seed madagascar
sustainable environment, education & development

THE MERCURY PHOENIX TRUST

End of Project Phase Report for

PROJECT MITAO

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

April – 2020

1 Project Rationale and Approach

Between 2010 and 2017, the number of people living with HIV in Madagascar has increased by at least 84.0% (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).

The first phase of Project Mitao sought 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 advanced 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.

During this end of project phase reporting period (October – December 2019), Project Mitao has increased understanding of SRHR in the Anosy region through research with over 200 young people from vulnerable groups and other stakeholders. Essential SRHR services have been delivered to 51 young people, and 90 out-of-school youth have received crucial SRHR information through education sessions. This education has contributed to substantial improvements in knowledge and attitudes, with out-of-school youth's understanding of how to use condoms increasing by 18.4 percentage points. By engaging our network of SRHR stakeholders, Project Mitao's final two roundtable sessions have advanced a coordinated regional strategy for addressing the SRHR needs of young people in one of Madagascar's most vulnerable regions.

1.1 Support from The Mercury Phoenix Trust

SEED Madagascar would like to thank The Mercury Phoenix Trust for the generous donation of £10,000 towards Project Mitao.

2 Activity Detail

"[SRHR education] is important because these young should have knowledge like us so they able to protect themselves and think about their future"

Student, lower secondary school

2.1 Situational Analysis

Based on the findings from Project Mitao's first round of data collection (April to October 2019), SEED has completed a second round of qualitative and quantitative research to comprehensively understand SRHR conditions in Anosy.

2.1.1 Key Informant Interviews

The Project Mitao team conducted key informant interviews with three informal medicine vendors in Mahatalaky and three pharmacists in the regional capital of Fort Dauphin to examine trends identified during earlier research regarding self-medication for STIs amongst young people.

2.1.2 Focus Groups

Seven focus groups with a total of 28 stakeholders – ranging from young people and mothers to community healthcare agents and community health centre chiefs – were conducted in Mahatalaky, Tsagnoriha, Sainte Luce, and Fort Dauphin. Building on previous quantitative research, these focus groups were completed to further explore SRHR topics, such as SRHR service provision, pregnancy, and sexual consent.

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

To identify the SRHR needs of at-risk populations, SEED conducted surveys with 119 female sex workers and 62 men who have sex with men (aged 18 and over) in Fort Dauphin[a]. Similar to the surveys conducted with the general youth population in Fort Dauphin and rural sites (see Six-Month Progress Report), questions covered topics such as sexual history, experiences with HIV and other STIs, contraception usage, and opinions toward sexual and reproductive rights. Based on World Health Organization and national government guidelines, questions regarding discrimination and types of sexual partners were added to understand factors that increase vulnerability to HIV and other STIs.

[a] Whilst there was no age limit for these survey participants, the average surveyed age of men who have sex was 23.1, and the average age of surveyed female sex workers was 26.1. 72.6% of surveyed men who have sex with men and 52.1% of surveyed female sex workers were age 24 or below.

2.2 SRHR Education Pilot with Out-of-School Youth

"Students are beginning to pay more attention when SRHR lessons are delivered because they feel these topics are useful for their lives"

Teacher, Mahatalaky

SEED's SRHR education sessions with out-of-school youth were completed in November 2019. Despite absenteeism due to poor weather conditions, over 90 out-of-school youth received at least one SRHR lesson, with an average of 25 young people participating in each of the eight sessions. Based on Project Mitao's research, lessons covered the most pressing SRHR topics for out-of-school youth, including puberty, consent, pregnancy, family planning, HIV and other STIs, condom use, and interpersonal relationships.

To reinforce this education, training was conducted with three community health centre chiefs and one regional Ministry of Public Health representative in November 2019. Developed based on the national Ministry of Public Health curriculum, lessons built the capacity of healthcare providers to deliver high-quality care to young people, with topics covering physical development and puberty, life skills, substance abuse, and behavioural issues.

2.3 Engagement of SRHR Actors

2.3.1 Stakeholder Roundtable Sessions

SEED held two final roundtables, bringing together a total of 28 stakeholders to promote regional healthcare coordination and advocacy. In November 2019, SEED convened stakeholders in Mahatalaky to review progress in conducting SRHR activities that had been planned earlier, whilst identifying mechanisms for further collaboration. The final roundtable was held in Fort Dauphin in December 2019, enabling Ministry of Public Health officials and local SRHR representatives to review urban survey results and develop an evidence-based strategy for combatting HIV and other STIs in the Anosy region.

Participants in a roundtable discussion to promote regional helathcare coordination and advocacy.

