



Six-Month Progress Report for

PROJECT MITAO

Understanding and providing rapid response to STIs and HIV
in the rurally isolated southeast Madagascar.

November - 2019

1 Project Rationale and Approach

Between 2010 and 2017, the number of people living with HIV in Madagascar has increased by at least 84% (UNAIDS, 2018). Weak healthcare services, combined with low awareness of sexual and reproductive health and rights (SRHR) (Doyle et al, 2012), have amplified the threat of this growing crisis. These conditions are particularly severe in rural Anosy, where 96.7% of the population lives in poverty (Healy, 2018). Exacerbated by Anosy's marginalisation and geographic isolation, services offered by the region's under-resourced healthcare system are often inaccessible or unaffordable. Service deficits, insufficient SRHR education, and low levels of condom usage have likely contributed to an estimated rate of sexually transmitted infections (STIs) that, at 1.1% of the population, exceeds the national average by three times (Healy, 2018).

Project Mitao seeks to combat this growing crisis in Anosy through collaborative research on the factors driving the spread of HIV and delivery of SRHR education. Operating in the three rural sites of Mahatalaky, Sainte Luce, and Tsagnoriha, Project Mitao advances three key outcomes:

1. Improved situational knowledge for SEED and stakeholders on the complex factors driving the spread of HIV and STIs.
2. Improved SRHR knowledge for young people by training teachers and health workers to deliver adaptations of SEED's urban SRHR sessions.
3. Increased engagement and capacity of local and regional stakeholders through the creation of a robust, participatory network of partners.

Between April and September 2019, Project Mitao has increased understanding of SRHR in the region by completing a situational analysis of SRHR in urban and rural Anosy with over 800 young people and key SRHR actors. Over 142 students and out-of-school youth have received crucial SRHR information through education sessions. This education has contributed to substantial improvements in knowledge and attitudes, with students' understanding of how to use condoms increasing by 35 percentage-points. By building a network of over 16 SRHR stakeholders, Project Mitao's three roundtable sessions have advanced a coordinated regional strategy that addresses the SRHR needs of young people in one of Madagascar's most vulnerable regions.

2 Activity Detail

2.1 Situational Analysis

“If they don’t have knowledge about it, they will not believe AIDs exists”

Student, lower secondary school

2.1.1 Key Informant Interviews

The Project Mitao team conducted 53 key informant interviews in Mahatalaky, Sainte Luce, and Tsagnoriha, along with the urban sites of Fort Dauphin and Ambovombe, which were selected due to the concentration of health services and high population migration in these areas. Interviews were conducted with stakeholders, ranging from doctors who treat HIV-positive patients and ministry officials to school headmasters and female sex workers. Interview topics included SRHR service provision; policies; and perceived knowledge, attitudes, and practices amongst young people.

2.1.2 Focus Groups

A total of 36 focus groups were conducted with a variety of young people and at-risk groups, such as men who have sex with men, in Mahatalaky, Sainte Luce, Tsagnoriha, Fort Dauphin, and Ambovombe. This research examined SRHR knowledge, attitudes, and practices; such as STIs, contraception and condom usage, and sexual consent.

2.1.3 Rural Knowledge, Attitude, Practice, and Belief (KAPB) Surveys

Project Mitao staff conducted 115 KAPB surveys with students and out-of-school youth (aged 13 to 24) in the three rural sites. Questions covered sexual history, experiences with STIs and HIV, pregnancy, and contraception usage. Along with focus groups and interviews, these surveys were completed with support from Project Safidy, which is funded by AmplifyChange and aims to promote SRHR education in schools.

2.1.4 Service Readiness and Availability Surveys

Adapted from World Health Organization (WHO) guidelines, these surveys were conducted in the three community health centres located in the three rural sites. Survey questions assessed healthcare infrastructure, supplies, and service delivery.

2.1.5 Urban KAPB Surveys

400 young people (aged 13 to 24) were surveyed in Fort Dauphin. Adapted to include WHO and government indicators, these surveys covered a similar range of SRHR topics as those conducted in the rural sites.

2.2 SRHR Education Pilot with Students

“My favourite lesson is STI-HIV/AIDS because I can protect and able to take of care myself amongst of STI.”

