayed in targeted areas, and PSI continued to gather information from brothel owners on condom sales. As outlined in the section above, peer educators have played a crucial role by serving as a point of contact for information, support and access to products and services for their community.

In addition to improving its distribution strategy, PSI employed several approaches geared toward reaching high risk men such as SW clients, police, and military personnel with key behavior change messages and access to condoms. PSI worked with organizations that interacted with these high risk men on a regular basis, such as the police officer training school, truck stops, truck associations, and bush-taxi stations. For example, PSI's APONGE department organized and implemented a training of trainers of new recruits and police animators at the police academy in Antsirabe in November 2005, and in Antananarivo in January 2006 in collaboration with the Department of National Security at the Ministry of the Interior. Phase Two of this training was completed during February – July, 2006. In addition, PSI reached 809 military men and security agents at their camps/bases nationwide and provided HIV related information and condoms to 564 prisoners.

In addition, PSI/APONGE also managed the Programme de Secteur Transport (PST) project for transport road and rail workers. Interventions covered worksites on 12 central road arteries, four rural roads, and four railroad work sites, and workers were employees of COLAs, MADARAIL, and SMATP. Program activities included interpersonal communications, training of peer educators and community animators. More than 110,000 condoms were distributed along with printed information.

PC 3.2 - Comprehensive STI Case Management

Data from the '*Enquete de Surveillance Biologique*' (ESB 2005) among three target groups (pregnant women; sex workers; and STI clients) demonstrated the elevated levels for syphilis infections, especially in the province of Tamatave (39% for sex workers, 14.2% for STI clients; and 7.8% for pregnant women).

STI control is an important component of the national HIV/AIDS strategy in Madagascar, and the CNLS, MoH, donors and implementing partners all recognize the need for intensive, targeted STI interventions. The report from a team of international experts, including CDC, who visited the country in October 2005 highlighted the urgent need for training of medical professionals and upgrading of laboratory facilities, improved follow up and community education on signs and symptoms, and continued support for prepackaged treatment kits (*Genicure and Cura 7*)¹⁰.

¹⁰ Kamp and Parkers: "*Analyse de la riposte nationale dans le cadre de la lutte contre les IST a Madagascar, rapport final de consultation mixte* (MINSANPF, SE/CNLS, ONUSIDA, USAID/CDC)", October 2005.

Given the high prevalence of STIs, including ulcerative STIs like syphilis, STI interventions remained an essential component of PSI's programs aimed at preventing sexual transmission of HIV. PSI continued to ensure the widespread availability of *Genicure* and *Cura 7* in the private sector with the support of USAID. The public sector endorsed use of the kits in public sector facilities and distributes them for the very low price of 100 Ariary (<0.10US\$). Socially marketed kits were sold to the main pharmaceutical distributor FARMAD and to local doctors and pharmacists for 600 Ariary (<0.60US\$). Monthly sales of STI treatment kits through social marketing channels did not appear to be affected by the lower public sector price. During the three-year period, a total of 818,726 *Cura 7* and 595,105 *Genicure* kits were distributed, representing 114% and 110% achievements vs. target, respectively. Continued stock of these kits remains a challenge as World Bank funding for both public sector and socially marketed kits is channeled through the CNLS and the MoH, which can lead to considerable delays in getting sufficient product for ongoing social marketing efforts.

The 2006 TRaC HIV study baseline data on the **following purpose-level** indicators:

PC3.2. Baseline Indicators (2006)

- 86.5 % of sex workers with an STI in the past 12 months sought treatment from a qualified provider
- 81.7 % of high risk men with an STI in the past 12 months sought treatment from a qualified provider

Twenty-three percent of sex workers reported having had an STI in the past 12 months, with 7.6% reporting an ulcerative STI. As mentioned in the previous report, self-efficacy for treatment seeking behavior with a qualified provider was high among sex workers: 95.8% reported feeling able to go to the doctor; 85.5% indicated they could speak easily about STIs with a doctor; and only 6.6% reported feeling shame or fear.

Intention to seek treatment from a qualified provider was also very high: 92% said they would go for genital discharge related symptoms; and 93.5% for a genital ulcer. While no specific questions were asked about where sex workers go for STI treatment, 76.9% of those interviewed said they were aware of STI services provided by *Top Réseau* doctors. PSI intends to conduct qualitative research in selected *Top Réseau* sites to find out what sex workers look for and expect when they visit a doctor; and how they select a provider.

While the 2006 TRaC findings seemed to indicate that price does not constitute a barrier overall, anecdotal data from Diego suggests that sex workers prefer free services even when they report that the quality of services is lower. Other *Top Réseau* sites report similar findings as well (Fort Dauphin, Tamatave). Therefore, PSI intends to conduct qualitative research to help program staff design the most effective possible service package for sex workers at a cost that remains affordable even to lower levels of sex workers, and that will improve sex workers' access to non HIV/STI related services (e.g. family planning, malaria treatment, diarrheal disease, nutrition).

For high risk men, the 2006 TRaC survey found that 17.5% of men reported having had an STI in the past 12 months, with 13.5% reporting genital discharge and 6.8% an ulcerative STI. The

survey also found a low perception of access to STI services: more than half (51.5%) of HRM indicated that they found STI services difficult to access; 34.4% were aware of STI kits being available at the doctor's office, and 86.6% were aware of STI services provided by *Top Réseau* clinics. As with sex workers, the two key behavioral determinants that influence treatment seeking behavior were availability and self-efficacy. Similar statements were included under self-efficacy, among others: speaking freely to a doctor; feeling embarrassed to speak about STIs with a doctor; and being able to complete the full course of treatment as prescribed (no individual percentages are available for each of these statements since only a mean score is provided). PSI will work with partners to increase treatment availability, and to improve HRM's confidence in their ability to speak to a doctor about STI treatment.

The 2008 TRaC Youth survey provided the following result for similar **purpose-level indicators**, namely:

- 60% of sexually active 15-24 year old males with an STI in the past 12 months sought treatment from a qualified provider (non-significant change compared to the 53% reported in the 2006 Youth TRaC, and 66.2% in 2003)

As noted above, indicators of health seeking behavior for sex workers and high risk men with regard to STI treatment indicators were relatively high, but overall during the project, there appeared to be a decreasing trend in treatment seeking behavior for youth. Feedback from medical detailers and public and private sector providers stated that self-treatment of common STI related complaints was widespread, and is likely to account for the decreasing trend for provider seeking behavior. One interesting finding from the 2008 TRaC youth survey was that while 8% had experienced STI symptoms in the last 12 months, only 3% of them had purchased STI treatment over the counter. In the TRaC 2010 youth and TRaC 2009 high risk group follow up surveys, PSI will include more specific questions to determine whether this anecdotal evidence is correct and what are the contributing factors.

It is surprising to the programmatic team that only 6.4% of male youth reported having experienced an STI symptom in the past year. Though recall bias may be an issue, PSI hypothesizes that recognition of STI symptoms is low, and many youth simply resort to buying over-the-counter drugs to treat what they perceive as a 'common infection'.

Lastly, a particularly notable result from the recent Youth TRaC, measured at the **output-level**, is the percentage of youth in *Top Réseau* sites who believe STI services are difficult to obtain; this percentage has **decreased** significantly during the project period, from 40.2% (TRaC 2006) to 29.4% (TRaC 2008).

PC3.2.3 (Result 3): Increased Informed Demand for STI Treatment Products and Services

Effective STI management requires a range of complementary interventions in the areas of behavior change communication, health seeking behavior, access to care, quality of products and services, and condom promotion. PSI messages, reinforced by peer educator teams and TV and radio spots, promoted condom use and effective STI treatment through prompt treatment seeking, refraining from self-treatment, following treatment to the end, and referring one's partner. Coupons were given to participants in small peer educator led discussions, and PSI

tracked the number of coupons distributed versus those redeemed. Peer educators also distributed IEC materials produced by partner organizations and the MOH, as well as brochures that list the locations of *Top Réseau* clinics.

Among the youth respondents, exposure to STI related messages through radio spots was highest (67.9%), followed by TV (55.9%), mobile video unit session (38.8%) and peer education (26.7%). For sex workers, exposure was higher, with 97.3% having heard a radio spot, 80% reporting having seen a TV spot, and 69% having received or seen printed materials. For high risk men, exposure to radio and TV was also high, at 97.4% and 79.3% respectively. Only 26.2% of the high risk men had ever attended a training on STIs (by PSI or other partner). Exposure to messages through mobile video unit sessions and behavior change communication materials on STI was mid-level: 47.1 % and 50.1% of high risk men were exposed to mobile video units and behaviour change communication materials, respectively. This is partly explained by the non existence of targeted outreach work with this group during 2004-2006.

PC3.2.3.1 Indicator Achievements

The 2006 TRaC Study established baseline data on the following **output-level** indicators among high risk men (HRM) and SWs:

- 40.8% of HRM with an STI in last 12 months had referred their partner to treatment.
- 40% of SW with an STI in last 12 months had referred their partner to treatment.
- 76.9% of SWs were aware of the STI services provided by Top Réseau clinics.
- 95.8% of SW reported they are able to seek qualified treatment when they have an STI
- 66% of SW were able to convince their partner to consult a doctor in case of an STI.

The 2008 TRaC youth survey provided the following result for a similar **output-level indicator**, namely:

- Increase the % of sexually active 15-24 year old males with an STI in last 12 months who referred their partner to treatment (a non-significant change from 21.3% to 19.3%).

A possible explanation for the lack of progress on this indicator reflects the importance of addressing self efficacy first (young men should feel they themselves are able to go for treatment) and subsequently addressing the strong barriers in communication between partners regarding sexual health issues, and in particular among non regular partners.

As such, worldwide partner referral is an essential but very difficult component of STI management given trust and communication issues between regular and non regular partners. While peer educators work directly with youth and high risk groups on this, PSI and ITEM reinforced this aspect of counseling during trainings of health providers. For providers, it is also important that clients understand the importance of partner referral to discourage re-infection and the related false perception that treatment is not effective when symptoms reappear. The issue was further reinforced by medical detailers during their routine visits.

PC3.2.3.2: Summary of Activities during Project Period

As noted above, effective STI management utilizes a multi-faceted approach to behavior change communications during the project. In 2006, PSI developed a TV spot using the popular

actor/singer Lola that targeted the general population with messages on STI health seeking behavior. High risk groups were discreetly targeted through use of ‘role models’ originating from the transport sector, youth, and roadside workers.

Using 2006 TRaC results, PSI communication teams revised the messages printed in brochures and included in radio, TV and MVU materials. In addition, new posters and pamphlets on STIs - which contained generic messages to increase recognition of signs and symptoms, understanding of risk and modes of transmission, and to discourage self-medication – were designed and disseminated.

Lastly, PSI’s trained SW peer educators reinforced use of medical services for prompt and effective diagnosis and treatment of STIs and, starting in February 2007, began distributing coupons for discounted STI services at *Top Réseau* clinics. During the project period, a total of 11,800 coupons were handed out during SW peer outreach; 9,745 SWs received quality STI services and 1,923 accessed quality VCT services at a *Top Réseau* clinic.

PC3.2.4 (Result 4) Increased Knowledge and Access to Appropriate, Affordable STI Therapy among High Risk Groups

As the MAP 2005 baseline indicator showed early in the project, there was an urgent need to expand product and service coverage: only 24% of the Fokotany’s sampled (urban and rural combined) had at least one point of sale for STI kits. Following analysis of the 2005 findings, as reported in earlier reports, the minimum standard for the planned 2010 MAP has been changed, designating the commune as the administrative level for urban and rural areas. In the follow up survey, the presence of different points of sales for urban areas (at least one pharmaceutical outlet) is required. The preliminary target for the 2010 follow up MAP for STI kit coverage in urban areas has been set at 50%.