2.3.2 SRHR Information and Service-Provision

These roundtables (above) have motivated stakeholders to address identified SRHR needs through coordinated outreach. SEED partnered with Marie Stopes Madagascar and community health workers to conduct a contraception drive in Tsagnoriha, which provided 12 women with long-acting reversible contraception[b]. Based on feedback from stakeholder roundtables, SEED supported the Mahatalaky community health centre in conducting a HIV testing campaign, during which five out-of-school youth and 34 high school students were tested for HIV. In collaboration with community health workers and the local high school headmaster, the community health centre chief in Mahatalaky screened a short film regarding sexual health, an event that is now planned quarterly to provide young people with engaging, high-quality SRHR information.

A community health worker during a contraception drive in Tsagnoriha

[b] These women were provided with subdermal implants, which can protect users from pregnancy for one to five years.

3 Preliminary Results

3.1 Situational Analysis

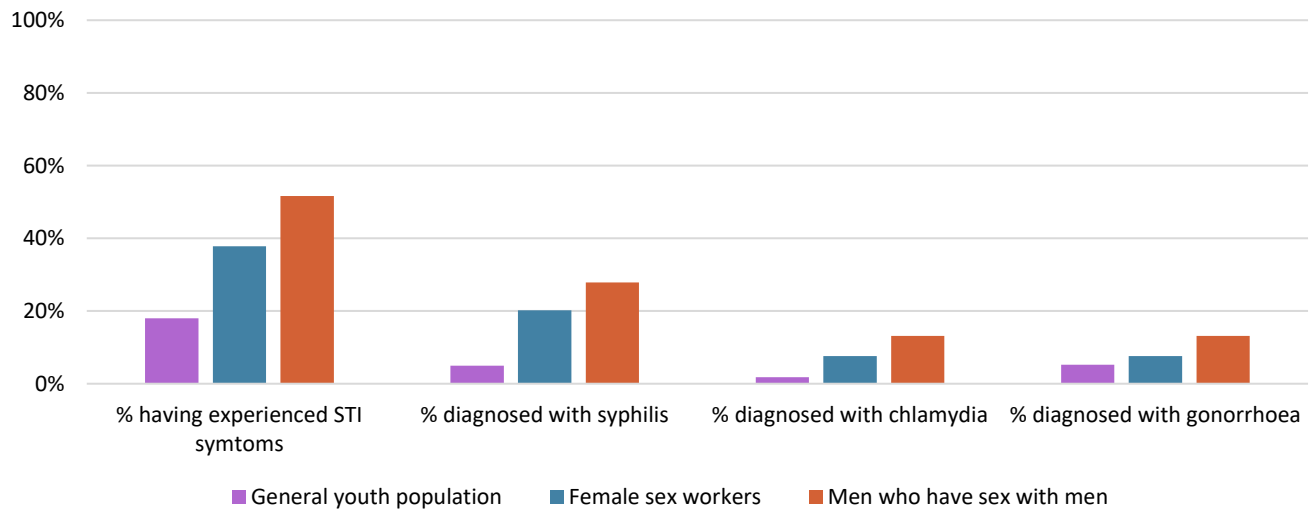
"I do not accept that my parents force me to marry, now I can choose the person I want to marry"
Student, high school

3.1.1 STI and HIV Prevalence

Although no survey participants in Fort Dauphin disclosed HIV diagnoses, research with both the city's general youth population and vulnerable groups indicate prevalent STI symptoms. Surveys with the general youth population in Fort Dauphin indicate that *18.0% have experienced at least one STI* symptom in the past 12 months. Higher rates of STI symptoms were reported amongst vulnerable groups; *37.8% of female sex workers and 51.6% of men who have sex with men reported experiencing at least one STI symptom* in the past 12 months. Gonorrhoea was the STI with which the general youth population was most frequently diagnosed (5.3%), compared to syphilis for men who have sex with men (27.9%) and female sex workers (20.2%).

Reflecting this quantitative research, pharmacists reported that, *'Approximately five times a day people come to the pharmacy to tell about the symptom of STI'* during interviews. Whilst highlighting increases in STI prevalence, these healthcare providers emphasised that *a lack of testing and treatment impedes the calculation of accurate prevalence estimates*.