Student, lower secondary school

From May to July 2019, the Project Mitao team co-delivered SRHR lessons to lower secondary and high school students in Mahatalaky, covering the topics of puberty, consent, unplanned pregnancy, family planning, STIs and HIV, and condom use. 13 teachers were trained to facilitate these lessons, building their long-term capacity for SRHR education. An average of 34 high school and 27 lower secondary school students attended each lesson. Due to low enrolment in schools and high rates of student absenteeism, Project Mitao was unable to reach its goal of delivering lessons to 100 students. Focus groups with students and teachers have highlighted several factors contributing to low attendance, such as a lack of motivation after exam period, poor health, the need to support one’s family, and early marriage.

2.3 SRHR Education Pilot with Out-of-School Youth

Based on learnings from the situational analysis and education pilot, the Project Mitao team adapted the student SRHR curriculum for out-of-school youth aged 13-20. Due to high rates of reported assault and early pregnancy amongst out-of-school youth, sessions on interpersonal relationships and pregnancy were added, constituting an eight-topic curriculum. Running from August to November, an average of 25 young people across the three sites attended each session to date, with a maximum of 30 young people participating in one session. To build local healthcare capacity, the Project Mitao team also delivered specialised SRHR training to five community healthcare agents, with further training with community health centre chiefs scheduled for November 2019.

2.4 Stakeholder Roundtable Sessions

During the three roundtables that have been held in Mahatalaky, over 22 stakeholders – from healthcare providers to representatives from non-governmental organisations that provide HIV support – came together to share opinions regarding SRHR challenges, review situational analysis findings, and formulate immediate strategies to combat STIs and HIV in the region. An average of 16 stakeholders attended each convening. These roundtables have provided a platform for stakeholders to create short-term activity plans, with progress monitored at upcoming roundtables. Long-term activities will be planned in the final two meetings, facilitating the formation of a holistic SRHR strategy in rural Anosy.



Project stakeholders at a roundtable session in July 2019

3 Case Studies



3.1 Young Person (Out-of-School)

What topics did you learn from the lessons that you did? The topics that I have learned are about abuse, building a home [lesson delivered regarding managing a healthy family life], using condoms, and contraception.

Do you talk to your friends and family about what you learned? Every time I had a lesson, I convey what I learned to my family and friends. The things that I've talked to them about are using condoms, contraception, abuse, and building a home [lesson delivered regarding managing a healthy family life].

How can the lessons be improved? We should be taught other additional lessons in order to know a lot of things. There should be help given to young people to participate in education.



3.2 Community Health Promoter

What do you think is a skill or knowledge that you learned from your participation in the Community Health Promoter training led by SEED? The knowledge I received from [Project Mitao] is about encouraging youth to avoid STIs and how to use condoms.

What are the most important things that young people should learn about? The most important thing I think young people should learn about are reproductive health and rights in order to bring young people good health and protect them against STIs so that they will not get AIDs and not be abused.

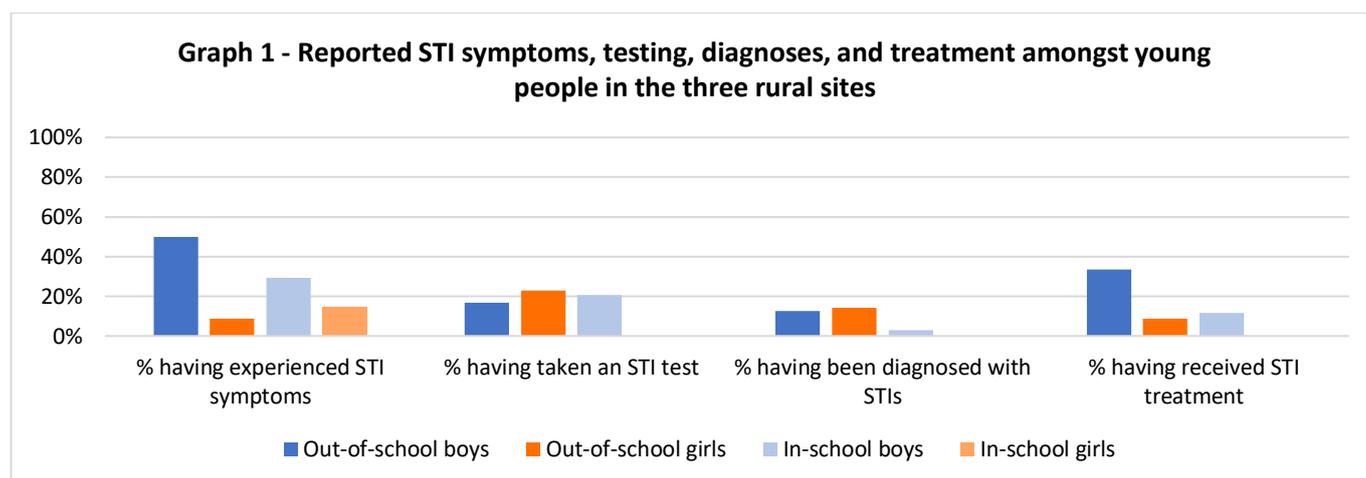
How would you use these skills in Community Health Promoter work in the future? I will use my skills to inspire the young people in our community.