PC3.2.4.1: Indicator Achievements during Project Period

The following **output-level** indicator baselines were established in 2005, with target/goals for 2010 MAP:

- Maintain the % of rural communes with at least one point of sale that sells STI PPT kit Cura 7 (74% in 2005 vs. goal of 75% in 2010)
- Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kits Cura 7 (30% in 2005 vs. goal of 50% in 2010)
- Increase the % of rural communes with at least one point of sale that sells STI PPT kit Genicure (28% in 2005 vs. goal of 40% in 2010)
- Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kit Genicure (30% in 2005 vs. goal of 50% in 2010).¹¹

Additional indicators:

- Number of prepackaged treatment kits distributed during the life of the project
- Increase the number of private providers fully trained in STI diagnosis and treatment

PSI's distribution efforts resulted in achievements above and beyond distribution targets: 818,726 Cura 7 (114% of target) and 595,105 Genicure (110% of target) were distributed

During the same period, PSI's training partner, ITEM, provided training in STI symptom management to 1,404 private medical providers (TR and others, including doctors, pharmacists, and paramedical staff).

PC 3.2.4.2: Summary of Activities during Project Period

The PSI-supported *Top Réseau* franchise of medical doctors trained in youth-friendly sexual and reproductive health services provided an important opportunity for young people and other at-risk groups to receive confidential, quality and affordable STI services. From August 2005 through July 2008, *Top Réseau* doctors provided 50,432 STI consultations for young people, SWs and others, representing 143% achievement of PSI's target.

During a (return) visit of a CDC STI technical expert in January 2007, PSI agreed to include two *Top Réseau* clinics in Tamatave and two *Top Réseau* clinics in Fort Dauphin in a research study to assess the feasibility of integrating rapid syphilis testing in public and private health facilities. The three-week field study took place in June-July 2007 in both sites, with active involvement of PSI staff and *Top Réseau* providers. STI clients and pregnant women were counseled and encouraged to undergo free syphilis testing, and the National Reference Laboratory was responsible for quality assurance of tests and results. The findings indicated the feasibility of introducing rapid screening for syphilis among selected clinics and the MOH is currently working on protocols and norms related to implementing the test, with a focus screening for syphilis among pregnant women and STI clients.

Following another visit by the CDC in October 2008, PSI was asked to submit a concept paper to the World Bank for the inclusion of rapid syphilis testing at 20 *Top Réseau* clinics in 4 cities: Morondava, Majunga, Tamatave and Fort-Dauphin. PSI anticipates having a response before the end of 2008.

Throughout the project, PSI continued its advocacy work with the public sector to ensure optimal access to pre-packaged STI treatment kits. In November 2007, PSI received a donation of 75,000 Cura7 kits from the SE/CNLS to start the annual distribution with the SE/CNLS under the World Bank funded PMPS II program for the provision of STI kits for private and social marketing and the public sector. In addition, PSI received a supply of 100,000 Genicure kits procured through PSI Washington in August 2008 using PSI regional funding. In order to maintain an adequate supply of stock, PSI successfully negotiated with the MOH for a donation of an additional 175,000 Genicure kits and 193,666 Cura7 kits, which arrived in March and June 2008, respectively. Moving forward, PSI will continue negotiating with the MOH to ensure that the long term unmet need for STI treatment kits is met, with assistance from the SE/CNLS, Ministry of Health and partner donors like USAID and the World Bank.

PC 3.3 - Reproductive Health Services among Adolescents

In Madagascar, youth make up nearly half of the population. Their general low level of correct HIV related knowledge, combined with early onset of sexual activity, frequent partner change and other at-risk behaviors, make young people highly vulnerable to HIV/STI infection. Along with sex workers, men who have sex with men, injecting drug users, and prisoners, youth are considered a priority group for targeted STI/HIV preventive interventions.

PSI launched the *Top Réseau* network of private clinics in 2000 to increase preventive and care seeking behaviors among sexually active youth. Members of the *Top Réseau* franchise receive training in youth-friendly counselling and service delivery, with a focus on young people's need for confidentiality and privacy. Providers also receive training and the most up-to-date technical information on modern contraceptive methods and STI syndromic management. As part of the franchise agreement, *Top Réseau* providers provide reproductive health services at highly subsidized prices affordable to youth, promoted and tracked through a voucher system. PSI supports the franchise through regular technical trainings, on-site technical support, and promotional activities through mass media and peer education. In addition, PSI monitors the quality of services at each clinic through routine monitoring visits and periodic mystery client surveys. By the end of the project period, the network had 145 clinics with 206 trained providers.

In addition to the indicators on condom use (see PC 3.1) and STI treatment (see PC 3.2), **purpose-level indicator** results from the recently completed 2008 TRaC youth study among 3579 sexually active youth in seven *Top Réseau* sites, are as follows:

- Increase the % of never married 15-18 years old who reported never having engaged in sexual intercourse. A non significant decrease was noted between the 2006 and 2008 TRaCs, from 77.3% to 73.2% . .
- Decrease the % of 15-24 year olds who had more than two sexual partners in the past 12 months. A non-significant decrease was noted between the 2006 and 2008 TRaCs, from 32.9% to 32.7% (2006-2008).
- Increase in the % of sexually active 15-24 year old women reporting current use of modern contraceptives (oral, condom). There was a non-significant increase from 29.1% to 33.1% between the 2006 and 2008 TRaCs
- Increase in % of 15-24 year olds receiving STI treatment, among those who have an STI syndrome in the past 12 months. A significant increase was noted, from 57% to 66.3% between the 2006 and 2008 TRaCs.

Starting in November 2007, the communication team developed messages to address the main behavioral determinants revealed in the 2006 TRaC. Peer educators were oriented on the new messages, and incorporated the messages into group sessions and one-on-one meetings. Peer educators and communications teams in several *Top Réseau* sites reactivated listeners' groups both to facilitate discussions and to provide interactive feedback to communications teams that can be used for programming and processing of messages. The same process is now underway to interpret the TRaC 2008 findings and to develop new and improved communication tools.

While abstinence remains part of PSI peer educator's and mass media communication efforts for youth, it is part of an integrated ABC message and is not given specific attention on its own. Given the high % of 15-18 year old youth who reported abstaining from sex, PSI decided not to

invest resources specifically for abstinence related communication. Results from the 2008 TRaC demonstrate that this was a sound decision since the indicator did not change and remained elevated despite the lack of targeted communication by PSI.

For partner reduction, the main behavioral determinant that was found to significantly drive young people's decision to be faithful to one partner was self-efficacy. The indicator remains moderately low (32%) and more can be done to encourage youth to be faithful to one partner. This is also part of an integrated communication effort that will require strengthening in order to effectuate positive change.

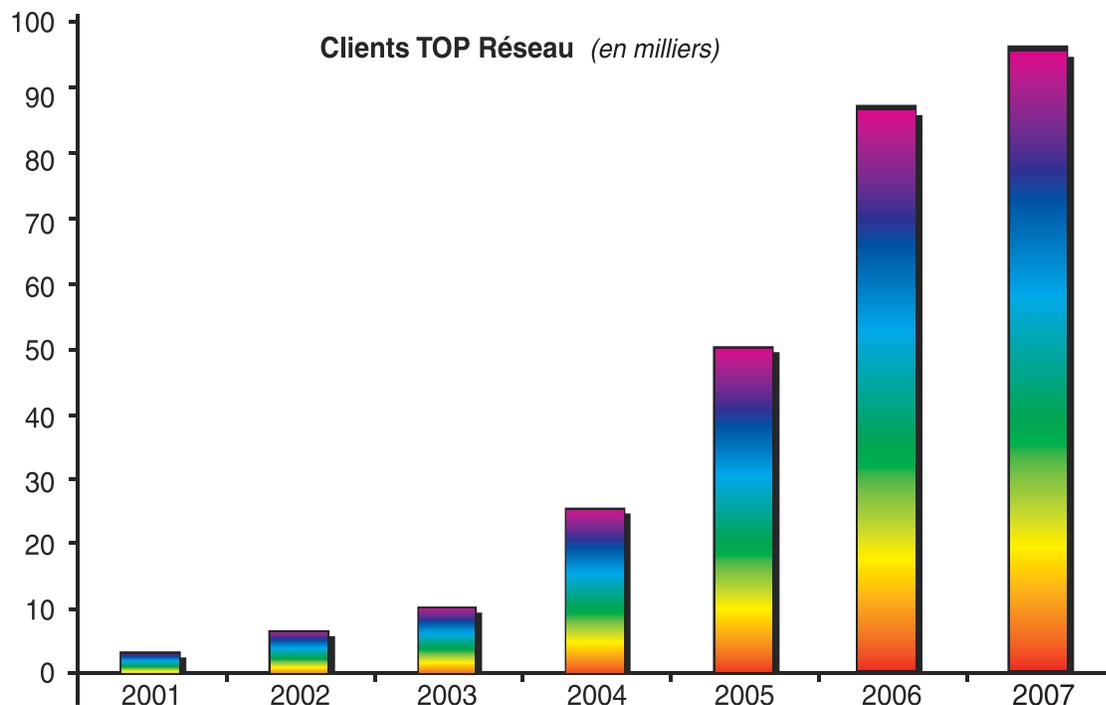
Behavioral determinants for use of oral contraceptives or condoms among youth 15-24 years old included social support, self efficacy and belief; key elements were young women's belief that oral contraceptives are reversible and that users can get pregnant after discontinuing use. Under self-efficacy, the key element appeared to be young women's perceived capacity of correct and consistent use. Users scored significantly higher than non users on both of these variables. Fear of unwanted pregnancy and its consequences did not appear to be a driver of current use of condoms or OCs.

As noted in the PC 1 Section above, PSI developed a short film entitled "Mirindra" in 2007 to address an important barrier to use related to young women's perception that pills are for married women.

PC3.3.5 (Result 5): Increase Preventive/Care Seeking Behaviors among Youth in Selected Areas

In summary, the youth and high risk group peer outreach program has been designed to: (i) increase preventive and care seeking behaviors among youth in the seven cities where *Top Réseau* clinics are located; (ii) improve self-efficacy and social norms to enable and encourage youth to practice safer sexual behavior; and (iii) increase informed demand for condoms, STI treatment and VCT services among sexually active youth. Peer education continues to have the unique ability to address self-efficacy and social norm issues around safer sexual behavior through individual and small group sessions.

As demonstrated in the following graph, these and other efforts have been effective: the number of youth visiting *Top Réseau* clinics has risen steadily from 2001-2007, particularly during the last two years of the project period; partial results from 2008 indicate the same upward trend (between Jan and November 2008, more than 191,000 clients have visited the clinic).



PC3.3.5.1 Indicator Achievements during Project Period

Comparing data from the 2006 Youth TRaC to the 2008 Youth TRaC reveals the following results at the **output-level**:

- Decrease % of sexually active 15-24 year olds who believe that they can avoid STIs or HIV by choosing their sexual partner carefully (a significant increase from 47.5% to 68.4% for STI; a significant increase from 58.1% to 65.8% for HIV)
- Increase % of sexually active 15- 24 year olds who think they would be at medium/high risk for STIs or HIV/AIDS if they did not consistently use a condom (a non significant decrease from 72.2% to 70.1% for STI; a significant decrease from 84.9% to 68% for HIV)
- Increase % of sexually active 15- 24 year olds who believe that AIDS really exists among Malagasy youth (a non significant decrease from 55.5% to 51.2%)
- Increase in % of 15-24 year olds who report talking with their partner about HIV/AIDS in the past 12 months. NB. Data for this indicator was missing because of a PDA program issue during data collection which skipped the question related to this indicator.