Graph 1 - STI symptoms and diagnoses of specific STIs

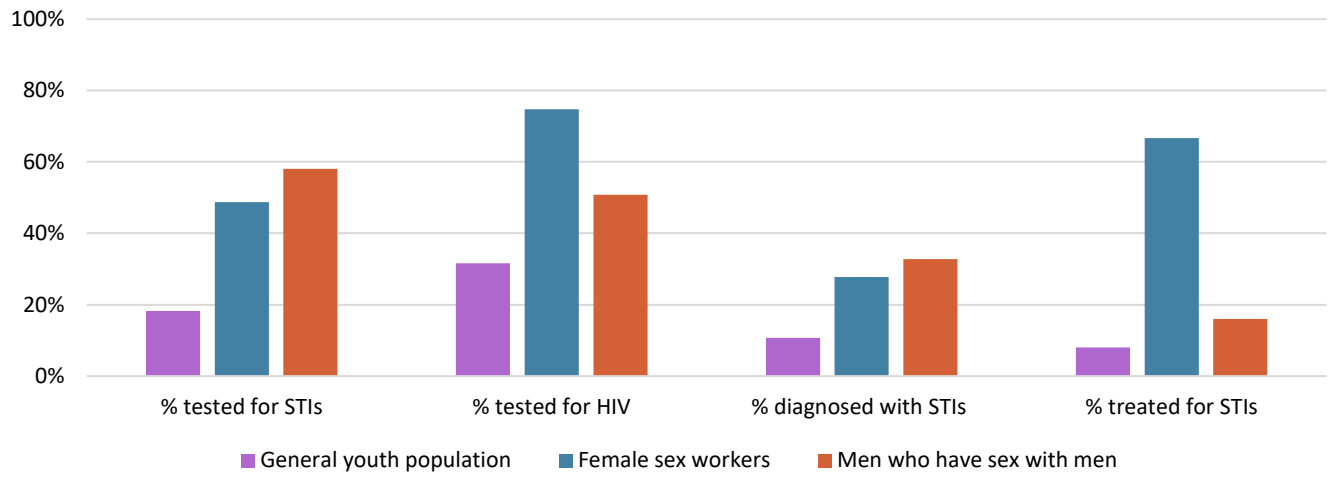


3.1.2 Healthcare Infrastructure and Service Provision

Despite these prevalent STI symptoms, surveys indicate that *only 18.3% of the general youth population have ever been tested for STIs*, whilst 31.6% have been tested for HIV. Of the 10.8% of young people who had been diagnosed with STIs, *72.7% received treatment*. *A lack of knowledge regarding available services* was the most frequently cited barrier to testing and treatment for STIs (33.0%) and HIV (39.6%) by the general youth population. During focus groups, shame was also cited by young people as preventing health-seeking for STIs. As reported during focus groups, these *obstacles lead young people to self-medicate*, with medication obtained from informal vendors or pharmacies without prescriptions.

Vulnerable groups reported higher rates of STI and HIV testing than the general youth population, with *48.7% of female sex workers and 58.1% of men having sex with men having been tested for STIs*. Of the 27.7% of female sex workers who have been diagnosed with STIs, *all (100.0%) received treatment*. In contrast, of the 32.8% of men who have sex with men who had been diagnosed with STIs, *just 61.5% received STI treatment*. 74.8% of female sex workers have been tested for HIV, likely due to reported testing campaigns led by the Ministry of Public Health, compared with only 50.8% of men who have sex with men.

Graph 2 - STI and HIV testing, diagnoses, and treatment amongst young people in Fort Dauphin



