

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

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

**Semi-Annual Report**

**February 1, 2007 – July 31, 2007**



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## Table of Contents

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<b>Executive Summary: Social Marketing Program for Child, Maternal, and Reproductive Health Products and Services.....</b>	<b>2</b>
<b>Monitoring and Evaluation .....</b>	<b>6</b>
Studies completed and/or underway	
Planned research studies	
<b>Program Components: Activity Highlights from February 1, 2007 to July 31, 2007</b>	
<b>PC1 : Program Component 1 – <i>Reduce Unintended Pregnancy and Improve Reproductive Health of Malagasy Women</i>.....</b>	<b>8</b>
PC1.1 Increasing informed demand for modern contraceptives	
PC1.2 Expanding access to socially marketed contraceptives	
PC1.3 Improving quality and coverage of reproductive health services	
<b>PC 2: Program Component 2 - <i>Prevent/Control Infectious Diseases of Major Importance and Improve Child Survival, Health, and Nutrition</i> .....</b>	<b>13</b>
PC 2.1 Increasing informed demand for malaria prevention and treatment	
PC 2.2 Expanding access to ITNs and anti-malarial PPT	
PC 2.3 Increasing informed demand for diarrheal diseases prevention	
PC 2.4 Increased access to safe water treatment among rural households	
<b>PC 3: Program Component 3 - <i>Reduce Transmission and Impact of HIV/AIDS</i> .....</b>	<b>19</b>
PC 3.1 Increased knowledge of STI/HIV Prevention	
PC 3.2 Increased condom use among high-risk groups with non regular partner	
PC 3.3 Increased informed demand for STI treatment products and services	
PC 3.4 Increased knowledge of and access to appropriate affordable STI therapy among high risk groups	
PC 3.5 Increased preventive/care seeking behaviors among youth in selected areas	
PC 3.6 Improved access to high-quality youth-friendly RH services	
<b>Conclusion .....</b>	<b>31</b>
<b>ANNEX A: Overview of Logframe Indicators .....</b>	<b>32</b>

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

In August 2005, Population Services International/Madagascar (PSI) was awarded the 3-year Cooperative Agreement CA # 687-A-00-05-00109-00 by USAID to expand its successful social marketing and behavior change communication interventions in family planning, maternal and child health, and STI/HIV prevention and treatment. The total project duration is three years, from August 1, 2005 to July 31, 2008. In June 2006, USAID provided PSI with additional funding of US\$1,714,000, to further strengthen family planning, malaria, and STI/HIV interventions already underway under CA # 687-A-00-05-00109-00. The majority of this supplemental funding is being allocated to maintaining the *Top Réseau* franchised network of private clinics.

As stipulated under the terms of the Cooperative Agreement, PSI will continue working under the supervision of the Government of Madagascar (GOM), 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 – local stakeholders and program beneficiaries in developing, implementing, and evaluating its programs.

During the second semester of the second year of the cooperative agreement (February 1, 2007 through July 31, 2007), PSI reports progress on a number of indicators and important activities, including:

**Family Planning (FP)**

- The 2004 and 2006 TRAC studies 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 a positive % change among rural women currently using an injectable or oral contraceptive (from 11.6 to 18.5 %), and no 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.
- PSI has worked closely with Santenet and Georgetown Institute of Reproductive Health (IRH) on developing a plan for the introduction of Cyclebeads, Standard Days Method. Given that certain faith based community based partners are not interested in participating in promotion of modern methods of family planning, this method and IEC tool offers an alternative such organizations and will increase method mix for the broader program. Georgetown IRH will contribute 60,000 units of cycle beads and PSI will work collaboratively with Santenet to train up select CBD agents in the SDM methodology and will serve as a distribution channel for Cyclebeads.
- PSI collaborates with the MoHFPSP and Family Health International on a research study on community based provision of Depo-Provera injectable contraceptive. A local FHI consultant has been based at PSI since September 2006, supervising project implementation in 13 communes within the two regions of Alaotra Mangoro and Anosy. Following their initial training in November 2006, 62 community based health agents are currently giving injections to women in their communities. To date, they have serviced more than 1,200 Depo Provera clients. PSI provides technical support in training, data collection and data entry. The first round of data collection has been completed. The second round is planned for August 2007.

## HIV/STI

- From February through July, PSI actively participated in the preparation of Madagascar's submission for Global Fund Round 7 funding. In June, PSI was selected by the CCM to serve as one of two principal recipients for HIV/AIDS funding. Results are expected in November 2007.
- PSI participated actively in the preparation of the revised National Policy on STIs and the National 5 Year Plan for HIV/STI Prevention among most vulnerable groups
- Several *Top Réseau* clinics in Tamatave and Fort Dauphin participated in the CDC led study for rapid tests for syphilis diagnosis
- Ongoing discussion with the SE/CNLS regarding the provision of STI treatment kits for social marketing, following the submission of a PSI proposal for STI kits to PMPS.
- Extension of VCT services offered through the training of 2 *Top Réseau* clinics in Fort Dauphin
- Successful launch of the delayed debut communication campaign targeting youth.
- Successful launch of *Feeling*, female condom, targeting sex workers and partner organizations working with sex workers. Prior to the launch in each *Top Réseau* site, training of SW peer educators and relevant partners/PSI staff was conducted by UNC/Mad. The launches received considerable local press coverage, and product demand from SWs has been high.
- PSI subcontracted the HIV/AIDS Alliance to conduct a series of trainings for SWs in six *Top Réseau* sites focusing on empowerment, self esteem, legal issues surrounding sex work, and gender. Follow visits are planned for September to determine the impact of training.
- Extension of high risk group outreach work with MSM

## Maternal and Child Health

- In close collaboration with the USAID mission, the National Malaria Control Program and other RBM partners, PSI actively participated in and assisted in the organization of the assessment and planning missions of the PMI team in March and May 2007. This included several meetings in Antananarivo and missions to the field.
- In March 2007, PSI received final approval for its Global Fund Phase II malaria grant agreement of Round 4 was received in late 2006. This grant extension will enable PSI to distribute an additional 802,000 long lasting treated bednets and will co-finance the transition from chloroquine to Artemisin-based Combination Therapies (ACT). The value of this grant extension is \$10.2 million and will expire in February, 2009. Expenses under this agreement will continue to support PSI's commitment toward cost share within this current Cooperative Agreement.
- From February through July, PSI actively participated in the preparation of Madagascar's submission for Global Fund Round 7 funding. In June, PSI was selected by the CCM to serve as one of two principal recipients for malaria funding. Results are expected in November 2007.
- PSI was also an active participant in the development of the national strategic plan for malaria – “Madagascar : vers l'élimination du paludisme 2007-2012” – which was finalized in July.
- In February, March and April 2007, PSI conducted three qualitative research pretests for its new ACT anti-malarial PPT to establish the elements of the new kit (blister, instruction leaflet, and

box). All pretests were conducted with member of the NMCP. Surveys were conducted among mothers of CU5 living in endemic coastal areas, urban and rural. The results for each pretest were shared to RBM partners, and their feed-back was included in the different development stages. Once a final decision is made by the NMPC/MOH regarding the authorized format of ACTs (i.e. co-blister vs. fixed dose combination), PSI will be ready to act quickly to ensure the new product is in country as soon as possible.

- PSI collaborated with the National Malaria Control Program and partners in the Roll Back Malaria Initiative on Africa Malaria Day festivities in Ihosy.
- In collaboration with the NMCP and health center staffs in Majunga, PSI distributed 11,000 Long Lasting Insecticide Treated Nets – which were donated by the World Swim for Malaria Foundation – to pregnant women and children under one who came into health centers in the districts of Majunga I and II during Mother and Child Health Week from April 23<sup>rd</sup>-27<sup>th</sup> 2007. To support this distribution, PSI’s Mobile Video Unit (MVU) team was mobilized before and during the week to encourage mothers to go to health centers, and they partnered with local authorities to conduct mass sensitization sessions on malaria in both districts.
- 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 in Tanà and the MINSANPFPS. *Sûr’Eau* will be included in every activities and PSI will participate on diffusing other educational messages during this campaign
- In responses to cyclones and floods emergencies, and due to important promotional and educational activities by Sekoly Sûr’e, Hotely Sûr’e, MVU and large Radio Campaign, PSI has distributed more than 550,000 bottles of *Sûr’Eau* through all distribution networks. These sales represent 203% of the last year achievements in the same period, and more than 75% of the annual objectives.
- PSI worked closely with a team from Emory University which conducted an assessment of PSI’s SWS program using results from the 2006 TRaC survey. The goal of the mission was to assess disparities in the use and awareness of *Sur-Eau* among different segments of the population of Madagascar. A presentation of the results was conducted at the USAID mission in Madagascar in June and subsequently at USAID headquarters in August, and a final report will follow.
- In 2006, the PSI research team completed the TRAC follow up study among women of reproductive age assessing change from 2004 data for important health behaviors such as: use of insecticide treated bednets; malaria treatment for children under five; and use of *Sur Eau*. During the period under review, the MCH team worked to analyze the results and to prepare strategic communications plans based on the findings. Dissemination of the results for diarrheal disease and malaria prevention and treatment will be conducted in the second half of 2007 in close collaboration with the relevant ministries and partners.
- PSI received word that its \$1.5 million proposal under the USAID Child Survival Grant Program to promote integrated management of child illnesses through social marketing of a prepackaged diarrheal disease treatment kit (including Oral Rehydration Salt and Zinc) and a pneumonia treatment kit, would not be funded as it was ranked sixth out of 28 proposals reviewed (only the top five were funded). Due to the strength of the proposal and to the need and potential in Madagascar, PSI/W has authorized PSI/M to re-submit for the next round.