4 Preliminary Results

4.1 Situational Analysis

4.1.1 STI and HIV Prevalence

According to key informants, STI rates have risen across all sites, with one health professional estimating that incidence of STIs in Fort Dauphin could be *over 50%*. Although Mahatalaky has reported only one case of HIV, known cases of HIV in Fort Dauphin have reportedly increased *from one in 2006 to 170 in 2018*. HIV incidence has been reportedly increasing in Ambovombe, with *46 known cases since 2008*. KAPB surveys from rural sites indicate that over *25% of young people*, and nearly *38% of boys*, have experienced STI symptoms.

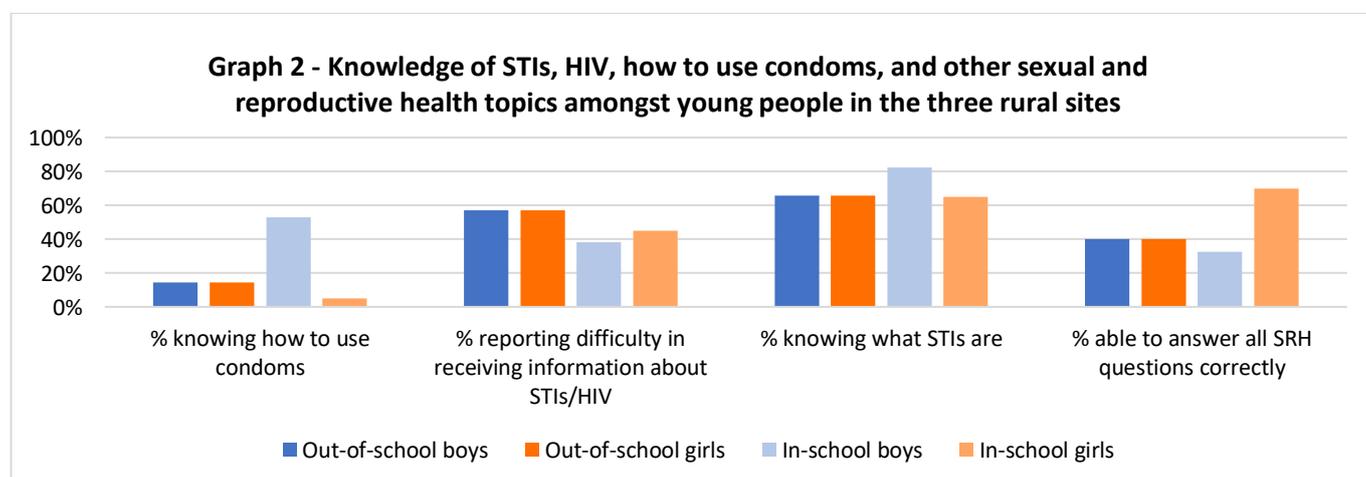


4.1.2 Healthcare Infrastructure and Service Provision

Service Availability and Readiness Assessment surveys indicate that community health centres operate with limited space, staff, and utilities. These centres suffer from *frequent stock-outs* of key supplies, such as contraception and STI tests. Since patients are required to pay for healthcare materials when supplies are low, these stock-outs contribute to *price fluctuations*. During Project Mitao's surveys, *STI testing was out-of-stock*. Although HIV testing was reportedly available at the time of research, people diagnosed with HIV must travel to Fort Dauphin for treatment, a four-hour journey by bus.

4.1.3 SRHR Knowledge of Young People

Rural KAPB surveys and focus groups highlighted severe gaps in SRHR knowledge. *72% of survey participants did not know how to use condoms*, with particularly high percentages of girls (89%) lacking this knowledge. Half of surveyed young people identified difficulties in receiving information about STIs and HIV, whilst focus groups indicated *pervasive misinformation* about STI prevention, pregnancy, and side effects from contraception.