Above data indicate that there have been no significant changes on two of the above indicators and a change in the opposite direction (negative) for three of the indicators. One significant constraint that may account for some of these discouraging results is the short time between the finalization of the communication plan for 2008 and the execution of the 2008 TRaC. The 2006 TRaC results were available to programmers in early 2007, but learning a new process for the interpretation of data took several months. As such communication plans were only finalized in early 2008, which allowed for less than eight months of implementation in the field prior to the 2008 Youth TRaC. For the *Top Réseau* program team, the challenge until the next TRAC survey

(2010) will be to reverse this trend and develop more successful and strategic communication strategies.

PC3.3.5.2: Summary of Activities during Project Period

In addition to its seven peer educator teams, PSI utilized mass media interventions to improve care seeking behavior among youth. Every month, local radio broadcasts promoted *Top Réseau* clinics as affordable, confidential, high-quality reproductive health service delivery sites for youth. During the project, approximately 1,717 radio spots were aired, television spots were used to reach the target audience in urban sites, and local singers and actors were engaged to generate additional excitement surrounding the campaigns.

Specific mass media activities during the project period included:

- Production of 61 radio talk shows, entitled “*Ahy Ny Safidy*”, which were broadcast 1,004 times on regional radio;
- Production of 75 “*Ahy Ny Safidy*” television talk shows which were broadcast 475 times;
- Production of a branded, promotional television spot with the popular rappers, Benji and Zay to promote *Top Réseau* that was broadcast 68 times, and a video clip that was aired 176 times;
- Educational song about STI treatment with the singer Lola, which aired 87 times; with a separate video clip on the same subject which aired 735 times; and
- Production of generic ABC spots that aired 2,087 times

MVU teams played a key role in reaching rural and peri-urban youth, and reinforced messages through large scale outdoor screenings of PSI produced movies or spots, followed by interactive question and answer sessions with the audience. During the reporting period, 620 MVU activities were held, reaching more than 60,349 youth with entertaining education messages.

PSI’s peer educators reached more than 891,787 youth since the launch of the project; 274,846 young people visited *Top Réseau* clinics for reproductive health counseling and services, 50,432 of whom came for STI related consultations. Of the total, 65.5% of youth came with coupons, distributed by peer educators, for discounted services. The youth clients often came for an initial counseling visit first, which was subsequently followed by a more FP or STI focused next visit. The initial visit provided an opportunity for TR doctors to discuss HIV/STI prevention in a personal format, addressing individual needs and concerns.

PC3.3.6 (Result 6) Improved Access to High-Quality, Youth-Friendly RH Services

As desired behavior changes are achieved, target populations must have access to the means to prevent STI/HIV through improved availability of quality STI treatment services and products. Accordingly, USAID funding allowed PSI expand the *Top Réseau* network to two additional cities - Antsirabe and Morondava - in September 2006, while maintaining support to the existing 123 clinics. *Top Réseau* cities were selected based on locally available epidemiological and behavioral data on reproductive health; the number of private sector providers; and a strategic location with large at risk populations (sex workers, clients of sex workers, and youth). In both cities, the proposed introduction of the franchise network was warmly welcomed by representatives from the public sector and the local CROM (regional body of the “*Ordre National de Médecins*”) and received considerable press coverage. The new network members

were trained in quality of care for family planning and STI management, including the use of counseling tools, reporting and follow-up.

Currently, the *Top Réseau* network consists of 145 clinic members with 206 trained doctors. The next planned site is Fianarantsoa, where *Top Réseau* will be launched in November 2008. Although Tulear was initially selected to be part of the 2006 expansion, PSI found very few private providers located in the city. In 2009, PSI will explore a mobile clinic concept, covering Tulear with a medical team from another site for periodic on-site supervision, and a local peer educator team and a peer educator supervisor. (Please refer to the attached map in Annex C which shows the current status of *Top Réseau* sites and planned extensions).

PSI integrated Voluntary and Counseling (VCT) services in 14 clinics of the *Top Réseau* network in June 2006 with support from the Global Fund. Clinics that provide VCT services are easily identified by potential clients through the *Top Réseau* + (plus) logo. Demand since opening has been high, with an average of 410 clients per month, most of whom are youth and/or STI clients presenting with symptoms. Price for VCT services was agreed at 5,000Ar for regular clients and 3,000Ar for youth and sex worker clients. This price was deemed affordable by target groups and allows for a sufficient margin to make the service of interest to private providers in accordance with social franchising principles.

PSI extended its support for *Top Réseau plus* VCT services to Fort Dauphin in February 2007, upon the strong request of the SE/CNLS and QMM, the main donor for PSI's HIV/STI prevention activities in the Anosy region. PSI organized provider training and a site visit to Diego where providers had the chance to see firsthand how referral linkages with public sector are organized and functioning. *Top Réseau Plus* services were launched in two *Top Réseau* clinics. The clinics have performed well, seeing an average of 84 clients per month since the launch.

In March 2007, PSI contracted a consultant from the National Reference Laboratory to visit all participating *Top Réseau Plus* sites, for refresher training on laboratory quality assurance, testing protocols and related topics. To date, 11 HIV+ clients have had their status confirmed at a *Top Réseau Plus* sites, and have been referred to the public sector for follow up care and support.

In early 2009, PSI hopes to expand the *Top Réseau Plus* model into Antsirabe and Morandava where *Top Réseau* is present, and into Fianarantsoa, which will bring VCT services to 20 PSI franchised *Top Réseau Plus* clinics in eight cities throughout Madagascar.

PC3.3.6.1: Indicator Achievements during Project Period

As part of PSI/M's quality assurance system for *TOP Réseau* clinics, regular mystery client surveys were initially conducted by PSI's partner, ITEM, and as of 2007 by PSI's research team, to assess quality of information and services provided to youth¹².

¹² PSI decided to use the research team rather than outsource the studies so as to make the data more actionable, available faster and more responsive to internal needs.

Results from periodic mystery client studies allowed PSI to identify technical and interpersonal areas for improvement, and to support medical providers who need assistance. The results were subsequently addressed through training, continuous medical education, and individual clinic support visits by field staff. In 2006, PSI engaged an international consultant with experience in measuring quality of services in a franchise context for a review of existing quality assurance tools. Using a locally adapted version of the international “gold standard” framework for quality of care (Bruce and Jain, 2000), PSI re-defined its minimum services standards and reworked some of the clinic evaluation tools, including the mystery client survey tool. PSI received official approval from the Bio-Ethics Committee for the routine use of mystery client surveys as part of its standard evaluation tools.

Utilizing mystery client surveys, PSI reports results for the following indicator at the **output-level**:

- 50% of *Top Réseau* medical providers correctly diagnose and prescribe correct treatment to patients (male and female) with an STI

As the graph below indicates, regrouping data for all seven sites into a national site reveals that *Top Réseau* providers in general fall short of meeting this indicator. As mentioned earlier, in 2006 PSI revisited the minimum standards and related indicators for mystery client surveys using the national STI treatment guidelines and international minimum requirements¹³; this resulted in the introduction of a revised, more strict quality assurance scoring sheet for mystery clients starting in 2007. This change explains in part the drop in scores that can be observed between 2007 and 2008, especially for ‘older’ *Top Réseau* sites.

The data in the graph are both results from the male and female mystery client report, averaging the score for each provider. When results for male versus female STI clients are separated, PSI found that typically scores for correct diagnosis for a male client with an STI were well above 50%, whereas scores for a female client were mostly below the 50% mark.

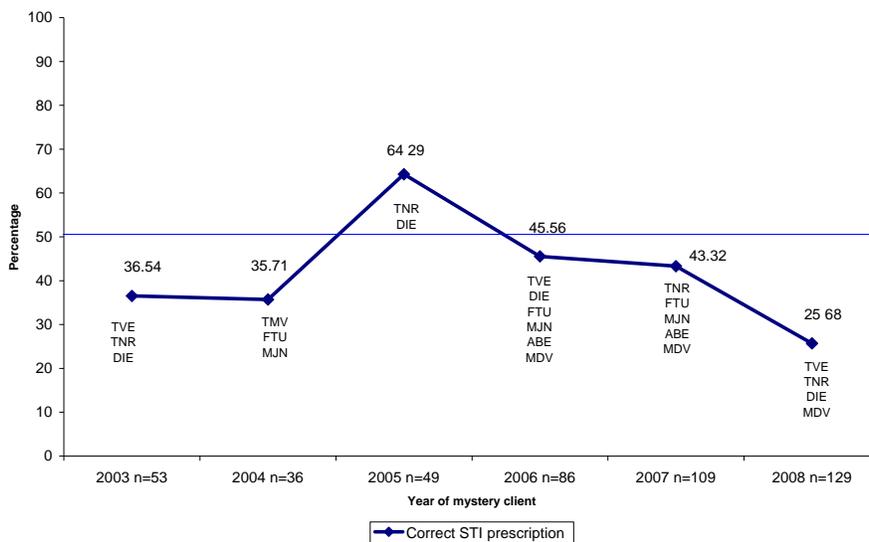
This is in line with expectations given that correctly diagnosing a female STI patient – even with a quick medical exam – is not as straightforward as a male STI patient. Since PSI cannot recruit women with a real STI for the study, the scenario requires the client to pose as a client with lower abdominal pain, and to portray a picture of a risk profile and convincing physical complaints that could indicate pelvic inflammatory disease (PID). For many of the *Top Réseau* prescriptions for female clients, the researchers indicated that additional drugs were provided (beyond PSI’s socially marketed kit, Cura 7), some of which were acceptable according to the scenario presented, whereas others were less defensible. Doctors on PSI staff reviewed all of the prescriptions to determine which ones were allowable, given the complexity of correctly diagnosing PID. Given the methodological challenges and the ethical difficulties surrounding

¹³ Minimum standards include correct prescription of STI treatment according to national treatment guidelines for syndromic STI management, which implied that that no unnecessary medicine was prescribed over and above the pre-packaged treatment kits.

the recruitment of a female client who is willing to be examined vaginally¹⁴, PSI will likely drop the female STI mystery client scenario in 2009. In the meantime, *Top Réseau* doctors' skills and knowledge on STI syndromic management especially for women will continue to be reinforced through training and on-the-job coaching.

Additional graphs in Annex D represent the trends in several rounds of mystery client for STI management in the different *Top Réseau* sites. In the newest *Top Réseau* sites, encouraging results are worth noting: Antsirabe and Morandava demonstrate an upward trend nearing the 50% mark, and 41% and 38%, respectively.

**TOP RÉSEAU:
TRENDS IN STI MYSTERY CLIENT RESULTS FOR ALL SITES
(Baseline and Follow Up Studies)**



¹⁴ PSI notes that that the mystery client scenario includes a physical exam, unless refused by the client or not proposed by the provider, which in addition to proper history taking and counseling should rule out e.g appendicitis, pregnancy or other possible causes of lower abdominal pain).

PC 3.3.6.2: Activities during August 2005 - July 2008

During the project period, the following mystery client surveys were completed:

- Surveys in Antsiranana (December 2005) and Taolagnaro (January 2006).
- Follow up surveys in Mahajunga (April 2006) and in Tamatave (May 2006).
- Baseline surveys in Antsirabe and Morondava prior to training and membership in the franchise network (September) 2006.
- A follow up survey in Diego (December 2006).
- In the first half of 2007, a follow up survey in Tana.
- In late 2007, follow up surveys in Morondava, Majunga, Antsirabe, and Fort-Dauphin.
- In early 2008, follow up surveys in Diégo, Tanà, Tamatave and Morondava.

In order to improve the rates of correct syndromic management and correct prescriptions, PSI has and will continue to work closely with its medical detailers and *Top Réseau* coordinators who provide technical advice and supervise the *Top Réseau* providers. Refresher trainings for providers and for peer educators are planned for the seven *Top Réseau* sites. In addition, PSI developed and has disseminated a brochure – one for young men, one for young women - on the correct usage of the STI kit, and disseminates these brochures via medical detailers.