## Cross-Cutting Areas

- Continued successful partnership with SantéNet to support the *Kaominina Mendrika* program. Through this and partnerships with CARE, SALFA, ASOS, MCDI, ADRA, etc. and in collaboration with the SSD, the number of trained community based sales agents that sell PSI products and communicates health messages has increased to 5650 total agents. These agents cover approximately 279 communes. PSI has trained 90 trainers on the array of socially marketed products channeled through these community based agents.
- PSI/APONGE concluded its work targeting main transport road/rail workers through its collaboration with the *Programme de Secteur Transport* (PST). Interventions covered worksites on 12 central road arteries, 4 rural roads, and 4 railroad work sites. Employees consisted of COLAs, MADARAIL, and SMATP. Activities consisted of targeted interpersonal communications, training of peer educators and community animators.
- During the month of July, PSI/APONGE conducted a series of targeted interpersonal communication sessions (HIV & STI focused) and condom distribution among 40 fishermen employed by AQUAMEN in Tulear.
- In May, PSI/APONGE conducted HIV and STI trainings for 70 employees of SODEXO in Fort Dauphin.

## I. MONITORING AND EVALUATION

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To measure and improve the effectiveness of social marketing interventions across the health areas where PSI intervenes, significant resources are invested in the production of timely and actionable data. These data are used to make evidence based decisions for ongoing and future social marketing activities. PSI uses four types of studies to generate data for program planning and evaluation:

**1) Qualitative Research (Project FoQus)** - Qualitative research is used for concept development, pre-testing communication materials and, if necessary, further exploring questions raised in segmentation (e.g. factors that differentiate users versus non users of a certain product/service).

**2) Tracking Surveys (Project TRaC)** - PSI's Tracking Results Continuously surveys collect data on evolving trends in logical framework indicators at the purpose, output, and activity levels with different target populations and for different health interventions. TRAC studies are similar to knowledge, attitude, and practice surveys, except that they are implemented more frequently using smaller (but statistically valid) sample sizes. TRAC studies produce three sets of tables for program planners: 1) monitoring tables, which allow program planners to detect significant changes on logframe indicators; 2) segmentation tables, which allow them to explore the differences over time in certain behavioral determinants between users and non users of a product/service; and 3) evaluation tables, which provide them with evidence of the combined impact of PSI's communication activities on the desired behavior.

**3) Mapping Surveys (Project MAP)** – Project Measuring Access and Performance (MAP) informs program planners about the coverage of a product, the quality of the coverage and the equity of access among the target population. PSI has started using geographic information systems to produce maps, as a way to assess among other indicators, equity of access.

**4) 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 have conducted PLACE studies in large urban areas with high concentration of groups most vulnerable to STIs/HIV, and has widely disseminated this information to local HIV prevention groups.

During the first semester of 2007 (February 1 – July, 31<sup>st</sup>), we report progress on the following monitoring and evaluation activities. The key findings from all these studies are summarized in Annex A, which presents the adjusted research results from two periods (baseline and follow up survey). Annex A also shows the suggested target for indicators for the next round of study.

- **MAP Study Phase 1:** The final report is available. Programmers are using the results of MAP phase 1 baseline study to improve product distribution and availability within each designated zone, and product visibility through point of purchase materials. Based on phase 1 results, the minimum quality standard of the distribution system was revised. The MAP phase 1 follow up study will be conducted in 2008, to allow for sufficient time for interventions to be implemented and demonstrate effect between two consecutive rounds of MAP.
- **PLACE Survey:** The final report is available. Results of the PLACE study and the TRaC SW study in one locality (Fort Dauphin) were officially disseminated on May 13, with CNLS and MoHFPSP participation. A follow up regional workshop on strategy implementation and revision of the regional action plan is scheduled to take place in August 2007.
- **Youth TRaC Follow up Survey:** Five behaviors were studied among youth 10-24 years old: Abstinence (among youth aged 10-14 years); partner reduction; condom use; STI treatment; and family planning (among youth aged 15-24 years) in selected *Top Réseau* sites. Where available

and comparable, results are compared with 2003 TRaC data. Final reports are available that describe changes in behavior and behavioral determinants for the above behaviors. Production of an informational brochure for partners is ongoing. Official dissemination of the results with a selected group of technical partners and donors is planned to take place in September 2007.

- **High Risk Groups Baseline TRaC Survey:** In this baseline study, high risk groups include sex workers in selected 'hotzones', and High Risk Men (truckers, taxi drivers,) working in large transport hubs out of the seven *Top Réseau* cities. Behaviors of interest for SWs included condom use during last sex and STI treatment; for high risk men, it also included partner reduction. The final data tables were produced and made available to programmers. At the request of QMM, a separate analysis for SWs in Fort Dauphin was conducted and presented. PSI and partners expects to present the results for the combined sites in September 2007.
- **MAP Study Phase 2 in High Risk Areas:** Data analysis for coverage, quality of coverage, access and equity of access for condom in 'hotzones' has been completed, and the final report is being prepared.
- **National Women's TRaC Follow up Survey:** In this survey, we report on findings for four main behaviors, namely: 1) slept under an insecticide treated net last night; use of anti malarials within 24 hours after symptoms at last case of fever for a child under five; use of home based safe water systems; and current use of modern contraceptives (injectables, oral contraceptives). Monitoring, segmentation and evaluation tables are available for all of these behaviors. Final reports are being prepared. PSI plans to disseminate the results per theme to partners during the second half of 2007. PSI is discussing with the MoHFSP to take the lead on the dissemination and presentation of results.

### **Planned Research Studies 2007-2009**

No further large scale research studies are planned for the remainder of 2007. A tentative overview of the planned research for the remainder of the project period includes:

- MAP Phase II (2008)
- PLACE follow up survey among sex workers and high risk men (2008)
- Youth TRaC follow up survey 2 (early 2008)
- National Women's TRaC follow up survey 2 (mid 2008)
- High Risk Groups TRaC follow up survey (early 2009)

**PROGRAM COMPONENTS: RESULTS AND ACTIVITY HIGHLIGHTS**

**Program Component 1 – Reduce Unintended Pregnancy and Improve Reproductive Health of Malagasy Women**

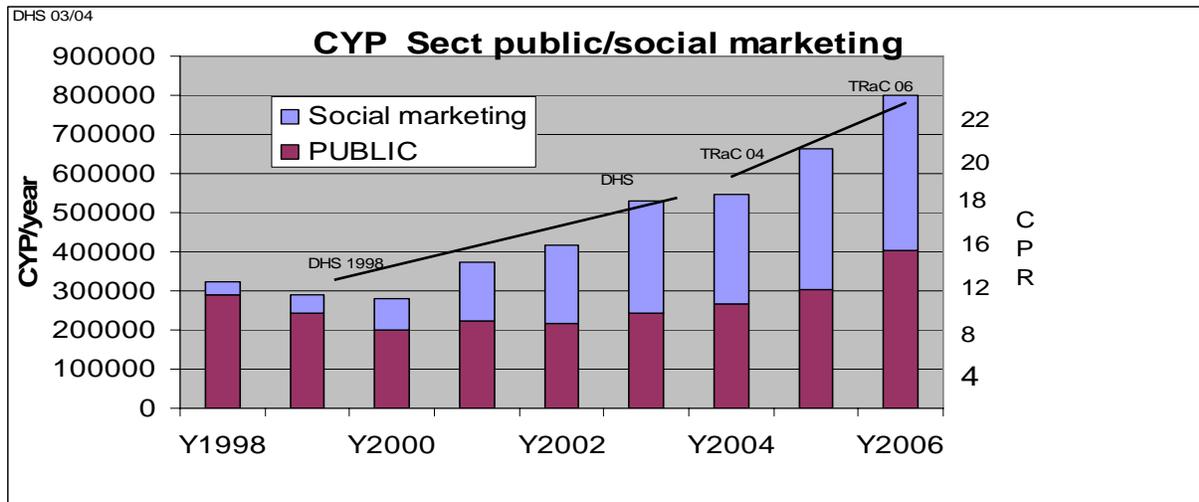
Unmet need for family planning remains high in Madagascar, estimated at 24% among married women of reproductive age. Despite a continuing upwards trends in contraceptive prevalence rate (see chart below), nationally the CPR remains low estimated at: 10% for injectable contraceptives (ICs), 3% for oral contraceptives (OCs), and 1% for condoms.<sup>1</sup> Reported barriers to use include accessibility, low levels of correct method knowledge, lack of social support from husbands, and affordability. PSI has been socially marketing two hormonal contraceptive products since 1998, *Pilplan* oral contraceptives and *Confiance* three-month injectable contraceptive. Social marketing plays a key role in family planning in Madagascar. In 2005 the World Bank noted that a large part of total market increase in contraceptives could be attributed to the expanding coverage of socially marketed contraceptives (currently estimated to contribute about 40-45% of national CYPs).

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

**PC1: Indicator Achievement (2004-2006):**

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

The 2004 and 2006 TRAC studies 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 a positive % change among rural women currently using an injectable or oral contraceptive (from 11.6 to 18.5 %), and no 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.



<sup>1</sup> ibid

The data confirm that the overall increase in national CPR is largely driven by growth in rural areas, and is well on track to achieve the national objective of 30% CPR by 2012 (as set out in the Madagascar Action Plan).

### **PC1 Result 1: Increasing Informed Demand for Modern Contraceptives**

Available data on awareness and acceptance highlight the need for continued education and communication on the benefits of modern contraceptive methods. While the 2003 DHS reported high knowledge of modern methods, almost one-third of women declared fear of side effects as the main reason for non-use in the future. Using information from the 2006 TRAC monitoring and segmentation tables, several determinants were identified as significant influences on the use of modern contraceptives for urban and rural women, including perceived accessibility; self-efficacy regarding correct product use; belief, in particular fears regarding infertility and safety of pills and injectables; and threat regarding the risk of the non use of modern contraceptives.

Final TRaC data analysis shows that for all of the indicators related to motivation, we detected no changes 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, we found that here too, there were no changes 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)

In conclusion it appears that modern method use is going up, despite the lack of change on 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.

Data on exposure reveal that exposure to communication activities on family planning did not change from 2004-2006. PSI is revising its family planning messages to address the three key factors that appear to be influencing oral or injectable contraceptive use, namely self-efficacy (ease of, and capacity to use); beliefs (fear of side effects), and threat (consequences of unwanted pregnancy). Targeted, focused radio spots will be aired on radio stations across the country. Printed materials will also be reviewed and where necessary revised to ensure messages are consistent across the various channels. Lastly, community based health volunteers will be oriented on the same messages, and encouraged to dispel common misconceptions and promote the benefits of modern methods with women, men and community leaders.