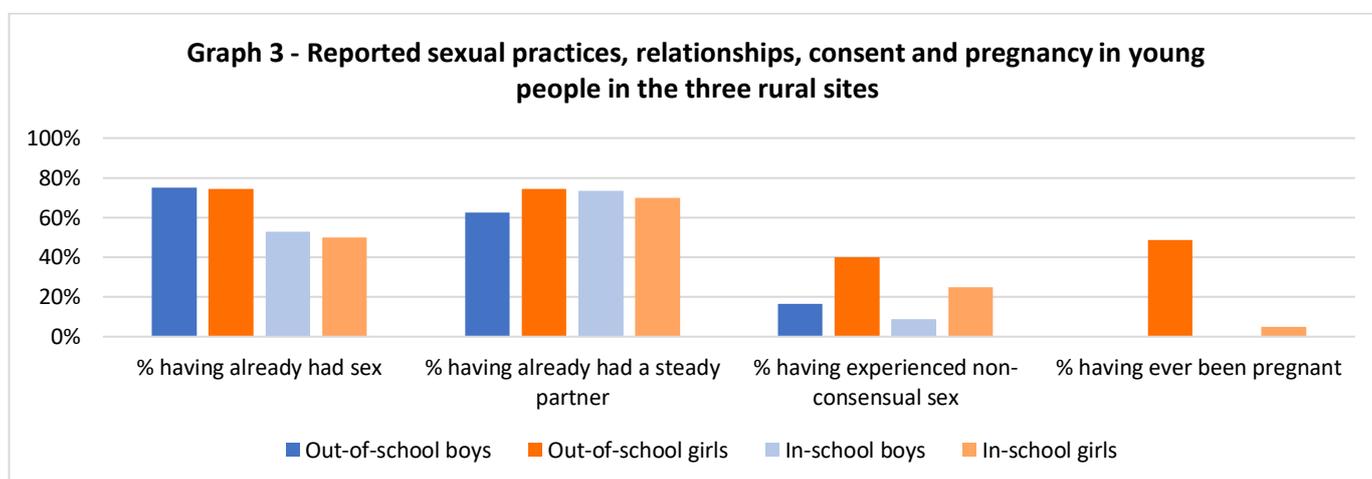


4.1.4 SRHR Attitudes of Young People

37% of surveyed young people agreed that condoms are appropriate in steady relationships, with focus group discussions highlighting that condoms were not viewed as appropriate in long-term relationships due to perceived connotations of infidelity. The sensation of using condoms was also emphasised as a barrier to usage. Regarding consent, only 35% of surveyed young people agreed that if a sexual partner agrees to sex once, they still need to ask permission to touch them again in the future^{002E}

4.1.5 SRHR Practices of Young People

Rural KAPB surveys highlighted that 75% of participants had already had sex, with 65% reporting that they first had sex before the age of 18. According to focus groups and interviews, familial pressure and early marriage can lead to prevalent early pregnancy, potentially contributing to the substantial rate (33%) of girls surveyed in the rural KAPB having had at least one pregnancy. Focus groups and key informant interviews indicated that risky sexual practices are common amongst young people, including multiple sexual partners (up to 3 per day or 100 per year), concurrent sexual partners, intergenerational relationships, and transactional sex. All research methods identified low condom usage, with half of all rural KAPB survey respondents reporting never using condoms during sex in the past three months. Non-consensual sex, especially amongst surveyed out-of-school girls (40%) and boys (20%), is reportedly prevalent.



4.1.6 SRHR Beliefs of Young People

Throughout rural KAPB surveys and focus groups, young women indicated a lack of agency and ability to refuse sex with long-term partners, due to perceived associations of this behaviour with infidelity. Stigma regarding STI/HIV transmission, such as a belief that HIV can be transmitted by sharing dishes or clothing, was also widely espoused by focus group participants.

4.1.7 Discussion of Results

“My change is to apply consent before touching or doing a sexual act with my partner.”
Student, High School

Project Mitao’s situational analysis highlighted the growing threat of STIs, including HIV, for young people in Mahatalaky, Sainte Luce, and Tsagnoriha. Stock-outs of SRHR supplies, a lack of coordination amongst health facilities, and negative attitudes toward testing and treatment suggest that STI and HIV prevalence are likely underestimated, with affected people not receiving appropriate treatment.

Research identified crucial knowledge gaps regarding contraception and STIs, exacerbated by misinformation and widespread stigma regarding STIs and HIV. These risks are amplified by detrimental attitudes and practices. Coupled with the belief of many young women that they cannot refuse sex, prevalent incidences of non-consensual sex likely prevent condom negotiation and usage. Exacerbated by the weak healthcare and education systems, these gaps in SRHR understanding and behaviour leave many young people vulnerable to STIs and HIV.