CONCLUSION

With USAID's support under this cooperative agreement, PSI's was able to expand and improve its comprehensive health project designed to improve the health status of the Malagasy people, especially women and children. Overall, the project successfully increased the use of effective health products, services, and behaviors in the areas of family planning, malaria prevention and treatment, diarrheal disease prevention and treatment, HIV prevention, and STI treatment. Highlights include:

- Data has confirmed important results for family planning, with an increase in the national CPR. Combining rural and urban data, the percentage change from 13.4% (2004) to 18.3% (2006) was highly significant. For married women currently using modern contraception, the percentage increase was even higher, from 18.8% in 2004 to 23.9% in 2006. This growth was driven by women in rural areas, who increased their use of modern contraception by 46% from 14.7% in 2004 to 21.4% in 2006. Social marketing activities are acknowledged to have contributed to nearly half of this growth.
- Malaria prevention activities are beginning to show significant impact on a national scale. Ownership and usage of ITNs among pregnant women and children under five has risen strongly, and recent results from the Service des Statistiques Sanitaires study 2003-2007 reports a 63% decrease in the mortality of children under 5 in endemic areas (from 18.4/1000 in 2003 to 6.9/1000 in 2007) that may be correlated the increase in ITN use in pregnant women, and the increase in PPT use during the 24 hours following a fever episode in children under 5.
- The *Top Réseau* social franchising network continued to be the nexus of reproductive health services targeted to youth. PSI Madagascar has successfully promoted *Top Réseau* as a location for youth-friendly, affordable reproductive health services, including family planning, STI treatment, and HIV counseling and testing. With the launch of Top Réseau Finarantsoa in November 2008, the network has grown to include 155 clinics with 219 trained doctors in seven urban sites throughout Madagascar.
- Expansion of PSI's innovative social marketing project, "Approche Secteur Public, ONG, Entreprise" (APONGE) project. In 2008 alone, over 55 NGOs/CBOs partnered with PSI Madagascar and supervised the work of approximately 7,300 AVBCs at the community level. The APONGE project also partners with over 65 corporations and has strong operational links with the US Peace Corps. Today the APONGE project is responsible for over 50% of sales of long lasting insecticide treated nets (LLINs), 40% of safe water sales, and 20% of sales for condoms and pills.
- PSI's research team completed four large scale TRaC surveys (youth, women of reproductive age, sex workers and high risk men) during the project period. Results guided program planners and implementers in the development of communication strategies, including key messages to address behavioural determinants that significantly influence the target groups' adoption of the desired behaviour. In 2008 and 2009, PSI will continue to use the 2006 TRaC survey results and other planned M&E activities to improve program implementation and progress towards logframe indicators.

By supporting PSI's efforts to focus its social marketing efforts on the significant drivers of behavior, targeting those most-at-risk populations, and expanding the reach of the social marketing project into hard-to-reach, rural areas, USAID has contributed to remarkable achievements across numerous areas in Madagascar. Thank you for your continued support.



Indicators for PC 1	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06
DISTRIBUTION RESULTS													
Number of Pilplan distributed	121,086	159,004	190,320	203,240	156,400	114,910	138,540	110,800	84,800	153,220	181,180	143,879	148,700
Number of Con fiance distributed	34,134	64,660	52,821	43,080	40,990	64,040	52,497	56,800	66,950	51,240	81,140	51,213	54,810
Number of IUD distributed											600	0	0
Number of Implanon distributed											0	46	13
IEC RESULTS													
Number of radio spots produced	0	0	4	4	4	4	4	4	4	4	0	0	0
Number of airings (radio spots IUD day)													
Number of airings (radio spots)	509	532	542	734	754	855	768	865	817	853	891	769	784
Number of radio show "Toky sy Antoka" produced	2	2	2	2	2	2	2	2	2	2	2	2	2
Number of airings ("Toky sy Antoka" radio shows)	28	31	33	29	39	43	32	56	34	31	32	29	26
Number of community outreach sessions by medical detailers													
Number of airing TV spot IUD Day													
Number of airing TV show "Harena ny taranaka"												16	16
MVU													
Number of MVU show													
TRAINING RESULTS													
Number of providers trained on basic FP (2 day training)					56			58	21	16	0	158	81
Number of doctors who attended Continous Medical Education on FP	70												

* APONGE = Approche aux ONGs et Entreprises

Sep-05	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08
146,957	175,270	171,722	133,918	109,772	225,646	165,610	168,549	90,700	131,960	181,520	197,546	149,895	197,483	179,968	109,200	80,202	295,460	110,152
27,480	54,811	47,570	23,822	33,500	65,973	53,518	94,683	46,010	46,140	87,740	53,183	41,283	62,910	85,825	51,132	55,060	69,376	23,643
0	573	210	330	30	2	15	30	11	261	10	55	373	39	604	515	21	114	127
9	8	20	0	0	7	0	12	9	14	35	20	23	38	21	15	20	8	11
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
		67	138															
772	777	709	749	751	784	716	687	0	0	0	0	0	0	0	0	1,863	972	1,170
2	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	34	2	2
25	27	26	27	27	29	26	24	0	0	0	0	0	0	0	0	2	40	40
					3	4	3	2	8	8	2	1	3	2	3	0		
	135	65			0	0	0	0	0	0	0	0	0	0	0	0		
16					0	0	0	0	0	0	0	0	0	0	0	0		
																	20	28
						15	36	52	0	48	7	0	0	115	0	0		

Apr-08	May-08	Jun-08	Jul-08	Results	Objectives	%	Comments
190,900	124,870	196,304	146,840	5,586,523	5,314,500	105%	
87,210	15,379	66,705	66,820	1,974,148	1,958,500	101%	
448	5	67	58	4,498			
8	8	22	12	379			
0	1	0	0	35			
				205			
1,863	972	1,170	1,035	24,663			
2	2	2	2	86			
34	34	40	14	858			
				39			
				200			
				48			
32	23	24	33	160			
17	0	54	34	768			
			153	223			



Indicators for PC 2.1	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Results	Objectives	%	Comments	
Number of bottles of Sûr'Eau distributed	38,030	9,779	96,936	107,272	87,191	7,310	2,283	6,819	60,395	0,059	5,211	3,360	31,637	60,112	73,331	80,585	100,062	39,600	9,588	8,281	89,363	136,377	77,928	69,212	66,137	7,587	107,501	112,310	66,601	52,689	92,803	171,926	166,110	129,076	78,271	61,359	2,810,617	2,517,453	112%		
via Community-Based Sales Agents	11,693	7,040	36,110	27,364	46,425	3,059	6,847	7,074	15,981	7,918	9,198	11,727	7,824	9,706	13,641	20,848	27,665	11,471	18,620	30,466	38,789	92,172	35,479	19,162	9,831	13,334	45,263	55,607	7,438	7,267	24,629	62,188	74,669	45,951	29,659	6,430	897,356	501,547	779%		
Number of PROMO & EDUCA ONAL radio spots produced	3	11	1	2	2	2	1	1	1	2	0	0	1	4	4	0	0	1	2	0	0	0	0	3	0	0	0	0	1	0	0	6	8	0	0	1	44				
Number of air tag radio spots	0	4979	379	390	407	0	196	98	96	104	104	7	0	0	0	0	0	479	377	0	0	0	250	0	0	0	0	0	0	384	498	498	872	444	444	0	10,796				
Number of EDUCA ONAL radio shows produced	0	2	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	41		
Number of air tags (educational radio shows)	0	0	32	2	0	0	0	0	0	0	0	0	0	0	0	0	0	29	22	0	0	318	70	95	80	95	0	0	0	0	0	20	20	0	20	0	20	833			
Number of MWU as tv hits (projection/animation VF events)	34	47	72	88	83	49	115	106	109	108	129	133	120	90	111	121	105	88	145	181	149	116	121	112	133	149	115	121	73	83	138	127	115	100	122	124	3,977				
Number of artist groups selected for MWU activities	10271	5294	6211	7071	7971	3443	7294	8519	10970	7677	11245	10834	12989	5924	6299	8271	4983	5945	6981	5161	10293	7996	6281	5845	6261	3827	10699	8780	12281	10244	8293	8829	6927	33920	61245	8949	334,298				
Number of employees and NGO partners trained by APONDE	101	0	1	0	1	0	4	107	0	107	0	0	0	0	0	0	0	119	0	0	0	79	10	29	0	83	0	0	0	0	0	0	0	0	0	0	0	0	1,774		
Number of trainings for community based agents	9	2	3	4	3	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	82		

*IBC = versé à base communautaire
 *APONDE = Agence aux ONGs d'Entreprises



Indicators for PC 3.1	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	
DISTRIBUTION RESULTS																											
Number of Protector Plus condoms distributed	789,840	699,936	806,208	876,528	1,017,840	434,832	696,072	776,928	785,616	798,480	757,008	842,208	722,544	1,087,584	1,012,560	983,568	952,228	469,680	934,176	936,240	881,136	868,464	1,003,968	1,036,320	1,208,976	1,138,516	
via Community-based Sales Agents	72,480	30,528	218,544	172,800	132,816	56,592	65,232	105,264	88,800	97,248	108,384	192,432	88,608	470,496	195,408	217,536	178,368	90,768	226,944	143,856	160,848	129,120	171,936	201,408	380,496	251,424	
Number of generics condoms distributed	500,000	0	413,700	1,600	210,000	595,000	1,156,200	826,000	2,800	2,340	0	450,000	11,100	0	30,000	100	924,000	0	630,000	0	490,000	0	683,195	315,000	1,800,000	744,391	
IEC RESULTS																											
Number of RADIO spots produced	3	3	3	3	3	0	3	3	3	3	3	3	3	3	3	3	3	3	0	0	0	0	0	0	0	0	0
Number of airings (RADIO spots pps Promo)	2,506	600	513	572	561	632	586	608	590	567	559	1,241	3,164	530	510	493	500	508	1,415	1,322	1,324	0	0	0	0	0	
Number of airings (RADIO spots pps Edu)	640	626	706	640	676	690	629	689	678	698	694	594	629	573	566	556	594	606									
Number of airings (RADIO spots TR Promo)	118	111		46	159		38	65	67		48	125		34	439		271	174	60								
Number of airings (RADIO spots TR Song)		33			30					20	17			17													
Number of airings (Delayed Debut Radio campaign)																			0	0	1,166	1,272	1,200	0	0	0	
Number of PROMO TV spots produced	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Number of airings (TV PROMO spots MATRIX)									392	868	717	102															
Number of airings (TV PROMO spots TR)	3	3	3	3	60	1	1	3	3	3	3	3	3	200	3	3	3	3	28	0	0	0	0	0	0	0	
Number of airings (TV Clip TR)					155	21																					
Number of airings (TV Clip STI)												735															
Number of airings (TV spots TRVCT LAUNCH)												28															
Number of EDUCATIONAL TV spots produced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Number of airings (EDUCATIONAL TV spots: "A B C")									1,409	250	120	251	25							0	0	0	0	0	0	32	
Number of airings (Delayed Debut TV campaign)																			0	0	702	336	312	0	64	65	
Number of EDUCATIONAL RADIO show (ANS) produced	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Number of EDUCATIONAL TV show (ANS) produced	4	4	5	4	5	4	4	4	4	4	4	4	4	4	4	4	5	4	4	5	4	4	5	4	4	5	
Number of airings (EDUCATIONAL radio show ANS PP+)	33	34	33	32	31	35	32	30	35	36	35	32	28	35	33	33	34	34	77	70	74	0	0	0	0	0	
Number of airings (EDUCATIONAL radio show ANS TR)	33	35	35	34	43	37	38	39	39	34	39	35	35	45	29	38	37	35									
Number of airings (EDUCATIONAL TV show ANS)	8	8	8	8	12	8	12	12	25	25	32	28	28	28	28	28	28	28	24	28	24	28	12	16	16	28	
Number of airings (TR LAUNCH FORT DAUPHIN REPORT)			4																								
Number of airings (TR REPORT)					4											5											
Number of airings (TR VCT LAUNCH)												6															
New audio series (Cassettes CSWs and Truck drivers distributed)						2	1												0	0	0	0	0	0	0	0	
SantéNet partnership (ANKOAY spots airings)									150	220	173	9															
Number of EDUCATIONAL TV show (GBC) produced																											
Number of airings (EDUCATIONAL radio show GBC)																											
Number of airings (EDUCATIONAL TV show GBC)																											
MVU RESULTS																											
Educational brochures distributed to target groups	73,780	47,280	41,160	59,880	45,240	40,320	88,800	51,600	35,760	55,760	57,760	71,360	54,760	56,960	46,520	48,560	30,880	42,720	48,560	63,120	41,230	70,960	43,840	54,200	62,060	74,520	
Number of MVU activities (projection/animation, VF, events)	98	86	72	104	83	44	94	112	119	104	141	139	116	98	114	120	78	65	127	120	136	125	127	111	131	124	
Number of target group reached by MVU	22,146	8,263	9,387	13,040	8,719	2,744	12,648	10,628	26,416	11,426	14,310	12,604	20,103	30,507	12,322	13,232	6,028	5,511	43,650	38,740	47,550	44,964	87,930	43,140	15,585	13,200	
APONGE RESULTS																											
Number of SW trained and "sensitized"							32	124	212	45	156		20	101	12	122	232	109	9	11	176	190	249	106	9	11	
Number of employees and NGO amateurs trained by APONGE	116	87	70	37	447	0	13	165	355	602	837		151	493	487	503	65	196	454	30	23	125	22	128	454	30	
Educational brochures distributed to target groups by APONGE																			8,000	3,840	10,240	3,200	1,280	24,840	8,000	3,840	