The 2006 TRAC evaluation table indicated that those with medium levels of exposure<sup>2</sup> 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. It appears that medium or high levels of exposure are necessary to positively influence pill or injectable use.

### **PC1 Result 1: Activities during February 2007– July 2007**

PSI continues to disseminate generic FP messages through a variety of channels (TV, radio, mobile video unit, printed materials). As the TRaC study confirmed is necessary still, the messages will remain focused on the effectiveness of modern methods and will seek to dispel common misconceptions about side effects and reversibility.

During the reporting period, PSI broadcasted radio messages on family planning 2,187 times. In addition, four instalments of the popular radio show "*Trust and Confidence*," were produced and broadcast a total of 79 times on national and local radio stations.

A TV spot was produced in November 2006 to solicit clients for IUD insertion at selected *Top Réseau* clinics. The spot is being used during the training of providers and aired 42 times on selected TV stations in Tana, Mahajnga and Tamatave.

### **PC1 Result 2: Expanding access to socially marketed contraceptives**

PSI uses a nine-member medical detailing force to expand the number of sales point of socially marketed contraceptives and STI treatment kits. The medical detailing team conducts periodic visits to pharmaceutical wholesalers, pharmacies, "dépôts de médicaments", and private and public sector doctors to provide support for the use of these products. They also distribute point of sale materials and conduct group education sessions with women of reproductive age.

PSI reports a baseline finding of 33% (21.2% urban, 34.9% rural) for the following logframe indicator (MAP 2005):

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

Based on the 2005 findings, and lessons learned regarding best use of the MAP data for programmers, the minimum standard for the 2008 follow up MAP has been changed, 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 médicaments') for urban areas.

The preliminary target for the 2008 follow up MAP for coverage has been set at 45% for rural areas and 50% for urban areas. In view of the minimum amount of time needed to ensure that activities seeking to improve coverage and quality of coverage are well implemented and reinforced, PSI has decided to postpone the planned MAP follow up surveys for all products from 2007 to 2008.

With the recent recruitment of an MIS coordinator, PSI is better placed to improve and expand its internal data collection systems. The medical detailing team is in the process of finalising a database for the

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<sup>2</sup> Exposure is defined as the frequency of exposure to PSI family planning messages from any channel (radio, TV, MVU, IPC, printed materials), classified into three levels: low (exposure between 0-9 times); medium (9-12 times) and high (more than 12 times). At present, no distinction can be made to the type, duration and intensity of exposure.

medical detailers that will include information on the first of the two logframe indicators for expanding access:

- Increase by 30% the % of private clinics that stock and sell *Pilplan* and *Confiance*;
- Increase the number of community based sales agents who promote and sell oral contraceptives

We hope to be able to report in more detail on the first indicator in the next semester report, as data collection has been hampered by the irregular visits of medical detailers to providers in their coverage zones, and the relatively late introduction of data collection tools. Since no baseline data were collected at the start of the grant agreement, we will only be able to report on a final estimated percentage rather than report a % increase or decrease.

For the second indicator, the APONGE department reports having trained an estimated 4,837 community based sales agents (AVBCs) in family planning since September 2005. These agents have been provided with an initial start up stock of *Pilplan*. Given the recent change in policy towards free contraception, in place since July 2007, PSI and Santenet are exploring the best way AVBCs can be re-supplied, likely through 'centres de santé de base'. Since AVBCs incentive systems were directly tied to the sales of oral contraceptives, any positive or negative effects of this policy change on sales will be carefully followed by our field agents.

### **PC1 Result 2: Activities during February-July 007**

During the reporting period, PSI expanded its current social marketing activities for family planning, with particular emphasis on improving access in under-served rural areas by adding new "dépôts de médicaments" that stock and sell OCs and ICs. A total of 28 group educational sessions were held at the community level to discuss contraceptive use, benefits, possible side effects and how to address them, and common fears and misconceptions. The medical detailing team continues to visit new outlets for product sales. Monthly data on their activities are sent to headquarters and gaps in distribution coverage discussed, in conjunction with MAP survey findings.

Following a 2004 waiver to the medical code, physicians are allowed to stock and sell socially marketed contraceptives. Medical detailers visited each private clinic in their respective geographic area approximately once every three to four months. Anecdotal evidence suggests that sales of social marketed products have increased as a result of this waiver.

In addition to promoting short term contraceptive methods, PSI has been actively involved in the re-launch of the IUD. Nationally, acceptance and use of the IUD is very low, at less than 1%, largely due to limited product availability and common misconceptions about side effects. During the reporting period, PSI sold 250 IUDs to NGO partners and 104 IUDs to its 67 trained *Top Réseau* providers, at a highly subsidized price. A total of 194 clients received IUD services at *Top Réseau* clinics.

Following the June 2006 training of four *Top Réseau* clinics that were selected for the pilot launch of *Implanon* in Madagascar, to date 183 users have received this long term contraceptive implant<sup>3</sup>. *Implanon* offers protection against pregnancy for up to three year, and provides 2.51 CYP per individual implant. During the reporting period, and with the active collaboration of the MoHFP, *Implanon* service was extended to four additional TR clinics. As with the IUD, PSI closely monitors the correct use of the product to ensure service standards are met.

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<sup>3</sup> *Implanon* insertion was halted for several months in 2006 due to product stock out soon after its launch, and related problems with re-supplying participating health centers. *Top Réseau* providers have to rely on the public sector for re-supply in *Implanon*.

### **PC1 Result 3: Improving Quality and Coverage of Reproductive Health Services**

Since 2003, PSI trained an estimated 2,423 public and private sector family planning services providers in the use of modern contraceptive methods. Quality of the training is monitored by pre and post-tests, visits by the team of medical detailers, and periodic refresher trainings. PSI meets regularly with its partner institute ITEM to discuss and validate the proposed content of the training and to work with ITEM on including the most up-to-date information on contraceptive technology in the training. Since continuous follow up and reminders are needed to ensure providers follow (inter)national norms and standards, PSI widely distributes a technical bulletin, '*Info Medicale*' to medical professionals and pharmacists throughout the country. The two most recent topics focused on family planning, namely: medical screening for users of oral contraceptives and the importance of family planning for maternal mortality reduction.

### **PC1 Result 3: Activities during February – July 2007**

PSI collaborates with the MOHFP and Family Health International on a research study on community based provision of Depo-Provera injectable contraceptive. A local FHI consultant has been based at PSI since September 2006, supervising project implementation in 13 communes within the two regions of Alaotra Mangoro and Anosy. Following initial training in November 2006, 62 community based health agents are currently giving injections to women in their communities. To date, they have serviced more than 1,200 Depo Provera clients. No side effects or other problems have been reported. PSI provides technical support in training, data collection and data entry. The first round of data collection has been completed. The second round is planned for August 2007.

### **PC1 Result 3: Indicator Achievement during February – July 2007**

- 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

PSI's partner institute, ITEM, subcontracted for training of medical providers, trained 151 medical professionals in basic family planning during the reporting period. Content of the two-day initial training covered reproductive anatomy, counseling techniques and modern contraceptive methods, including an emphasis on patients' concerns about side effects and common misconceptions. No refresher training was provided during the same period.

PSI sold 963,985 units of *Pilplan* and 394,064 units of *Confiance* during the reporting period.

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

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Malaria and diarrheal diseases remain leading causes of morbidity and mortality in Madagascar, with the highest negative health impact on pregnant women and children. Although these diseases are easily prevented and treated, malaria is the second highest cause of morbidity among children under five and diarrheal diseases rank third, according to statistics from MoHFP health centers<sup>4</sup>.

*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.* In addition to TRAC studies, PSI uses monthly sales data of socially marketed ITNs, anti-malarial PPT, and SWS to monitor progress on these indicators.

### PC 2.1 - Malaria Prevention and Treatment

#### **PC 2.1 Indicator Achievements (2004-2006):**

##### **Malaria Prevention**

- Increase the percentage of pregnant women reported sleeping under a treated net the previous night
- Increase the percentage of children under five reported sleeping under a treated net the previous night
- Increase the percentage of households owning at least one treated net

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 unadjusted for population characteristics, indicated a significant change in the % of pregnant women and children under five who reported sleeping under a net the previous night (32% in 2006 versus 15% in 2004, for women, and 33% (2006) from 14%(2004) for children under five). Similarly, the results indicated a significant increase in the percentage of households owning at least one treated mosquito net from 22% 2004 to 45% in 2006.

##### **Malaria Treatment**

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

- Increase the percentage of mothers/caregivers who report using *Pre-Packaged treatment* to treat fever during last case of malaria among their children under five years of age.
- Increase the percentage of mothers/caregivers who report completing the *Pre-Packaged treatment* dose as directed.
- Increase the percentage of children under 5 with malaria/fever receiving appropriate management according to national policy within 24 hours of onset of fever.

The 2006 TRaC follow up survey found that 21% of caregivers reported using *pre-packaged treatment* to treat their under five year olds during the last case of malaria, compared to 8% in 2004. In addition, 83% of caregivers reported completing *Palustop* doses as directed in 2006, versus 51% in 2004. Also the TRaC 2006 showed that 66% of children under 5 with malaria/fever received appropriate management according to national policy within 24 hours of onset of fever compared to 65% in 2004.

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<sup>4</sup> *Annuaire des Statistiques du Secteur Santé*, 2001

### **PC 2 Result 1: Increasing informed demand for malaria prevention and treatment**

Since launching its ITN campaign in 2001, PSI has seen 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 no 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. PSI has been working to get these and other messages out.

The 2006 TRaC follow up survey reported progress on some of these indicators among a representative sample of rural and peri-urban women 15-49 years old (see also Annex A).

- Increase the % of women 15-49 years old who cite treated nets as the most effective method of preventing malaria (from 72% to 83%);
- Increase the % of women 15-49 years old who know malaria is transmitted only through mosquitoes (from 30 to 35%);
- Increase the % of women 15-49 years old who know malaria is most serious for pregnant women (from 16% to 29%);
- Increase the % of women 15-49 years old who know malaria is most serious for children under five (from 50% to 61%); and
- Increase the % of caregivers who cite pre-packaged treatment as an effective malaria treatment for children under five (from 15% to 34%).