4.2 SRHR Education Pilot with School Students

80 students from the middle and high school in Mahatalaky completed baseline surveys to assess SRHR knowledge and behaviours before the delivery of the SRHR curriculum. Of these students, 63 were surveyed at endline. 70% of respondents were male, and 30% were female at baseline and endline.

These results demonstrate significant knowledge change across SRHR topics such as contraception, puberty, and menstruation. By endline, reported *ability to use condoms rose from 43% to 78%*. Likewise, students' attitudes toward sexual rights improved substantially; *50% of students supported statements regarding consent at endline*, compared with *41% prior to SRHR education*. For certain SRHR topics, knowledge gaps persist. The percentage of students (30%) correctly identifying that hormonal contraception can protect against STIs remained the same at baseline and endline, whilst the rate of students who correctly answered that women can get pregnant at any time during their menstrual cycle decreased by seven percentage-points.

Table 1 - Students' SRHR Knowledge at Baseline and Endline

	Baseline	Endline	Percent-point change
Family planning methods	53%	88%	35%
STI prevention methods	61%	74%	13%
How to use a condom	43%	78%	35%
Signs of puberty	77%	96%	19%
Where to get clean sanitary products	17%	63%	46%
How to alleviate pain during menstruation	31%	88%	57%

4.2.1 Discussion of Findings

Findings indicated significant improvement in students' knowledge and attitudes across many topics, with particularly substantial knowledge gains regarding STI prevention methods and menstrual hygiene. Despite this progress, results reveal that students' knowledge remained unchanged or even decreased for certain topics concerning contraception and menstruation. Whilst high absenteeism during the SRHR sessions likely contributed to these persistent gaps, these findings highlight the importance of focusing on these topics in future SRHR programming. Although knowledge regarding condom usage and support for consent both increased, further improvement is still needed to ensure that young people are equipped with the capacity to exercise their SRHR.

5 Project Tracker of Outputs

Output 1. 17 focus groups conducted with young people

COMPLETED

Output 2. 120 surveys conducted with young people

COMPLETED

Output 3. A baseline survey conducted with 80 students in two schools

COMPLETED

Output 4. At least 27 interviews with health and education providers

COMPLETED

Output 5. 100 students in two schools received at least one SRHR lesson

80

Output 6. 90 out-of-school youth received at least one SRHR lesson

83

Output 7. Nine health workers trained in SRHR topics

5

Output 8. Six teachers trained in SRHR topics

COMPLETED

Output 9. Nine key stakeholders participating in focus groups, interviews, and roundtables to establish a stakeholder network and receive project findings

COMPLETED

6 Moving Forward

Project Mitao will continue to lead the development of an evidence-based, community-driven strategy for combatting HIV and STIs in Anosy through ongoing research, education, and partnership-building. Based on key findings and stakeholder feedback, the Project Mitao team is conducting a second round of qualitative research, which will include focus groups with populations such as taxi drivers. To highlight the needs of at-risk groups, KAPB surveys will be conducted with female sex workers and men who have sex with men in Fort Dauphin. The Project Mitao team will also perform follow-up research with out-of-school youth to identify mechanisms for increasing SRHR motivation and engagement.

To share key learnings, SEED will complete and disseminate final monitoring, evaluation, and learning (MEL) reports for the focus groups and rural and urban KAPB surveys. Final results will be collated in a comprehensive situational analysis report and distributed by project end. Aiding effective MEL delivery and expanding the reach of Project Mitao's findings, SEED is now a member of the national HIV Monitoring and Evaluation Committee, enabling the team to coordinate research efforts. Key learnings from Project Mitao's research will be shared during an upcoming forum with national-level partners in the capital of Antananarivo.

The Project Mitao team will sustain this progress by forming a coordinated network of SRHR actors throughout Anosy, whilst building the capacity of these stakeholders to address the region's most pressing SRHR challenges. SRHR sessions with out-of-school youth will be completed in November 2019, with training provided to the community health centre chiefs to ensure that SRHR education is embedded in the local healthcare system.

SEED has formalised its partnership with Marie Stopes Madagascar through a Memorandum of Understanding. Through this collaboration, the Project Mitao team will host a mobilisation with Marie Stopes outreach workers, who will provide free contraception to young people in the target sites. Project Mitao's final two roundtables will enable stakeholders to plan the next phase of Mitao, which will be developed into a funding proposal. This future initiative intends to expand SRHR education and strengthen community healthcare systems across rural Anosy by partnering with the regional Ministry of Public Health to build the capacity of healthcare workers and improve the SRHR outcomes amongst young people.

7 References

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