* APONGE Approche aux ONGs et Entreprises

Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Results	objectives	%	Comments
877,536	1,012,320	913,296	431,904	841,104	955,152	922,608	982,800	1,050,288	1,206,864	31,711,328	32,843,308	97%	
91,632	197,088	71,040	45,456	75,024	87,744	97,296	107,904	112,176	120,912	5,254,608	5,356,944	98%	
440,238	64,000	204,246	0	1,000	1,005,494	5,000	2,077	100	1,450,100	7,834,841	14,962,917	52%	
0	0	2	2	2	2	2	2	2	2	67			
0	0	1,179	1,185	1,185	1,185	1,185	1,185	1,185	474	28,064			
										11,484			
										1,717			
										68			
										87			
0	0	0	0							3,638			
										2,079			
0	0	0	0							329			
										176			
										735			
										28			
										0			
0	0	0	0							2,087			
64	0	0	0							1,543			
0	0	4	4	2	2	2	2	2	2	102			
4	5	4	4	2	2	2	2	2	2	130			
0	0	66	60	34	34	34	34	34	14	1,126			
										660			
32	32	32	32	16	16	16	16	16	16	754			
										4			
										9			
										6			
0	0	0	0							3			
										552			
			2	2	2	2	2	2	2	14			
				34	34	34	34	34	14	184			
				16	16	16	16	16	16	96			
									1	1			
							30			30			
				7	20	6				33			
				1	5	1				7			
				1	5	1				7			
							30			30			
				220	114					334			
					21					21			
				2	2	2	2	2	2	12			
49,100	60,000	30,740	16,800	38,380	42,500	54,190	80,200	79,960	80,200	1,937,650			
115	159	109	61	144	157	150	131	171	165	4,152			
12,395	14,669	24,166	5,910	14,477	15,327	14,532	46,249	37,819	15,195	775,732			
176	190	249	106	253	74	273	249	249	0	3,745			
23	125	22	126	0	0	0	27	64	73	6,348			
10,240	3,200	1,280	24,840	8,000	3,840	10,240	3,200	1,280	2,880	132,240			

ANNEX A: ADJUSTED LOGFRAME INDICATORS

I. Indicators and Targets

PC 1: Reduce Unintended Pregnancy and Improve Reproductive Health

Purpose: Increased use of modern family planning methods among women of reproductive age 15-49.

Indicator		Method of measurement	Baseline 2004	Year 1 Result	Year 2 Result 2006	Year 3 TARGET
1	Increase the % of sexually active women 15-49 who are currently using an oral or injectable contraceptive	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	13.4%	--	18.3%	22.3% (2008)

Output 1: Increase motivation of target groups to practice modern family planning

Indicator		Method of measurement	Baseline 2004	Year 1 Result	Year 2 Result 2006	Year 3 TARGET
1	Increase the % of women 15 to 49 who are convinced that pregnancies spaced less than 2 years apart cause negative impacts on a mother's health.	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	67.9%	--	69.0	73% (2008)
2	Increase the % of women 15 to 49 who cite that oral contraceptives are effective in preventing pregnancy.	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	78.6%		76.2	82% (2008)
3	Increase the % of women 15 to 49 who cite that injectable contraceptives are effective in preventing pregnancy	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	81.6%	--	81.7%	86% (2008)
4	Increase the % of women 15 to 49 who cite that oral contraceptives are reversible.	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	52.5%	--	55.0%	60% (2008)
5	Increase the % of women 15 to 49 who cite that injectable contraceptives are reversible	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	54.3%	--	58.4%	65% (2008)

Output 2: Improved ability of target groups to practice modern family planning

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result 2006	Year 3 TARGET
1	Increase the % of women 15 to 49 who are convinced that oral contraceptives are easy to use.	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	24.8%	--	29.4%	34% (2008)
2	Increase the % of women 15 to 49 who are convinced that injectable contraceptives are easy to use	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	32.9%	--	35.6%	41% (2008)
3	Increase the % of sexually active women (urban and rural) who feel able to convince their partner to use injectable or oral contraception	Behavioral tracking surveys (TRaC) 2004, 2006 and 2008	62.1%		63.9%	69% (2008)

Output 3: Improved opportunity of target groups to practice modern family planning

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Results	Year 3 TARGET
1	Increase the % of rural communes with at least one point of sale that sells <i>Pilplan</i> ,	MAP survey 2005 and 2010	45.6% (2005)	--	--	55% (2010)
2	Increase the % of rural communes with at least one point of sale that sells <i>Confiance</i>	MAP survey 2005 and 2010	41.5% (2005)	--	--	50% (2010)
3	Increase the % of urban communes with at least pharmaceutical outlet and one point of sale that sells <i>Pilplan</i>	MAP survey 2005 and 2010	n/a (2005)	--	--	60% (2010)
4	Increase the % of urban communes with at least pharmaceutical outlet and one point of sale that sells <i>Confiance</i>	MAP survey 2005 and 2010	n/a (2005)	--	--	55% (2010)
5	Increase the number of community based sales Agents who promote and sell oral contraceptives between years 1 and year 3	APONGE reports	330 (2005)	--	--	660 (2008)
6	Increase by 900 the number of private sector providers fully trained in quality reproductive health services and social marketed contraceptive products	Training reports	1,882 (2005)	2,272	--	2,782 (2008)

Distribution

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 Result
1	Number of <i>Pilplan</i> distributed /year	PSI monthly sales monitoring system	1,218,628 (2004)	1,757,379	1,850,324	1,758,765
2	Number of <i>Confiance</i> distributed /year	PSI monthly sales monitoring system	403,411 (2004)	659,564	636,057	627,650

PC 2.1 Malaria Prevention and Treatment

Purpose: Increased use of insecticide-treated mosquito nets (ITNs) among high risk groups (pregnant women and children under 5), and increased appropriate use of pre-packaged anti-malarials among children under 5 throughout Madagascar.

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the percentage of pregnant women reported sleeping under a treated net the previous night	2004, 2006 & 2008 TRaC Women surveys	11.9 % (2004)	--	28.0% (2006)	50% (2008)
2	Increase the percentage of children under 5 reported sleeping under a treated net the previous night	2004, 2006 & 2008 TRaC Women surveys	15.9 % (2004)	--	37.5% (2006)	50% (2008)
3	Increase the % of households owning at least 1 treated net.	2004, 2006 & 2008 TRaC Women surveys	21.9% (2004)	--	45.1% (2006)	60% (2007)
4	Increase the percentage of mothers/caregivers who report using <i>Pre-Packaged treatment</i> to treat fever during last case of malaria among their under five year olds.	2004, 2006 & 2008 TRaC Women surveys	8.1% (2004)	--	22.1% (2006)	30% (2008)
5	Increase the percentage of mothers/caregivers who report completing the <i>Pre-Packaged treatment</i> dose as directed.	2004, 2006 & 2008 TRaC Women surveys	50.6% (PPT) (2004)	--	82.5% (2006)	88% (2008)
6	Increase the percentage of children under 5 with malaria/fever receiving appropriate management according to national policy within 24 hours of onset of fever.	2004, 2006 & 2008 TRaC Women surveys.	64.8% (2004)		66.0% (2006)	72% (2008)

Output 1: Increased motivation of target groups to adopt safer behaviors

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the percentage of 15-49 year old women who cite treated nets as the most effective method of preventing malaria.	2004, 2006 & 2008 TRaC Women surveys.	72.3% (2004)	--	82.5% (2006)	90% (2008)
2	Increase the percentage of mothers/caregivers who cite <i>Pre-Packaged treatment</i> as an effective malaria treatment for children under 5.	2004, 2006 & 2008 TRaC Women surveys.	15.4% (2004)	--	35.6% (2006)	50% (2008)
3	Increase the percentage of 15-49 year old women who know malaria is transmitted only through mosquitoes.	2004, 2006 & 2008 TRaC Women surveys.	30.1% (2004)	--	35.0% (2006)	50% (2008)
4	Increase the % of mothers/caregivers that consider ITNs affordable.	2004, 2006 & 2008 TRaC Women surveys.	52.1% (2004)	--	75.6% (2006)	85% (2008)
5	Increase the % of mothers/caregivers that consider <i>Pre-Packaged treatment</i> affordable.	2004, 2006 & 2008 TRaC Women surveys.	23.7% (2004)	--	82.7% (2006)	88 % (2008)

Output 2: Improved ability of target groups to adopt safer behaviors

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the percentage of 15-49 year old women who know malaria is most serious for pregnant women.	2004, 2006 & 2008 TRaC Women surveys.	16.6% (2004)	--	28.7% (2006)	40% (2008)
2	Increase the percentage of 15-49 year old women who know malaria is most serious for children under 5.	2004, 2006 & 2008 TRaC Women surveys.	49.7% (2004)	--	60.9% (2006)	75% (2008)
3	Increase the percentage of 15-49 year old women who cite that fever is a sign of uncomplicated malaria for their children under 5	2004, 2006 & 2008 TRaC Women surveys.	62.8% (2004)	--	55.8% (2006)	69% (2008)
4	Increase the % of mothers/caregivers using <i>Pre-Packaged treatment</i> who can correctly describe treatment regimen for <i>PPT</i> for their child under 5.	2004, 2006 & 2008 TRaC Women surveys.	49.9% (2004)	--	85.2% (2006)	90% (2008)

Output 3: Improved opportunity of target groups to adopt safer behaviors

Indicator		Method of measurement	Baseline 2004	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the % of 15-49 year old women who know where to buy ITNs.	2004, 2006 & 2008 TRaC Women surveys	58.8% (2004)	--	65.2% (2006)	75 % (2008)
2	Increase % of rural communes with at least 1 POS that sells <i>SuperMoustiquaire</i> .	2005 & 2010 MAP surveys	29% (2005)	--	--	TBD (2010)
3	Increase the % of mothers/caregivers who know where to obtain <i>Pre-Packaged treatment</i> .	2004, 2006 & 2008 TRaC Women surveys	18.6% (2004)	--	40.8% (2006)	50% (2008)
4	Increase the % of rural communes with at least 1 POS that sells <i>PaluStop</i> .	2005 & 2010 MAP surveys	16% (2005)	--	--	TBD (2010)

Distribution

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 Result
1	Number of ITNs distributed /year	PSI monthly sales monitoring system	335,270 2004	870,351	699,131	496,463
2	Number of PPT distributed /year *	PSI monthly sales monitoring system	1,045,340 2004	3,588,885	3,026,276	89,944 (7,072 PaluStop ZAZAKE LY & 82,872 PaluStop ZAZA)

* As anticipated, PSI stocked out of PaluStop in August 2007.