PSI malaria program staff is using findings from the 2006 TRAC to determine 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%).

For malaria treatment, perceived availability and willingness to pay were identified as determinates of behavior. Here too, an increase was found in the % of caregivers who knew where to obtain pre-packaged treatment, from 19% to 41%.

Throughout 2007, messages to address these behavioral determinants will be disseminated using mass media and ICP channels.

### **PC2 Result 1: Activities during February 2006 - July 2007**

Continued funding from USAID for *SuperMoustiquaire* and *PaluStop* social marketing activities complements Global Fund resources and allows PSI to continue scaling up its malaria prevention and treatment efforts.

During the reporting period, PSI’s communication campaigns sought to improve target group knowledge of the causes of malaria, its severity, the importance for high-risk groups to sleep every night under an LLITN, and the need for mothers to treat fever symptoms promptly and correctly. PSI created three new radio spots for malaria education and product promotion that were broadcast over 9,500 times. In addition, “*Trust and Confidence*” radio shows on malaria were broadcast over 50 times.

PSI also worked closely with NGOs, including those in the *Kaominina Mendrika* program, with rural reach 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 include a brochure for target groups 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 of August 2006-January 2007, more than 145 community based agents received training on malaria. PSI provides training to community based agents in 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. It should be noted that due mostly to the transition of PSI's anti-malarial product from chloroquine to ACT, during the period of February 2007-July 2007, training activities for community based agents for malaria were not at the same level as in the previous period. Once a decision regarding the format of ACTs is made by the NMCP, PSI will be ready to launch its new ACT anti-malarial product and related communications support and conduct necessary trainings.

PSI continues to seek NGO partners to expand rural coverage of key maternal and child health products. The MVU teams actively support more than 12 NGOs whose community sales agents are part of PSI's APONGE ("Approche aux ONGs et Entreprises") network. PSI is using a new type of MVU skit to increase target group participation and interest in malaria prevention and treatment education sessions. The events are coordinated with local public health officials and take place at health centers during prenatal or vaccination visits by mothers and their children. The smaller MVU format includes a brief sketch and several games that help mothers and their children understand the importance of prevention and timely treatment. During the period of this report, more than 37,300 pregnant women or mothers with children under five participated in more than 450 MVU activities conducted by PSI.

### **PC2 Result 2: Expanding access to ITNs and anti-malarial PPT**

To date, PSI has had significant success with its malaria social marketing efforts. More than 2.4 million ITNs have been distributed since 2001. *PaluStop* is distributed on a nation-wide scale in Madagascar, with a two-tiered distribution strategy based on malaria transmission. Since its launch in 2003, more than 7 million units have been sold.

### **PC2 Result 2: Indicator Achievement (2004-2006)**

- Increase the % of caregivers that consider ITNs affordable
- Increase the % of caregivers that consider *Palustop* affordable

As mentioned above, household ownership of LLITNs increased significantly from 22% in 2004 to 45% in 2006. A significantly higher percentage of respondents, 54% in 2004 versus 76% in 2006, reported that nets were affordable; an similar increase in perceived affordability was also found for *Palustop*, from 24% in 2004 to 83% in 2006.

PSI reports baseline findings for the following logframe 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, the minimum standard for the follow up MAP was changed for net 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 carries for *Palustop*, no target has been set yet for *Palustop* coverage. As mentioned in the section on M&E, PSI has decided to postpone the planned MAP follow up surveys for all products from 2007 to 2008.

## **PC2 Result 2: Activities during February-July 2007**

To increase access among rural populations, *PSI* collaborated with NGOs in endemic areas to support the training of community based agents who are actively distributing ITNs in more than 380 rural communities. In addition to distributing more than 198,000 ITNs from February-July 2007, community agents found that ITN sales helped draw their communities' attention to discussion of other public health issues, including family planning and diarrheal disease prevention. ITN sales generated more revenue for these rural community sales agents. *PSI* provides training to community based agents in 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* continues to seek NGO partners to expand rural coverage of key maternal and child health products. *PSI*'s MVU teams actively support more than 15 NGOs whose community sales agents are part of *PSI*'s APONGE ("Approche aux ONGs et Entreprises") network. *PSI* collaborated with the 3<sup>rd</sup> Round Consortium (CARE, ASOS, and SALFA) to improve their community based sales agents' access to nets and other public health products.

## **PC2: Indicator Achievements during February-July 2007**

- Number of ITN distributed
- Number of PPT kits distributed

*PSI* has reinforced and expanded its distribution system to reach hard-to-reach rural areas to increase sales and assure optimal accessibility of LLITNs and anti-malarial treatment. Consumer demand is strong for both products: 1,626,620 million units of *PaluStop* and 428,644 units of *SuperMoustiquaire* were sold from February to July 2007. These results represent target achievements of 197% for *PaluStop* and 195% for *SuperMoustiquaire* respectively for this period.

### **PC 2.2 - Diarrheal Diseases Prevention**

In Madagascar, more than 60% of people lack access to potable water, putting them at significant risk of diarrheal diseases, including cholera. 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. And according to DHS some 10% of children under five had diarrhea during the two weeks preceding the survey.

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*. *PSI* and CARE/Madagascar subsequently developed a new smaller bottle with higher concentration solution that reduced production costs of *Sûr'Eau* by more than 50%.

#### **PC 2.2 Indicator Achievements (2004-2006):**

- Increase the % of urban women 15-49 years old who report using *Sûr'Eau* in the past month
- Increase the % of rural women 15-49 years old who report using *Sûr'Eau* in the past month

The 2004 and 2006 TRAC studies collected nationally representative data on behavioral and socio-cultural factors that determine use or non use of *Sûr'Eau* in the month preceding data collection

The 2006 TRAC monitoring table, which compares 2004-2006 data adjusted for population characteristics, indicated a non-significant change in the % of women who reported using *Sûr'Eau* in the past month: 12% in 2006 versus 13% in 2004 for urban areas, and 8,1% in 2006 versus 7,6% in 2004 for

rural areas. As discussed below, PSI will ensure these indicators increase significantly prior to the next TRaC in 2008.

### **PC2 Result 3: Increasing informed demand for diarrheal diseases prevention**

The TRAC 2006 reported similar findings for motivation and ability related indicators, as reflected in progress on the following indicators over 2004:

- Increase the % of women 15-49 years old who cite contaminated water as a cause of diarrhea (from to 63,1% to 65,6 %, a non-significant increase);
- Increase the % of women 15-49 years old who cite *Sûr'Eau* as a way to purify water and prevent water born disease (from 58,4% to 60,9 %, a non-significant increase); and
- Increase the % women 15-49 years old who can cite correct usage instructions for *Sûr'Eau* (from 10,2% to 8,2%, a statistically significant decrease).

PSI SWS program staff is using the findings from the 2006 TRAC survey to determine which socio-cultural and behavioral determinants are most likely to influence use or non use of *Sûr'Eau* and other SWS products. Using the monitoring and segmentation tables, the team established that “social norms”, “self efficacy” and “threat” are among the most significant ‘drivers’ of use. Throughout 2007 and 2008, messages to address misconceptions/gaps in correct knowledge/social norms will be disseminated using MVU, mass media and IPC channels. For example, in order to increase the number of women who can cite correct usage instructions, PSI will improve and simplify the usage instructions on the *Sûr'Eau* bottle and in its communications. In addition, the distribution and marketing teams will seek to further increase perceived product availability through point of sales promotion materials.

### **PC2 Result 3: Activities during February - July 2007**

To promote improved hygiene and risk perception of diarrhoea, PSI centered potable water, hygiene, and sanitation communication on three key ‘WASH’ messages, namely: use of potable water, latrines, and hand-washing with soap. WASH messages are disseminated through multiple channels including radio, MVU, and community based agents.

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* will be included in all WASH activities and PSI will participate on diffusing other educational messages during this campaign

In March 2006, PSI launched a new educational radio campaign through national stations named “Antoka Ho an’ny Fahasalamana (AHF)” (“Confidence for health”). These radio shows address all issues on WASH key objectives, especially about the need to treat water and to take care of hygiene everyday. During the reporting period, 17 new radio shows were produced and broadcast over 500 times.

From February 2007 to July 2007, 823 MVU sessions were held reaching more than 47,000 people in rural and peri-urban areas about diarrhoea prevention. Working in parallel, the APONGE department ensures dissemination of the same basic information to community sales agents. During the reporting period, nine training sessions for community based agents about diarrheal disease prevention and treatment were held, and more than 206 NGO employees and NGO outreach staff were trained.

Since May 2007, 110 small roadside restaurants Hotely Sûr’e (HSE) have been revitalized in Tanà. The contract of the supervisor was renewed in order to sensitize these restaurants owners to take hygiene seriously including the proper treatment of water. Ten mini-trainings have been conducted among HSE owners and employees groups, then more than 2000 communication materials have been distributed to HSE to offer them marketing supports and to create innovative channel for messages.

More than 100 *Sûr'Eau* Kits have been distributed to increase the number of Sekoly Sûr'e schools, especially with Santénet and HIP projects, in Haute Matsiatra and Analamanga regions. This program helps to diffuse diarrhoea prevention and water treatment messages at school, in collaboration with School Commity of WASH and the Ministry of Education.

**PC2 Result 4: Increase access to safe water treatment among rural households**

Product social marketing efforts seek to make *Sûr'Eau* widely available and affordable to families in rural and peri-urban areas. At present, the product is distributed along with nationally subsidized ITNs in hard to reach areas where the commercial networks have difficulty penetrating. PSI also uses communal places with an interest in safe water for the promotion of *Sûr'Eau* such as small roadside restaurants, schools, and community health centers.

**PC2 Result 4 Indicator Achievements (2004-2006)**

- Increase the % of women 15-49 years old that consider *Sûr'Eau* affordable
- Increase the % of women 15-49 years old who know where to buy *Sûr'Eau*
- Increase community-based sales of *Sûr'Eau* via NGOs to more than 100,000 bottles/year
- Number of safe water solution product distributed per year

Results from the 2006 TRAC indicate that the level of the % of women 15-49 years old that consider *Sûr'Eau* affordable stayed at a high level, but decreased over the two years – from 88,5% in 2004 to 86,5% in 2006. There was a significant increase in the perception of availability of *Sûr'Eau*, 66,2% of women 15-49 years old know where to buy *Sûr'Eau*, versus 55,8% in 2004. Community and overall distribution results are discussed below.

**PC2 Result 4: Activities during February-July 2007**

In response to cyclones and flood emergencies, and due to promotional and educational activities by Sekoly Sûr'e, Hotely Sûr'e, MVU and large radio campaigns, PSI distributed 550,961 bottles of *Sûr'Eau* through all distribution networks during the reporting period. These sales represent 203% of the last year achievements in the same period, and more than 75% of the annual objectives

Community-based sales agents sold 228,514 bottles of *Sûr'Eau*, which surpassed over 200% of the stated annual objective. Many NGOs and other organisations have included *Sûr'Eau* in their regular interventions, such as: CRS who distributed 10,000 *Sûr'Eau* Kits in the north of Madagascar, Red Cross who distributed 80'000 bottles of *Sûr'Eau* in the region of Boeny, and UNICEF who have offered more than 25,000 *Sûr'Eau* to victims of cyclones and floods.

Even though many NGOs purchased *Sûr'Eau* from PSI and distributed it free to target groups, commercial distribution increased regularly during this period, which has achieved more than 200,000 bottles from February to July 2007. This gives some indication of a possible increase in the availability and the use of *Sûr'Eau* during the period.

MVU sessions and Kaominina Mendrika approach also contributed on these increases in rural areas.

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### **Program Component 3 - Reduce Transmission and Impact of HIV and AIDS**

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Madagascar is considered a low HIV prevalence country, with a prevalence rate below 2% in groups considered as most vulnerable to HIV infection and of 0.5% (0,2 – 1,2) in the adult population (UNAIDS estimate 2006). Among high risk groups, the reported prevalence was 0.69% among STI clients and 1.36% among sex workers. At the same time, Madagascar has one of the highest STI rate in the world, which reflects the magnitude of risk behaviours and the potential for HIV infection to spread in the general population. A team of international epidemiological HIV experts from UNAIDS, WHO, and the World Bank, among others, who visited Madagascar in June/July 2007, is expected to produce and validate an updated profile of the country's HIV status.

While a more exact estimate of HIV prevalence among the adult population and among at risk groups remains hence to be determined, there is already a noticeable shift in focus towards maintaining prevalence at < 1.5% for at risk groups. An important step in this process is the recently finalized national STI/HIV prevention strategy for high risk groups (2007-2012) that include youth, sex workers and their clients, STI clients, MSM, injecting drug users, prisoners and mobile men. Country level efforts by the CNLS and other partners will concentrate on 119 communes identified as at higher risk for STI/HIV through a mapping exercise as having high concentrations of key populations at higher risk and related risk factors such as trade, tourism, intersecting transport routes, etc. PSI works with partners such as the HIV/Alliance and UNC/Mad on targeted outreach with sex workers and MSM, and has been an active partner in the preparation of the national STI/HIV prevention strategy for high risk groups.

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

#### **PC 3.1 - Comprehensive Behavior Change Communication and Condom Promotion**

The purpose of this component is to increase correct knowledge about STIs/HIV prevention among high risk men, to promote delayed onset of sexual activity among youth 10-14 years of age, and to increase consistent condom use among sex workers, and with last non-marital partner among selected male high risk groups.

##### **PC3.1 Baseline indicators (2006)**

The TRAC 2006 baseline for high risk groups collected information among more than 1,400 workers and 5,400 men from the transport and manual labor sectors in seven cities<sup>5</sup>. A TRaC survey among 230 sex workers in the same seven sites was also completed. Baseline figures for the following logframe indicators on condom use are as follows:

Among sex workers:

- Increase the % of sex workers who report having used a condom with their last client (Baseline: 86.2 %)

Following the launch of *Feeling*, female condom, in June 2007, we have added the following indicator to the logframe (see Annex A for the complete logframe indicators):

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

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<sup>5</sup> These cities are the same cities as where youth TRaC surveys were conducted and represent the seven current Top Réseau sites.

Among 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 % 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 %)

The 2009 TRaC follow up survey will report on progress on these indicators.

We report the following baseline data for sex worker related indicators, which will be monitored in 2009. As can be seen from the data, some of the baseline figures are surprisingly high. We have no data on whether exposure to behavior change communication activities including training (by PSI or another organization) has had any impact on the likelihood of condom use during last sex.

- Maintain or increase the % of sex workers who state they have the ability to convince their clients to use a male condom (Baseline: 84.5 %)

A similar 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. For example, data from the questionnaire indicated that 68.9 % of sex workers thought that their friends would encourage the use of condoms with clients.

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 norm/attitude. For example, TraC data showed that 18% of men interviewed believed that condoms break easily; 55.3% believed they reduce sexual pleasure; 75.8% believed that they can always persuade casual partners to use condoms; and 76.2% believed they can always persuade sex workers to use condoms. We also found that 8.5% of men believed that 'colleagues' pressure them to have sex without a condom; and 51.4% thought that their 'friends' accept to carry condoms with them.

PSI is currently planning a qualitative research study that will seek to better define the concept of a cool guy who always carries condoms with him, is not ashamed to purchase them and encourages their peers and friends to do the same. Based on a common definition of 'who' this typical Malagasy working man is, what he does, where he lives, who he hangs out with, etc. the communication team will then begin building an integrated campaign around this prototype. Emphasis will be on finding the right messages for self-efficacy and social norms surrounding condom use and partner reduction.

### **PC 3 Result 1: Increased knowledge of STI/HIV prevention**

PSI uses 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. PSI has a two tiered communication approach for youth: focusing on delayed sexual debut for those under 14

years of age, presumed to be not sexually active yet; and on partner reduction and safer sexual practices for older, sexually active youth. Messages for sex workers focus on correct and consistent condom use, condom negotiation skills, and care seeking behavior for STIs. High risk men are targeted with messages promoting partner reduction, correct and consistent condom use, and care-seeking behavior for STIs. These messages will now be refined following the results from the TRaC survey (see above).

Men working in the long distance transport sector, in migrant agricultural labor, the military and the police are included in specific behavioral change communication activities by the APONGE department (see PC 3 Result 2).

We report baseline or follow up findings on selected logframe indicators for youth, sex workers and high risk men for outputs 1 and 2: increasing motivation and ability of target groups to adopt safer sexual behaviors (refer to Annex A for the complete indicator table).

Youth indicators:

- Increase the % of youth who can cite effective means of preventing STI and HIV transmission (6.2% in 2003, 10% in 2006 for STIs; 2.7% in 2003, 3.6% in 2006 for HIV)<sup>6</sup>

While knowledge for youth on STI/HIV appears not to be a main driver of key preventive behaviors, as the 2006 TRaC data confirm, the very low levels of correct knowledge on prevention do highlight the need for PSI to continue inserting correct prevention and transmission messages in all youth focused communication activities.

Sex workers indicators:

- Increase the % of sex workers who believe they can avoid HIV by using male condoms correctly (Baseline: 75.9%)
- Increase the % of sex workers who believe they are at risk of STIs/HIV if they do not use a condom when they have sex (Baseline: 61.4%)

We add a new indicator for female condom, namely:

- Increase in % sex workers who believe that they can avoid HIV by using correctly and consistently female condoms (Baseline in 2009).

High risk men indicators:

- Increase in % high risk men who believe that they can avoid HIV by reducing partners and using condoms consistently and correctly (Baseline: 89.1 %)
- Increase in % high risk men who state that they can always persuade sex workers to use condoms (Baseline: 76.2 %)

### **PC 3 Result 1: Activities during February – July 2007**

Ongoing communication activities include the *Ahy Ny Safidy* ('it's my choice') campaign broadcast nationally. It includes radio spots, a fan club and a talk show. During the reporting period, 13 video talk shows were produced and aired 108 times on Malagasy TV stations, 12 new radio shows were produced

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<sup>6</sup> It should be noted that any comparison between 2003 KAP and 2006 TRaC is not viable as both sampling sizes and methodology were different. The 2003 KAP was conducted in 1 site only. The 2006 TRaC included 9 sites, of which only 4 current Top Reseau sites with activities between 2004-2006 are used for analysis purposes. The TRaC 2008 will allow for full comparison between at least seven, and possible all nine, sites. The inclusion of two additional sites, Tulear and Fionarantsoa in 2006 was based on the perceived likelihood of expansion to these 2 sites prior to the TRaC follow up 2008.

and aired 295 times. *Protector Plus* promotional radio spots targeted to high risk men were produced and aired more than 1,789 times and educational radio spots were produced and aired 2,272 times.

Under the terms of a USAID supported sub-agreement, PSI and the HIV/AIDS Alliance in Madagascar have recently collaborated on a series of trainings in *Top Réseau* sites that address risk perception, gender, rights and legal issues concerning sex workers in Madagascar. Trainings were conducted with approximately 25 sex workers per site including PSI's peer educators. The HIV Alliance will be conducted follow up visits to each of the six sites (no training was conducted in Morandava as the HIV Alliance has no local presence there) in August and September to explore the impact of the training on individual sex workers and their associations. A final report will be prepared and presented in early October 2007.

In early 2007, peer educator teams were created in three *Top Réseau* sites to work with high risk men on appropriate risk reduction strategies. Following a basic training, they will now receive a more in-depth training in late August 2007, using TRaC results for the different preventive behaviors. To date, high risk men peer educators have reached 14,356 high risk men with STI/HIV prevention messages. Interest in their activities is very high and they are often actively solicited to hold educational sessions in truck stops, tea shops and other places where working men gather. In addition to answering questions about STIs/HIV, the peer educators also promote VCT at *Top Réseau* clinics using discounted coupons.