PC 2.2 Diarrheal Disease Prevention in Madagascar

Purpose: Increased correct and consistent Safe Water Solution (SWS) among low-income Malagasy households

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the % of urban women 15-49 years old who report using <i>Sûr'Eau</i> in the past month.	2004, 2006 & 2008 Women TRaC surveys	13.0% (2004)	--	12.0% (2006)	16% (2008)
2	Increase the % of rural women 15-49 years old who report using <i>Sûr'Eau</i> in the past month.	2004, 2006 & 2008 Women TRaC surveys	7.6% (2004)	--	8.1% (2006)	12% (2008)

Output 1: Increase motivation of mothers for SWS.

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the % of women 15-49 years old that cite contaminated/dirty water as one cause of diarrhea.	2004, 2006 & 2008 Women TRaC surveys	63.1% (2004)	--	65.6% (2006)	72% (2008)
2	Increase the % of women 15-49 years old who cite <i>Sûr'Eau</i> as a way to purify water and prevent diarrheal disease.	2004, 2006 & 2008 Women TRaC surveys	58.4% (2004)	--	60.9% (2006)	67% (2008)
3	Increase the % of women 15-49 years old that consider <i>Sûr'Eau</i> affordable (among women who know <i>Sûr'Eau</i>).	2004, 2006 & 2008 Women TRaC surveys	88.5% (2004)	--	86.5% (2006)	93% (2008)

Output 2: Improved ability of mothers for SWS.

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase the % of urban women 15-49 who can cite correct usage instructions for <i>Sûr'Eau</i>	2004, 2006 & 2008 Women TRaC surveys	17.3% (2004)	--	11.7% (2006)	22% (2008)
2	Increase the % of rural women 15-49 who can cite correct usage instructions for <i>Sûr'Eau</i>	2004, 2006 & 2008 Women TRaC surveys	7.6% (2004)	--	5.7% (2006)	13% (2008)

Output 3: Improved opportunity of mothers for SWS.

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	3.1 Increase the number of rural fokontany with at least 1 POS that sells <i>Sûr'Eau</i>	MAP survey 2005 and 2010	21% (2005)	--	--	TBD (2010)
2	3.2 Increase community-based sales of <i>Sûr'Eau</i> via NGOs to more than 100,000 bottles/year	Monthly CBS activity reports, MIS system	56,913 (2004)	191,064	322,110	384,182 (2008 RESULT)
3	Increase the % of women 15-49 years old who know where to buy <i>Sûr'Eau</i> . (among women who know <i>Sûr'Eau</i>).	2004, 2006 & 2008 Women TRaC surveys	55.8% (2004)	--	66.2% (2006)	71% (2008)

Distribution

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 RESULT
1	Number of <i>safe water solution</i> distributed /year	PSI monthly sales monitoring system	651,983 2004	704,378	936,300	1,117,505

PC 3.1 PSI/M Comprehensive Behavior Change Communication and Condom Social Marketing

Purpose: Expand correct and consistent use of methods and products to prevent HIV/AIDS

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result 2006	Year 3 TARGET
1	Increase in % of SWs who report having used a condom with their last client	TRaC/SW 2006 & 2009	86.2%	n/a	n/a	92% (2009)
2	Increase in % of SW who report having used a female condom in the past 6 months	TRaC/SW 2009	n/a	n/a	n/a	45% (2009)
3	Increase in % of High Risk Men (HRM)* who report having used a condom at last sex with non marital partner	TRaC/HRM 2006 & 2009	61.7%	n/a	n/a	71% (2009)
4	Increase in % of High Risk Men (HRM) who report having used a condom at last sex with their regular partner	TRaC/HRM 2006 & 2009	34.7%	n/a	n/a	40% (2009)
5	Increase in % of High Risk Men (HRM) who report having used a condom at last sex with their casual partner	TRaC/HRM 2006 & 2009	59.0%	n/a	n/a	65% (2009)
6	Increase in % of High Risk Men (HRM)* who report having used a condom at last sex with their commercial partner	TRaC/HRM 2006 & 2009	70.3%	n/a	n/a	80% (2009)
7	Increase in % of SWs who report always or almost always using a condom with clients.	TRaC/SW 2006 & 2009	72.3%	n/a	n/a	80% (2009)
8	Decrease the % of HRM who had sex with two or more sexual partners	TRaC/HRM 2006 & 2009	73.2%	n/a	n/a	77% (2009)

Output 1: Increase motivation of target populations to adopt safer sexual behaviors

Indicator		Method of measurement	Baseline 2003	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase % of youth 15-24 who can cite effective means of preventing STI transmission (ABC)	Youth TRaC 2006 & 2008 KAP 2003	6.2%	--	11.9%	9.5% (2008 RESULT)

2	Increase % of youth 15-24 who can cite effective means of preventing HIV/AIDS transmission (ABC)	Youth TRaC 2006 & 2008 KAP 2003	2.7%	--	4.7%	5.1% (2008 RESULT)
3	Increase the % of SWs who believe that they can avoid HIV by using male condoms consistently and correctly.	TRaC/SW 2006 & 2009	75.9%	--	--	85% (2009)
4	Increase the % of SWs who believe that they can avoid HIV by using female condoms consistently and correctly.	TRaC/SW 2009	n/a	n/a	n/a	40% (2009)
5	Increase the % of SW who believe they are at risk of HIV/STI if they do not use condoms when they have sex	TRaC/SW 2006 & 2009	61.4%	n/a	n/a	70% (2009)
6	Decrease the % of HRM who believe that condoms reduce sexual pleasure	TRaC/HRM 2006 & 2009	55.3%	--	--	40% (2009)
7	Decrease the % of HRM who believe that condoms break easily	TRaC/HRM 2006 & 2009	18%	--	--	10% (2009)
8	Increase the % of HRM who believe that they can avoid HIV by reducing partners and using condoms consistently and correctly.	TRaC/HRM 2006 & 2009	89.1%	--	--	95% (2009)

Output 2: Increase ability of target populations to adopt safer sexual behaviors

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Maintain the % of SWs who state that they have the ability to convince their clients to use a male condom	TRaC/SW 2006 & 2009	84.5% (2006)	--	--	90% (2009)
2	Increase the % of SWs who state that they have the ability to use the female condom	TRaC/SW 2009	n/a	n/a	n/a	40% (2009)
3	Increase the % of HRM who state that they can always persuade casual partners to use condoms	TRaC HRM 2006 & 2009	75.8% (2006)	--	--	79% (2009)
4	Increase the % of HRM who state that they can always persuade sex workers to use condoms	TRaC HRM 2006 & 2009	76.2% (2006)	--	--	86.2% (2009)

5	Decrease the % of HRM who state that it is acceptable to force sex upon a partner	TRaC/HRM 2006 & 2009	8.1% (2006)	--	--	2% (2009)
6	Increase % of 15-24 year olds who discussed STI prevention in the last year with friend	Youth TRaC 2006 & 2008 KAP 2003	49.0%	--	25.5%	24.9% (2008 RESULT)
7	Increase % of 15-24 year olds who discussed HIV/AIDS prevention in the last year with friend	Youth TRaC 2006 & 2008 KAP 2003	45.1%	--	29.4%	27.0% (2008 RESULT)
8	Increase % of 15-24 year olds who discussed STI prevention in the last year with their partners	Youth TRaC 2006 & 2008 KAP 2003	15.9%	--	8.4%	11.6% (2008 RESULT)
9	Increase % of 15-24 year olds who discussed HIV/AIDS prevention in the last year with their partners	Youth TRaC 2006 & 2008 KAP 2003	13.4%	--	9.8%	11.6% (2008 RESULT)

Output 3: Increase opportunity of target populations to adopt safer sexual behaviors

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result 2006	Year 3 TARGET
1	Increase % of urban hotzone high-risk fokontany (identified by PLACE) with at least 50% of POS that sells condoms <i>Protector Plus</i>	MAP Phase 2 Hotzone	80% (2006)	n/a	n/a	80% (2010)
2	Increase number of brothels who stock/sell condoms	Monthly distribution activity reports/MIS system	27% (2007)	n/a	n/a	40% (2008)

Distribution

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 Result
1	Number of condoms distributed /year	PSI monthly sales monitoring system	11,774,469 (8,258,496 <i>Protector Plus</i> , 3,515,973 Generic) 2004	13,482,336	13,971,863	14,633,087 (3,902,255 Generic, 10,730,832 Protector Plus)

PC3. 2: PSI/M Comprehensive STI Case Management

Purpose: Comprehensive STI Case Management

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Increase % of HRM* with an STI in last 12 months who sought a treatment from qualified provider	TRaC/HRM 2006& 2009	81.7% (2006)	--	--	87% (2009)
2	Increase % of sexually active 15-24 year old males with an STI in last 12 months who sought a treatment from qualified provider.	Youth TRaC 2006 & 2008 KAP 2003	66.2% (2003)	--	53.0%	60.0% (2008 RESULT)
3	Increase the % of SW with an STI in the last 12 months who sought a treatment from a qualified provider.	TRaC/SW 2006 & 2009	86.5% (2006)	--	--	94% (2009)

Output 1: Increased ability of target populations to prevent STI transmission an seek appropriate STI care when infected

Indicator		Method of measurement	Baseline	Year 1 Target	Year 2 Result	Year 3 TARGET
1	Increase the % of sexually active 15-24 year old males with an STI in last 12 months who have referred their partner to treatment.	Youth TRaC 2006 & 2008	n/a	---	21.3%	19.8% (2008 RESULT)
2	Increase the % of HRM with an STI in last 12 months who have referred their partner to treatment	TRaC/HRM Surveys 2006 & 2009	40.8% (2006)	--	--	50% (2009)
3	Increase the % of SWs who are aware of the STI services provided by <i>Top Réseau</i> clinics.	TRaC/SW Surveys 2006 & 2009	76.9% (2006)	--	--	88% (2009)
4	Maintain the % of SW who report they are able to seek qualified treatment when they have an STI	TRaC/SW Surveys 2006 & 2009	95.8% (2006)	--	--	95.8% (2009)
5	Increase the % of SW who are able to convince their partner to consult a doctor because they are infected	TRaC/SW Surveys 2006 & 2009	66.0% (2006)	--	--	72% (2009)

Output 2: Increased opportunity of target populations to prevent STI transmission an seek appropriate STI care when infected

Indicator		Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 TARGET
1	Maintain the % of rural communes with at least one point of sale that sells STI PPT kit <i>Cura 7</i>	MAP Surveys 2005 & 2010	74% (2005)	--	--	75% (2010)
2	Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kits <i>Cura 7</i> *	MAP Surveys 2005 & 2010	30% (2005)	--	--	50% (2010)
3	Increase the % of rural communes with at least one point of sale that sells STI PPT kit <i>Genicure</i>	MAP Surveys 2005 & 2010	28% (2005)	--	--	40% (2010)
4	Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kit <i>Genicure</i> *	MAP Surveys 2005 & 2010	30% (2005)	--	--	50% (2010)
5	50% of <i>Top Réseau</i> medical providers correctly diagnose and prescribe correct treatment to patients with STIs.	Mystery Client Surveys	Tamatave: 44% (2003) Tana: 31% (2003) Antsiranana: 31% (2003) Taolagnaro: 22% (2004) Majunga: 25% (2004)	--	--	Tamatave: 23% Tana: 46% Antsiranana 21% Taolagnaro 10% Majunga: 38% Antsirabe 41% Morondava 44%
6	Increase the number of private sector providers fully trained in STI diagnosis and treatment	Training Reports	1,775 (2005)	--	----	2,412

* Following the results of the MAP 2005 survey, minimal standards for STI kit product coverage were revised, to include one pharmacy and one other point of sale in urban areas.