In June 2007, PSI recruited two MSM to initiate peer education outreach in Tana. The two peer educators have been working mainly on informal information gathering among their peers, finding out 'hot spots' for MSM activity, and identifying needs and opportunities for PSI outreach work. Planned activities for the next semester include: expansion to Tamatave; training for peer educators on HIV/STI prevention; identification and training of selected *Top Réseau* providers to provide MSM-friendly services; and a week-long consultancy in September 2007 by an international consultant to finalise various programmatic outputs.

### **Delayed Debut Campaign for Youth 10-14**

The integrated communications campaign on delayed sexual debut for youth including billboards, posters, songs and TV spot, *Mahaiza Manao Tsia* ('*I can say no*') has been airing between April-July 2007. The two TV spots were 1,350 times, the two radio spots 3,638 times and 10,000 posters and 17 billboards were displayed in 9 large cities. Posters were also distributed by Ankoay scouts.

In developing the campaign, specific attention was given to ensure that young people who start considering sexual activity identify with the message of the campaign. For both young boys and girls, emphasis is on the benefits of delaying sexual debut including competitiveness in sports and completion of studies. PSI conducted an informal evaluation of the campaign in July guided by a PSI trained facilitator, using 5 pre-established radio listener groups in 2 sites, Antananarivo and Diégo. Groups were composed of 24 male and female youth 10-14 years of age, from urban and rural areas. Discussion followed both a structured format using a questionnaire and a more an open-ended format.

The majority of youth interviewed had seen the posters, billboards and TV spot, and had heard the radio songs. During the evaluation, interviewers asked, for example: '*What is your understanding of what the posters/billboards/spots are trying to communicate? Does the message concern you? Is it an appropriate message for youth your age (why/why not)?*'

Results from the study indicate that they grasped the idea of "*prevention against HIV AIDS*" and "*why and how to be protected*", and retained messages about "*prevention, be healthy and protect yourself*" and '*be able to say no to sex*'. Some youth were more explicit and mentioned, '*abstain before getting married*' '*keep your virginity*' and '*refuse sex for youngsters and dare say no*'.

Many youth felt the messages concerned them, and was ‘a good idea’ as they may help them to say no and protect themselves. From the variety of responses, it appears that while young people may have thought about this issue before, and had heard about the risk of HIV/AIDS, the messages in the campaign helped those interviewed in thinking about their own choices with regards to when to have sex:

*“I was convinced of the idea when I saw the TV spot and the young man who moved his hand to say stop! I realize it is necessary to remain virgin”* young man 13 years, secondary school, urban, Diego

*“The billboard should convince people when they pass and see it, it will convince youth”*  
young woman, 10 years, urban, Antananarivo

*“I think of protecting myself because I am still young and willing to continue my study”*  
young woman, 13 years, secondary, rural, Diego

One of the more indirect objectives of this campaign was to encourage parent-child discussion on this subject, still considered by many to be ‘taboo’. In fact, according to focus group discussions with youth, parents appreciated the messages communicated by this campaign and according to their children, called them: ‘powerful’, ‘educational’, ‘truthful’ and ‘necessary to incite kids to abstinence’. The youth also felt that the campaign may help parents having a discussion about this issue with their children.

*“It is very important that PSI has produced these adds”*  
young man, 13 years, secondary, urban, Antananarivo

*“According to my mother, it is very good”* young man, 12 years, primary school, urban, Diego

*“Parents approve this poster because they themselves do not dare to have discussion with their children about this issue”* young woman, 10 years, primary school, urban, Antananarivo

*“They will educate their children and warn them to keep safe”*  
young woman, 10 years, primary school, urban, Antananarivo

### **PC3 Result 2: Increase condom use among high-risk groups with non regular partner**

The purpose of this component is to increase availability and use of condoms by high risk groups. In addition to distribution efforts, this includes organized educational sessions through associations, companies and national institutions that employ large numbers of high risk men. With the July official launch of *Feeling*, female condom, sex workers will have an added opportunity to negotiate condom use with clients.

### **PC3 Result 2: Activities achieved during February -July 2007**

Support from the APONGE department was solicited by the PST (*Programme Sectoriel de Transport*) to disseminate STI/HIV prevention messages and condoms in 12 road and railways work sites throughout Madagascar. From February to July 2007, PSI reached 11 more communes and trained more than 80 community animators and 90 road-site peer educators in those sites. More than 110,000 condoms were distributed along with printed information. Through both workplace initiatives and MVU sessions, approximately 332,000 educational brochures were distributed.

PSI continues to improve and expand its sex worker peer education program. The program is run in seven *Top Réseau* sites and involves 21 trained peer educators. Peer educators serve as a point of contact for information, support and access to products/services for their community. During the current reporting period, peer educators reported 5,019 individual contacts with peers, sharing STI/HIV prevention messages with 3,758 sex workers, and selling more than 66,567 condoms to their peers.

PSI received 35,000 female condoms from USAID in 2007, and has introduced the use of female condoms in the seven *Top Réseau* sites through its sex worker peer educator network, selected NGOs and associations. In each of the site, PSI peer educators received a one-day training on correct use provided by UNC/Mad and a launching ceremony was organized with representatives from sex worker and MSM associations, SE/CNLS, NGOs like HIV Alliance, and SISAL. Representatives from the media also attended, and the launch received a lot of press coverage. *Feeling* will be sold to sex workers in package of three for 100 Ariary. Depending on sales and demand on the one hand, and stock availability on the other, PSI will consider extending availability to medical providers and/or pharmacies.

### **PC3 Result 2: Achievements during February-July 2007**

- Increase the % of high-risk fokotany 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 2006 MAP follow up provides initial data on a selected number of ‘hotzones’ where condoms were found to be available or not in kiosks/outlets. Findings indicate a relatively low availability: using a minimum standard of 50% of sales outlets in high risk areas located in 19 hotzones<sup>7</sup> in seven cities selling PSI’s condom brand, we found 80% of the high risk areas met this standard; once we moved the standard up to 80% of sales outlets, only 40% of the hotzones met this standard. The follow up MAP planned for 2008 will aim to find 65% coverage among sales outlets, with 80% of the high risk areas meeting this standard.

PSI distribution teams are working to increase coverage and quality of coverage in known high-risk zones. This includes the display of point of purchase materials and promotional activities in surrounding areas. PSI is exploring the possibility to gather information from brothel owners on condom sales.

During the reporting period, PSI distributed 5,660,304 branded condoms and 2,118,195 generic condoms. Generic condoms are included in the social marketed STI kits; public sector ‘*Fimailo*’ condoms are included in the kits distributed by the public sector.

### **PC 3.2 - Comprehensive STI Case Management**

Given the high prevalence of STIs, including ulcerative STIs like syphilis, STI interventions remain an essential component of programs aimed at preventing sexual transmission of HIV. 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. Data from the ‘*Enquete Biologique de Surveillance*’ (EBS 2005) among three target groups (pregnant women; sex workers; and STI clients) demonstrate 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). The 2003 national HIV/syphilis survey puts syphilis rates among pregnant women in Tamatave province at 8.6%. It is not surprising that CDC, USAID, and other partners are carefully following an ongoing trial to test the feasibility of integrating syphilis rapid testing in public and private sector facilities.

PSI has ensured widespread availability of *Genicure* and *Cura 7* in the private sector. The public sector endorses use of the kits in public sector facilities and distributes them for the very low price of 100Ariary (<0.10US\$). Socially marketed kits are sold to the main pharmaceutical distributor FARMAD and to local doctors and pharmacists for 600Ariary (<0.6US\$). Monthly sales of STI treatment kits through social marketing channels do not seem to be much affected by the lower public sector price. Overall, it

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<sup>7</sup> The number 19 is the number of sites among the total number of possible sites in a certain enumeration area that need to be sampled through Lot Quality Assurance Systems to make for a statistically representative sample

appears that coverage and availability of products is the main problem: research findings from TRaC surveys among sex workers and high risk men indicate that perceived low availability of STI treatment constitutes a serious barrier to receiving prompt and correct STI management.

### **PC3.2 Baseline indicators (2006)**

The 2006 TRaC high risk group study provides baseline data on the following logframe indicators:

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

Both these indicators are relatively high, despite the fact that medical detailers, public and private sector providers express recurrent concern regarding increasing trends in self-treatment.

Twenty-three percent of sex workers reported having had an STI in the past 12 months, with 7.6% reporting an ulcerative STI. The TRaC survey found that self-efficacy related to treatment seeking behavior with a qualified provider is high: 95.8% of sex workers 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. Perceived availability of treatment – and to a lesser extent self-efficacy - account for the only significant difference in behavioral determinants for those who went to a doctor versus those who didn't.

For high risk men, the 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. More than half (51.5%) indicated that they found STI services difficult to access; 34.4% was aware of STI kits being available at the doctor's office, and 86.6% was aware of STI services provided by *Top Réseau* clinics. Like for sex workers, the two key behavioral determinants that influence treatment seeking behavior are 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).

We also report an updated baseline finding for youth (2006 youth TRaC) for the following indicator:

- Increase the % of sexually active 15-24 year old males with an STI in the past 12 months who sought treatment from a qualified provider (66.2% in 2003 KAP; 17.6% in 2006 TRaC).

Though not reported in the logframe, the TRaC study also found that 52.2% of males 15-24 years old received STI treatment if an STI symptom was experienced in the last 12 months. It appears that self-treatment of common STI related complaints is common, and may account for the lower finding for provider seeking behavior. Only 6.4% of male youth reported having experienced an STI symptom in the past year. Though recall bias may be an issue here, we further hypothesize 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'. It is encouraging that 20.8% of male youth had heard of *Cura 7* (as compared to 5.1% for *Genicure*).

Lastly, TRaC results show that 40% of sex workers, 40.8% of high risk men, and 29.3% of male youth aged 15-24 reported having referred their partner for STI treatment. Partner referral is an essential but very difficult component of STI management given trust and communication issues between regular and non regular partners. PSI and ITEM train health providers on the importance of partner referral to discourage re-infection and the related false perception that treatment is not effective when symptoms reappear. The issue is further reinforced by medical detailers during their routine visits.

### **PC3 Result 3: Increased informed demand for STI treatment products and services**

Effective STI management requires a range of complimentary interventions in the areas of behavior change communication, health seeking behavior, access to care, quality of products and services, and condom promotion. PSI messages promote safe sexual practices through condom use and effective STI treatment through prompt treatment seeking, refraining from self-treatment, following treatment to the end, and referring one's partner. TRaC results indicate that 36.3% of youth in *Top Réseau* sites believe STI services are difficult to obtain.

Among the youth respondents, exposure to STI related messages through TV spots was highest, at 81.4%, followed by radio (65.9%), different kinds of printed materials (42.7%) and peer education (24.4%). 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. Fewer of them had seen or received printed materials or attended an MVU or training session with information on STIs, which is partly explained by the non existence of targeted outreach work with this group during 2004-2006.

### **PC3 Result 3: Activities during February-July 2007**

Using TRaC results, PSI communication teams are revising the messages printed in brochures and included in radio, TV and MVU materials. In addition, a poster on STI that contains generic messages to increase recognition of signs and symptoms, and discourages self-medication is in the final stages of production.

PSI's trained sex worker peer educators work among their peers to reinforce prompt and effective diagnosis and treatment of STIs at qualified providers, and provide coupons for discounted STI services at *Top Réseau* clinics. An estimated 1,983 coupons were distributed during sex worker peer outreach; 1,473 sex workers received STI services at a *Top Réseau* clinic.

### **PC3 Result 4: Increased knowledge and access to appropriate, affordable STI therapy among high risk groups**

Still on the communication side, PSI will continue addressing access-related barriers with its youth peer worker teams and the *Top Réseau* providers; on the distribution side medical detailers will continue their advocacy work to encourage use of the prepackaged treatment kits in public and private health facilities.

As the MAP 2005 baseline indicator shows, there remains an urgent need to expand product and service coverage: only 24% of the fokotany's sampled (urban and rural combined) had at least 1 point of sale for STI kits. Following analysis of the 2005 findings, the minimum standard for the 2008MAP 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 1 pharmaceutical outlet) is required. The preliminary target for the 2008 follow up MAP for STI kit coverage in urban areas has been set at 50%.

### **PC3 Result 4: Activities during February-July 2007**

The PSI supported *Top Réseau* franchise of medical doctors trained in youth-friendly sexual and reproductive health services provide a unique and important opportunity for young people and other at-

risk groups to receive confidential, quality and affordable STI services. In the reporting period, *Top Réseau* doctors provided 8,254 STI consultations for young people.

PSI continues its advocacy work with the public sector to ensure optimal access to pre-packaged STI treatment kits. We are currently discussing with SE/CNLS regarding quantities of STI kit commodities for social marketing, as the World Bank/PMPS has bundled public and social marketed kits into a single provision for the country. To date this year we have used internal sales revenue to cover the purchase of additional stock for 2007/early 2008 to avoid stock out.

During the 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 an upcoming 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 in both sites, with active involvement of PSI staff and *Top Réseau* providers. STI clients and pregnant women are counseled and encouraged to undergo free syphilis testing. Quality assurance of tests and results is with the National Reference Laboratory. We anticipate having results sometime in late 2007.

#### **PC3 Result 4: Indicator Achievements during February-July 2007**

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

PSI distributed 120,770 *Cura7* and 101,020 *Génicure* treatment kits. ITEM provided basic training in STI syndromic management to 128 medical providers during the reporting period.

### **PC 3.3 - Reproductive Health Services among Adolescents**

Youth make up nearly half of the Malagasy 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 in Tamatave 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 most up-to-date technical information on e.g. 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.

In addition to the indicators on condom use (see PC 3.1) and STI treatment (see PC 3.2), results from the 2006 youth TRAC study among nearly 12,000 urban youth in nine cities, including seven current and two possible future *Top Réseau* sites, are as follows<sup>8</sup>:

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<sup>8</sup> Results are presented for selected purpose level indicators, comparing adjusted data from four *Top Réseau* sites for 2004-2006. For the full overview of 2004-2006 indicator changes, please refer to the logframe in Annex A.

- Increase the % of never married 15-18 years old who reported never having engaged in sexual intercourse. A significant increase was noted, from 65.6 % to 82.1% (2003-2006)
- Decrease the % of 15-24 year olds who had more than two sexual partners in the past 12 months. A significant decrease was noted, from 31.7 % to 13.1% (2003-2006)
- Increase the % of never married 15-24 year old youth reporting ever had sex but who abstained from sexual intercourse in the last 12 month. A significant increase was noted, from 1.8% to 11.3% (2003-2006)
- Increase the % of sexually active 15-24 year old women reporting current use of modern contraceptives (oral, condom). No change was found between the data from the two rounds of surveys: 24.1% to 24.2% (2003-2006)

The same survey also found that the percentage of unmarried young women doing nothing to prevent pregnancy increased significantly, from 34.5% in 2003 to 48.4% in 2006.

Behavioral determinants that were found to significantly drive young people's decision to abstain from sexual relations included: social norm, knowledge, social support and self-efficacy. Not surprisingly, this reconfirms the strong influence of peers and friends in determining whether one engages in sexual relations or not.

Behavioral determinants for use of oral contraceptives or condom among youth 15-25 years old included self efficacy and belief; key elements here are young women's belief that oral contraceptives are reversible and that users can get pregnant after discontinuing use. Under self-efficacy, the key element appears to be young women's own perceived capacity of correct and consistent use. Users scored significantly higher than non users on both these variables. Fear of unwanted pregnancy and its consequences did not appear to be a driver of current use of condoms or OCs.

Based on these results, the communication team is working on messages that address the main behavioral determinants. Peer educators will be re-oriented on new messages, a new radio campaign for youth will be likely be developed that includes reactivating listeners' groups to provide interactive feedback that can be used for programming and processing of messages.

### **PC3 Result 5: Increase preventive/care seeking behaviors among youth in selected areas**

To complement mass media and MVU interventions, PSI relies on its youth and high risk group peer outreach program 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 has the unique advantage to address self-efficacy and social norm issues around safer sexual behavior through individual and small group sessions. As the 2006 TRaC shows, both self-efficacy and social norms remain key behavioral determinants driving the adoption of healthy behaviors among young people.

### **PC3 Results 5: Activities during February-July 2007**

In the reporting period, peer educators reached more than 171,107 youth; 41,335 young people visited *Top Réseau* clinics for reproductive health counseling and services, 8,170 of whom came for STI related consultations. The majority of these youth came with coupons, handed out by peer educators, for discounted services. Many of the youth clients come for an initial counseling visit first, which is subsequently followed by a more FP or STI focused follow up visit.

Local radio broadcast continue to promote *Top Réseau* clinics as affordable, confidential, high-quality reproductive health service delivery sites for youth. This radio spots were aired 350 times during this

period. A new TV spot using the popular rapper BenJi was produced in February 2007 and will be aired on national and local radio stations starting in the fall of 2007.

MVU teams in the field reinforce messages through large scale outdoor screening of PSI produced movies or spots, followed by more interactive question and answer session with the audience. During the reporting period, they reached more than 14,073 youth with entertainment and education messages.

### **PC3 Result 6: Improved access to high-quality, youth-friendly RH services**

#### **PC3 Result 6: Activities during February-July 2007**

Following the expansion to two new sites in September 2006, the network currently consists of 145 clinic members with 204 trained doctors. Of the two newest sites, Antsirabe is among the larger of all *Top Réseau* sites, with 16 trained providers; the network is performing very well, with an average of 560 youth RH clients per month, and a total of 672 youth STI clients in the first half of 2007. The second most recently added site, Morandava, is much smaller with only eight trained providers and performance has not yet reached the level of the other sites; Morandava currently averages 61 RH youth clients per month, and reports a total of 245 STI youth clients during the first half of 2007. Plans for the next half of the year include IUD training for selected *Top Réseau* providers in Antsirabe.

With support from the Global Fund, PSI integrated Voluntary and Counseling (VCT) services in 14 clinics of the *Top Réseau* network in June 2006. Clinics that provide VCT services are identifiable through the *Top Réseau plus* logo. Demand through peer educators has been high, at an average of approx. 430 clients per month. Most clients are youth and/or STI clients presenting with symptoms. Referral linkages with the public sector are well in place. In March 2007, PSI contracted a consultant from the National Reference Laboratory to visit all participating *Top Réseau* sites with VCT services, for refresher training on laboratory quality assurance, testing protocols and related topics.

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 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. TR plus services were launched in two *Top Réseau* clinics. The clinics are performing well, receiving an average of 67 clients per month since the launch.

#### **PC3 Result 6: Indicator Achievements during February-July 2007**

- 50% of the diagnosis and prescriptions that *Top Réseau* medical providers offer to youth with STIs met or exceeded PSI's minimum standard

Quality assurance of *Top Réseau* services remains a priority, both in order to maintain the overall image of the franchise and to ensure clients are satisfied and will want to come back. Mystery client surveys constitute a key component of PSI's quality assurance system for *Top Réseau* clinics, due to their unique ability to provide relatively objective client feedback on service provision. Detailed results from mystery client studies allow PSI to identify areas for improvement, which can subsequently be addressed through training, continuous medical education, and individual clinic support visits. PSI received official approval from the Bio-Ethics Committee for the routine use of mystery client surveys as part of its standard evaluation tools.

During the reporting period, PSI research team completed mystery client surveys among 64 private providers in Tana. Since the survey is a follow up survey, conducted annually among all providers in the seven *Top Réseau* sites, the sample was limited to *Top Réseau* providers only; hence no other private clinics were included for comparison. As per standard protocol, each clinic was visited three times, once

with a family planning scenario, and twice for an STI scenario (male and female youth client). PSI research team recruited, trained and supervised the mystery clients.

Results reveal that 11 % of STI treatment prescriptions by *Top Réseau* providers for young women (seven providers out of 64) met PSI's minimum standards for syndromic management of STIs, as reported by mystery clients; for young men, results indicated that 86% of prescriptions met minimum standards for syndromic management. The results for managing STI complaints in young women reinforce the need to continue training health providers on correctly managing lower abdominal pain in a woman presenting a high risk profile and history of STIs (as in the case of the mystery client). We note 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.