Distribution

Indicator		Method of measurement	Baseline	Year 1 result	Year 2 result	Year 3 result
1	Number of <i>Cura 7</i> distributed /year	PSI monthly sales monitoring system	190,267 2004	297,359	219,866	277,208
2	Number of <i>Genicure</i> distributed /year	PSI monthly sales monitoring system	78,242 2004	139,924	197,171	227,972

PC 3. 3 Reproductive Health Services for Adolescents

Purpose: Increase preventive behaviors practiced by sexually active unmarried youth in Toamasina, Antananarivo, Antsiranana, Taolagnaro, Mahajanga and two other areas for extension (Morondava and Antsirabe, incorporated in Sept. 2006)

Indicator		Method of measurement	Baseline 2003	Year 1 result	Year 2 result 2006	Year 3 RESULT
1	% increase of never married 15-18 year old youth reporting never having engaged in sexual intercourse	Youth TRaC 2006 & 2008	65.6%	--	77.3%	73.2%
2	Decrease % of 15 – 24 year olds who had 2+ sexual partners in the last year	Youth TRaC 2006 & 2008 KAP 2003	31.7%	--	32.9%	32.7%
3	Increase in the % of sexually active 15-24 year old males reporting condom use in “most cases: or “always” with a) regular partners from 19% to 29 %, and b) occasional partners from 44% to 54%	Youth TRaC 2006 & 2008 KAP 2003	a) regular partners 20.2% b) occasional partners 42.4%	--	21.0% 46.1%	a) regular partners 16.7% b) occasional partners 25.9%
4	Increase in % of sexually active 15-24 year old females reporting using modern family planning methods	Youth TRaC 2006 & 2008 KAP 2003	34.2%	--	29.1%	33.1%
5	Increase in % of 15-24 year olds receiving STI treatment, among those who have an STI syndrome in the past 12 months	Youth TRaC 2006 & 2008 KAP 2003	82.4%	--	57.0%	66.3%

Output 1: Increased motivation of Malagasy youth to adopt safer sexual practices and reproductive health seeking

Indicator		Method of measurement	Baseline 2003	Year 1 Result	Year 2 Result	Year 3 RESULT
1	Decrease % of sexually active 15-24 year olds who believe that they can avoid STIs or HIV by choosing carefully their sexual partner	Youth TRaC 2006 & 2008 KAP 2003	a) STIs: 64.8% b) HIV: 65.2%	--	47.5% 58.1%	a) STIs: 68.4% b)HIV: 65.8%
2	Increase % of sexually active 15- 24 year olds who think they would be at medium/high risk for STIs or HIV/AIDS if they did not consistently use a condom	Youth TRaC 2006 & 2008 KAP 2003	a) STIs: 36.1% b) HIV 39.1%	--	72.2% 84.9%	a) STIs: 70.1% b) HIV: 68.0%

3	Increase % of sexually active 15- 24 year olds who believe that AIDS really exists among Malagasy youth	Youth TRaC 2006 & 2008 KAP 2003	55.3%	--	55.5%	51.2%
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Output 2: Increased ability of Malagasy youth to adopt safer sexual practices and reproductive health seeking

Indicator	Method of measurement	Baseline	Year 1 Target	Year 2 Result	Year 3 RESULT	
1	Increase in % of 15-24 year olds who report talking with their partner about HIV/AIDS in the past 12 months	Youth TRaC 2006 & 2008 KAP 2003	13.4%		10.2%	NA (due to PDA issue)

Output 3: Increased opportunity for Malagasy youth to adopt safer sexual practices and reproductive health seeking

Indicator	Method of measurement	Baseline	Year 1 Target	Year 2 Result	Year 3 Result	
1	50% of <i>Top Réseau</i> medical providers correctly diagnose and prescribe correct treatment to patients with STIs	Mystery client survey	Tamatave: 44% (2003) Tana: 31% (2003) Antsiranana: 31% (2003) Taolagnaro: 22% (2004) Majunga: 25% (2004)	--	--	Tamatave: 23% Tanà: 46% Antsiranana 21% Taolagnaro 10% Majunga: 38% Antsirabe 41% Morondava 44%
2	Decrease % of 15- 24 year olds reporting that STI treatment services are difficult to obtain	Youth TRaC 2006 & 2008 KAP SRA 2003	38.9%	--	40.2%	29.3%
3	Increase % of 15-24 year olds who can indicate where to access VCT services	Youth TRaC survey in 2006 & 2008 KAP 2003	40.1%	--	44.9%	56.2%

Services

Indicator	Method of measurement	Baseline	Year 1 Result	Year 2 Result	Year 3 Result	
1	Number of adolescent reproductive health clients within the project period	PSI monthly monitoring system SIGS	25,404 (2004)	61,444	82,588	125,052
2	Number of youth aged 15-24 with STIs seeking services at <i>Top Réseau clinics</i>	PSI monthly monitoring system SIGS	6,976 (2004)	13,524	14,930	21,067

3	Number of <i>youth clients aged 15-24</i> attending <i>HIV VCT</i>	PSI monthly monitoring system SIGS	--	366	4,317	5,147
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Annex B

Clean Water = Healthy Business *PSI Madagascar's Hotely Sûr'e*

Mrs. Solomon Solonandrasana is a successful business woman, managing a traditional restaurant (hotely) called Hotely Mikajy for more than ten years. Located in Andavamamba, a popular neighborhood of Madagascar's capital city Antananarivo, Hotely Mikajy has recently expanded to accommodate her booming business.

Hotely Mikajy was one of the 100 first Hotely Sûr'e participants recruited by PSI Madagascar in 2001. This program is designed to motivate traditional Malagasy restaurants to improve their water supply and sanitation practices through the use of PSI's clean water product Sur'Eau to their customers.

As a program participant, Mrs. Solomon receives training on diarrheal disease prevention and the correct use of Sur'Eau to treat water. In addition, PSI provides her with clean water containers, as well as promotional items to promote the Hotely Sûr'e program.



Mrs. Solomon washes vegetables in her restaurant with water treated with Sur'Eau.

Even though her restaurant has access to running water, Mrs. Solomon prefers to treat it with Sur'Eau. With the five to ten Sur'Eau bottles she purchases monthly from her neighborhood stores, she prepares her daily specials, treats customers' drinking water, washes raw vegetables, and creates natural fruit juice drinks with Sur'Eau. Mrs. Solomon also provides a container with treated water for her customers' handwashing needs, and washes her dishes with treated water.

Her efforts to provide a clean and hygienic restaurant have paid off, and her business is growing daily. Clients recognize and trust the affiliation of the restaurant with the Hotely Sûr'e label, which has in-turn led to a more diversified regular customer client base, including students, office employees, and even foreigners. Case in point: the capacity of her restaurant grew from 20 to 70 dishes served in a day!



The extension of Hotely Mikajy, enabled by an increase in business

In January 2008, spurred by this increase in her business, Mrs. Salomon was proud to expand her restaurant by adding a new room to accommodate all of her new customers.

In the seven years since it has been affiliated with the Hotely Sûr'e label, Mrs. Salomon's Hotely Mikajy has grown to be one of the most successful, motivated and loyal members of the program.

CARTOGRAPHIE DES ACTIVITES TOP Réseau

ANTSIRANANA

- 12 centres TOP Réseau (TR)
- 3 centres TOP Réseau Plus (CTV)
- 14 médecins dans la franchise TR
- 10 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS
- 3 Pairs Educateurs HHR

MAHAJANGA

- 15 centres TOP Réseau (TR)
- 2 centres TOP Réseau Plus (CTV)
- 19 médecins dans la franchise TR
- 10 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS

TOAMASINA

- 33 centres TOP Réseau (TR)
- 2 centres TOP Réseau Plus (CTV)
- 51 médecins dans la franchise TR
- 10 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS
- 3 Pairs Educateurs HHR
- 2 Pairs Educateurs MSM

MORAMANGA**

ANTSIRABE

- 14 centres TOP Réseau
- 16 médecins dans la franchise TR
- 10 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS
- 3 Pairs Educateurs HHR

ANTANANARIVO

- 57 centres TOP Réseau (TR)
- 7 centres TOP Réseau Plus (CTV)
- 93 médecins dans la franchise TR
- 24 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS
- 3 Pairs Educateurs HHR
- 2 Pairs Educateurs MSM

FIANARANTSOA

MORONDAVA

- 8 centres TOP Réseau
- 8 médecins dans la franchise TR
- 6 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS

TAOLAGNARO

- 6 centres TOP Réseau (TR)
- 2 centres TOP Réseau Plus (CTV)
- 7 médecins dans la franchise TR
- 6 Pairs Educateurs Jeunes
- 3 Pairs Educateurs TDS

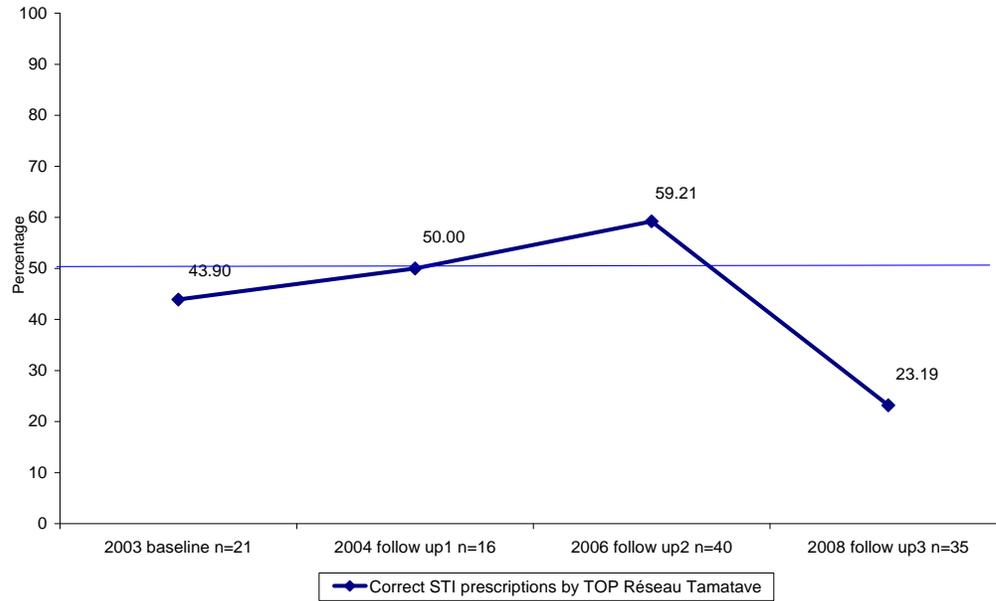
TOLIARA**

SITE D'EXTENSION

** Additional sites pending other sources of funding.

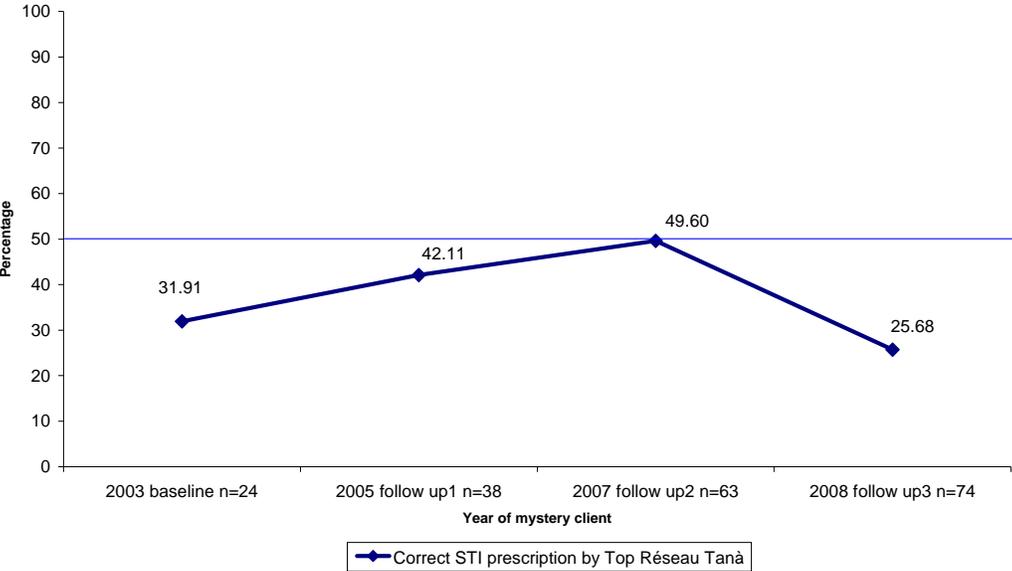
ANNEX D: Male and Female Mystery Client Scores for STI Syndromic Management in
Top Réseau Sites (baseline and follow up studies).

TOP RÉSEAU TAMATAVE

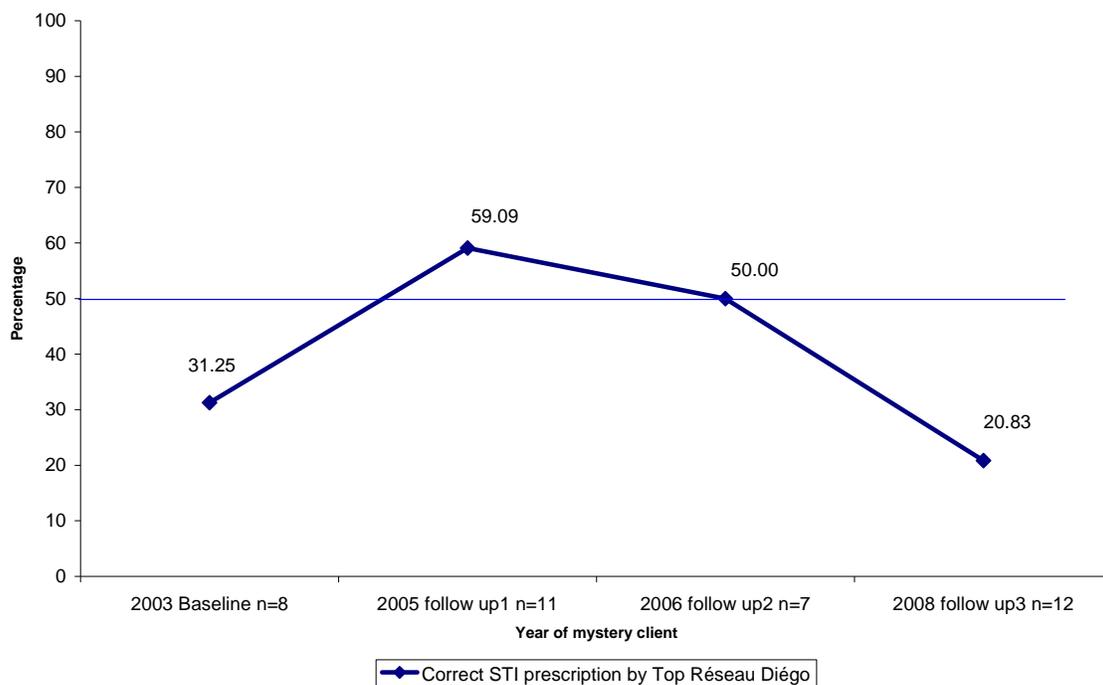


N= number of providers included in the respective survey round (NB. There is < 100% continuity in providers participating in all survey rounds)

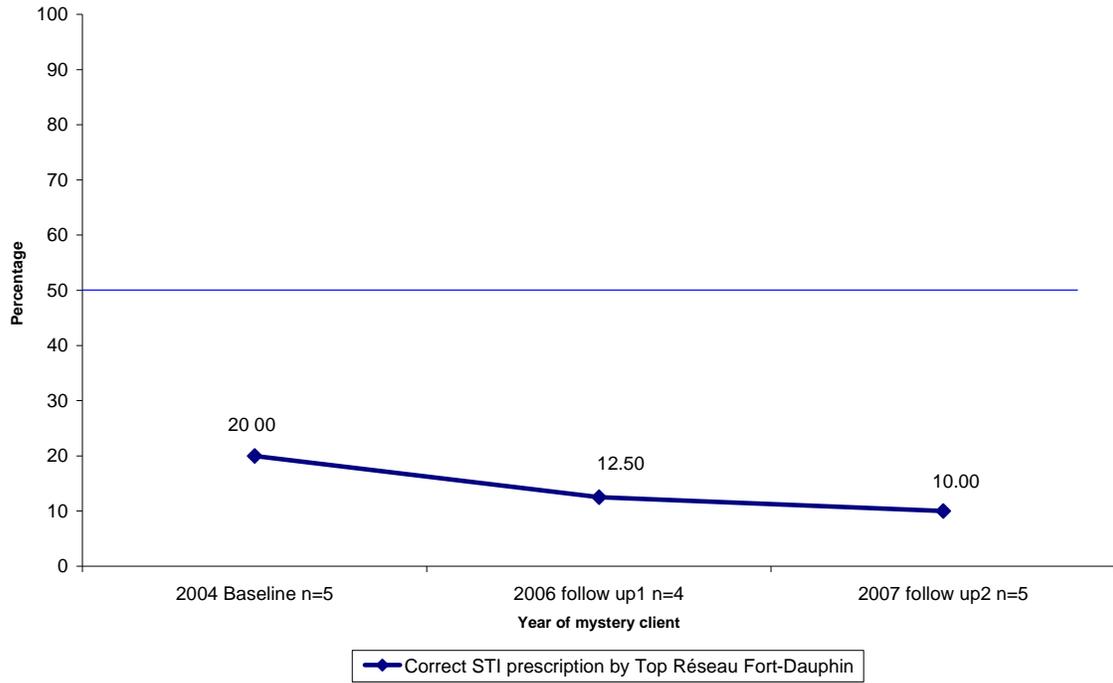
TOP RÉSEAU ANTANANARIVO



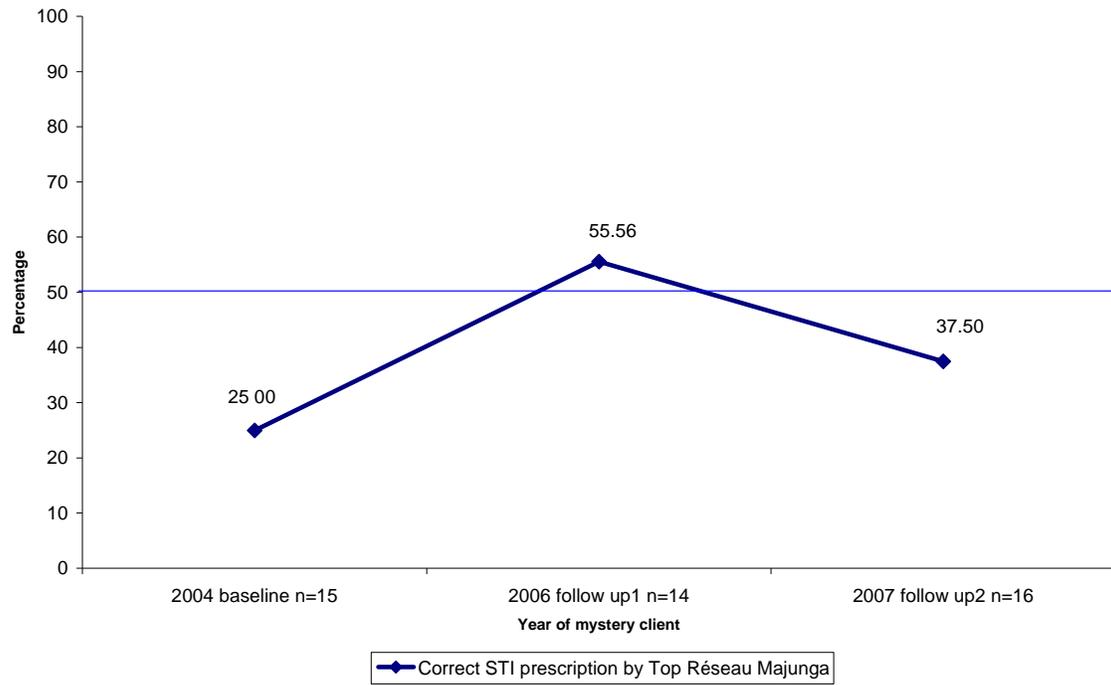
TOP RÉSEAU DIEGO



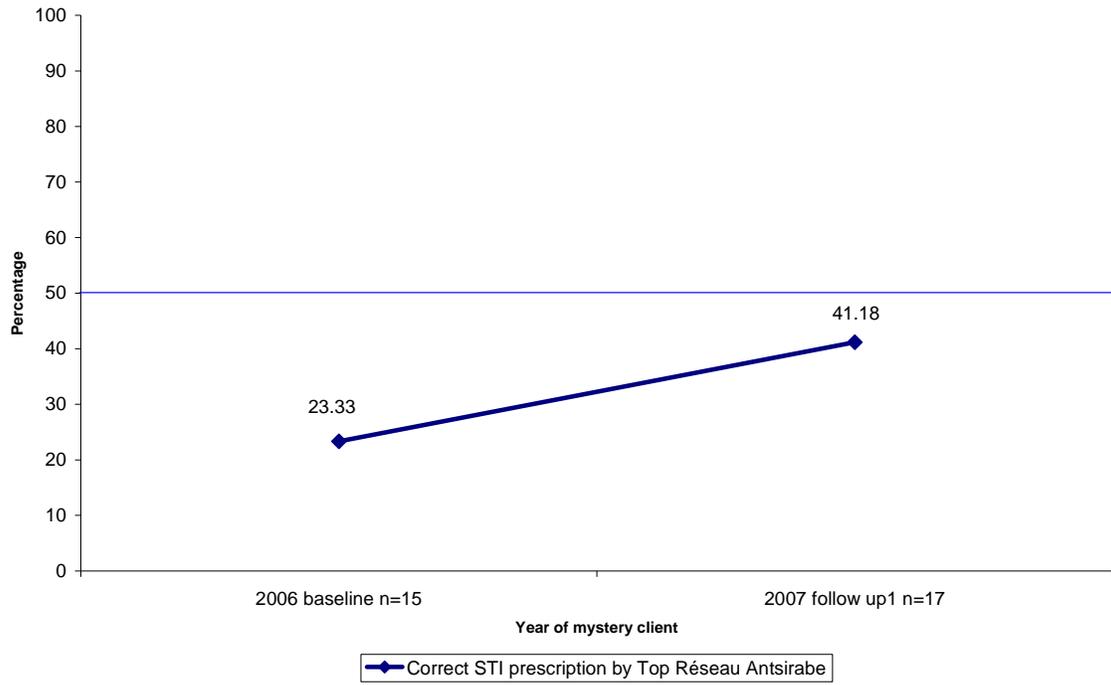
TOP RÉSEAU FORT DAUPHIN



TOP RÉSEAU MAJUNGA



TOP RÉSEAU ANTSIRABE



TOP RÉSEAU MORONDAVA