It is encouraging to note that 80% of prescriptions for girls with STI complaints, and 94% of prescriptions for boys with STI complaints did not include unnecessary medicines prescribed over and above the pre-packaged treatment kits (adding metronidazol as the accepted drug for treating STI complaints among women). Minimum standards include correct prescription of STI treatment according to national treatment guidelines for syndromic STI management. Minimum standards are reviewed regularly by the PSI technical staff to ensure they reflect the latest standards in treatment and care provision.

Follow up surveys, comparing baseline data collected in September 2006, are planned for the two newest *Top Réseau* sites (Antsirabe and Morandava) in August and September 2007 respectively. These surveys will assess improvements in service quality, including technical competence of providers, following their integration into the franchise. Certain private clinics that were not incorporated into the *Top Réseau* franchise will again be included, to give an outside measure of comparison with improvements among non *Top Réseau* providers.

## IV. Conclusion

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In August 2005, USAID awarded PSI Madagascar a three-year Cooperative Agreement CA # 687-A-00-05-00109-00 to expand and improve a package of product and service interventions in family planning, maternal and child health and STI/HIV prevention and treatment. PSI received supplementary funding in June 2006 to strengthen ongoing work, and in particular for family planning and *Top Réseau*.

We confirmed important results for family planning, with an increase in CPR. Combining rural and urban data, the percentage change from 13.4% (2004) to 18.3% (2006) 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. Social marketing activities contribute nearly half of this growth.

In line with the priorities outlined in the National five year Policy to reduce prevalence of STI/HIV among most vulnerable groups, PSI is increasing and improving its outreach strategies with SWs and MSM. TRAC baseline data for high risk men will guide the development of a new communication campaign. An informal evaluation of the high profile delayed debut campaign for youth indicated a positive reception among young people.

Malaria prevention activities are beginning to show significant impact. Treated net ownership and usage among pregnant women and children under five has risen strongly. However, it is increasingly evident that PSI and RBM partners need to reinforce messages which promote consistent net usage year round – especially for pregnant women.

Malaria treatment in Madagascar is in a transition year as the frontline molecule will change from chloroquine to ACT. PSI is working closely with the NMCP to ensure maximum access for children under five to ACTs as soon as possible.

PSI continues to participate actively in the WASH educational campaign, which will focus on the treatment of water at the end of 2007 and beginning of 2008. Based on the results received from the 2006 TRaC study and from the Emory assessment, PSI plans to improve its communication activities in order to ensure that correct and regular usage of Sur-Eau increase, and that indicator targets are met.

PSI research team completed three large scale TRAC surveys (youth, women of reproductive age, sex workers and high risk men) in mid/late 2006. The results are guiding 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.

Similarly, findings from the MAP baseline survey have been translated into targeted distribution activities to further expand product coverage, especially for products distributed through the commercial sector (as opposed to the pharmaceutical sector). New revised minimum standards are being determined to increase access to products in rural areas.

In this critical stage of research data analysis and interpretation for program implementation, PSI received technical assistance from the regional research and evidence-based marketing team, funded through the PSI Results Initiative (RI). Following workshops in October 2006 and February 2007, technical experts from RI in communications and research conducted follow-up visits to assist in interpretation of research results and relevant planning based on the findings. After two years of implementation, PSI now has solid baseline data on key perceptions, opportunities, motivational factors, and behaviors for all target groups, giving the program a solid evidence base to measure progress, effectiveness and impact of its interventions.

## ANNEX A: ADJUSTED LOGFRAME INDICATORS 2004-2006

### 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 2007	45.6% (2005)	--	--	55% (2008)
2	Increase the % of rural communes with at least one point of sale that sells <i>Confiance</i>	MAP survey 2005 and 2007	41.5% (2005)	--	--	50% (2008)
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 2007	n/a (2005)	--	--	60% (2008)
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 2007	n/a (2005)	--	--	55% (2008)
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 target
1	Number of <i>Pilplan</i> distributed /year	PSI monthly sales monitoring system	1,218,628 (2004)	1,757,379	1,850,324	1,870,000
2	Number of <i>Confiance</i> distributed /year	PSI monthly sales monitoring system	403,411 (2004)	659,564	636,057	700,000

### 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 2006	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 2006	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 2006	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 & 2007 MAP surveys	29% (2005)	--	--	TBD (2007)
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% (2007)
4	Increase the % of rural communes with at least 1 POS that sells <i>PaluStop</i> .	2005 & 2007 MAP surveys	16% (2005)	--	--	TBD (2008)

## Distribution

Indicator		Method of measurement	Baseline	Year 1 result	Year 2 result	Year 3 target
1	Number of <i>ITNs</i> distributed /year	PSI monthly sales monitoring system	335,270 2004	870,351	699,131	485,000
2	Number of <i>PPT</i> distributed /year	PSI monthly sales monitoring system	1,045,340 2004	3,588,885	3,026,276	50,000* <i>PaluStop</i>  500,000 ACT**

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

\*\* ACT target assumes initial order of one million doses funded by UNITAID arrive as anticipated in December 2007. Due to the fact that this initial order is in co-blister format, distribution will only be in pharmacies, drug stores and private clinics. Community distribution will commence when PSI is able to procure the fixed-dose format that is not yet recommended by the WHO.

## 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 2007	21% (2005)	--	--	TBD (2008)
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)	--	--	>100,000 bottles (2008)
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 target
1	Number of <i>safe water solution</i> distributed /year	PSI monthly sales monitoring system	651,983 2004	704,378	936,300	750,000*

\* Lower than result from year two due to the fact that Madagascar was hit by a larger than normal number of cyclones during year two and the response by NGOs and the public and private sectors is reflected in *Sur-Eau* sales figures. A similar cyclone season is not expected in year three (although PSI will be ready if this does happen).

### 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% (2006)	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% (2006)	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% (2006)	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% (2006)	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% (2006)	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 2006	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%	--	10.0%	16.0% (2008)
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%	--	3.6%	6% (2008)
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% (2006)	--	--	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% (2006)	n/a	n/a	70% (2009)
6	Decrease the % of HRM who believe that condoms reduce sexual pleasure	TRaC/HRM 2006 & 2009	55.3% (2006)	--	--	40% (2009)
7	Decrease the % of HRM who believe that condoms break easily	TRaC/HRM 2006 & 2009	18% (2006)	--	--	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% (2006)	--	--	95% (2009)

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

Indicator		Method of measurement	Baseline 2003	Year 1 result	Year 2 result 2006	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%	--	28.5%	34.0% (2008)
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%	--	30.8%	38.0% (2008)
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%	--	8.2%	13.2% (2008)
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%	--	10.2%	20.0% (2008)

### 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% (2008)
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 target
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	14,500,000**

\* The 2004 baseline for condom distribution includes 1.4 million condoms distributed in STI treatment kits for the public sector. The target numbers do not include public sector distribution as it is likely that condoms will be provided by the PMPS (via Fimailo) for public sector STI treatment kits. This is why the year 1 target is only slightly higher than the baseline.

\*\* In years 2 and 3, the targets include 2.8 and 3.2 million condoms distributed in private sector STI treatment kits (via social marketing). These targets assume that follow-on funding will be found to support STI kit distribution via social marketing.

### PC 3. 2 PSI/M Comprehensive STI Case Management

#### Purpose: Comprehensive STI Case Management

Indicator		Method of measurement	Baseline	Year 1 result	Year 2 result 2006	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)	--	17.6%	30% (2008)
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 and seek appropriate STI care when infected

Indicator		Method of measurement	Baseline	Year 1 target	Year 2 result 2006	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	---	29.3%	45.0% (2008)
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)
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**Output 2: Increased opportunity** of target populations to prevent STI transmission and seek appropriate STI care when infected

Indicator		Method of measurement	Baseline	Year 1 target	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 & 2007	74% (2005)	--	--	75% (2008)
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 & 2007	30% (2005)	--	--	50% (2008)
3	Increase the % of rural communes with at least one point of sale that sells STI PPT kit <i>Genicure</i>	MAP Surveys 2005 & 2007	28% (2005)	--	--	40% (2008)
4	Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kit <i>Genicure</i> *	MAP Surveys 2005 & 2007	30% (2005)	--	--	50% (2008)
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)	--	--	50% (2008)
6	Increase the number of private sector providers fully trained in STI diagnosis and treatment	Training Reports	1,775 (2005)	--	----	2,412 (2008)

\* 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 target
1	Number of <i>Cura 7</i> distributed /year	PSI monthly sales monitoring system	190,267 2004	297,359	219,866	240,000
2	Number of <i>Genicure</i> distributed /year	PSI monthly sales monitoring system	78,242 2004	139,924	197,171	200,000

### 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 (Morandava and Antsirabe, incorporated in Sept. 2006)

Indicator		Method of measurement	Baseline 2003	Year 1 result	Year 2 result 2006	Year 3 target 2007/8
1	% increase of never married 15-18 year old youth reporting never having engaged in sexual intercourse	Youth TRaC 2006 & 2008	65.6%	--	82.1%	85% (2008)
2	Decrease % of 15 – 24 year olds who had 2+ sexual partners in the last year	Youth TRaC 2006 & 2008 KAP 2003	31.7%	--	13.1%	10%
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%	--	21.2% 47.4%	a) regular partners 26% b) occasional partners 53%
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%	--	34%	40%
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%	--	52.2%	65.2%

**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 2006	Year 3 target
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%	--	51.3% 59%	a) STIs: 45% b) HIV: 50%

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%	--	64.2%  74.1%	a) STIs: 70.2%  b) HIV: 80%
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%	--	56.1%	62%

**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 target
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%	15%

**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 target
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)	--	--	50% (2008)
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%	--	36.3%	30%
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%	--	40.4%	50%

## Services

Indicator		Method of measurement	Baseline	Year 1 result	Year 2 result	Year 3 target
1	Number of adolescent reproductive health clients within the project period	PSI monthly monitoring system SIGS	25,404 (2004)	61,444	82,588	82 000
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	14 700
3	Number of <i>youth clients aged 15-24 attending HIV VCT</i>	PSI monthly monitoring system SIGS	--	366	4,317	3,970