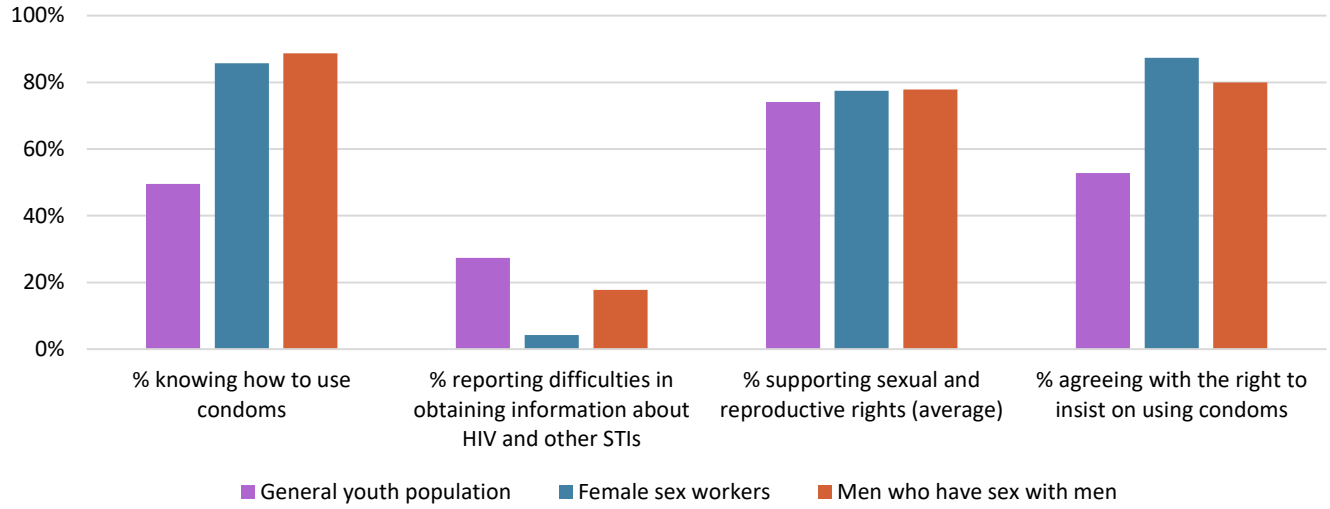
3.1.3 SRHR Knowledge of Young People

Only *49.5% of the general youth population reported knowing how to use condoms*, whilst this population identified *an average of 2.3* in the survey. *88.7% of men who have sex with men claimed to know how to use condoms*, but this group identified *an average of just 2.0 STIs*. Female sex workers demonstrated comparatively high knowledge levels, with *85.7% knowing how to use a condom* and *an average of 2.9 STIs identified* by this group. 27.3% of the general youth population reported difficulties in obtaining information about HIV and other STIs, compared to 17.7% of men who have sex with men and 4.2% of female sex workers.

3.1.4 SRHR Attitudes of Young People

Overall, support for SRHR was high amongst all groups; the general youth population agreed with *an average of 74.1% of statements about sexual and reproductive rights*, compared to *77.4% of female sex workers* and *77.9% of men who have sex with men*. However, attitudes toward certain SRHR topics varied amongst these groups. Just 52.8% of the general population of young people supported the right to insist on using a condom, compared with 80.0% of men who have sex with men and 87.4% of female sex workers.

Graph 3 - SRHR knowledge and attitudes of young people in Fort Dauphin



3.1.5 SRHR Practices of Young People

Surveys highlighted that *91.0% of the general youth population first had sex at age of 18 or younger*, compared to *70.0% of men who have sex with men* and *92.4% of female sex workers*. A higher percentage of men who have sex with men (32.3%) than the general population of sexually active young people (25.1%) regularly engage in transactional sex. In the week prior to being surveyed, *all female sex workers (100.0%) reported having sex with men for money*, with *an average of 7.5 reported clients* during this period. All men who have sex with men (100.0%), compared to the general population of sexually active young people (29.7%), reported having had multiple sexual partners in the past six months. However, *a higher percentage of the general population of sexually active young people (50.5%) than men who have sex with men (27.4%) reported never using condoms* during the last six months. For female sex workers, condom usage varied based on the type of sexual partners, with *80.6% never using condoms with their main partners*, compared with 61.4% with casual partners.

3.1.6 SRHR Beliefs of Young People

Higher percentages of female sex workers (62.2%) and men who have sex with men (49.2%) than the general youth population (36.8%) stated that they would avoid people living with HIV, even if they receive proper treatment. These at-risk populations are also reportedly the targets stigma, with *31.9% of female sex workers and 38.7% of men who have sex with men citing exclusion from their families* due to their respective statuses. Substantial percentages of the general youth population (82.0%), female sex workers (82.4%), and men who have sex with men (71.0%) believe that they have the right to say no to sex. However, *nearly all female sex workers (87.9%) and men who have sex with men (83.9%) reported that partners have used coercion or physical violence to get them to have sex* in the past year, compared to 36.3% of the general population of sexually active young people.

Graph 4 - SRHR practices and beliefs of young people in Fort Dauphin

*These figures are calculated based on the percentage of sexually active young people amongst the general population who reported regularly engaging in transactional sex and having experienced coercion or physical violence to get them to have sex.

3.1.7 Discussion of Results

Project Mitao's research highlights the diverse factors – ranging from risky sexual behaviours and low understanding of sexual and reproductive health to intimate partner violence and stigma – that threaten young people's SRHR. Lack of access to healthcare services, coupled with knowledge gaps and stigma, reportedly prevent STI testing and treatment. These gaps indicate that reported rates of STI symptoms, whilst already high, likely underrepresent the full scope of STI prevalence amongst young people.

Combined with low condom usage, high rates of transactional sex and multiple sexual partners amplify these sexual and reproductive health risks, particularly amongst female sex workers and men who have sex with men. Despite positive attitudes toward SRHR expressed by young people, intimate partner violence was reported as alarmingly common amongst vulnerable groups, whilst discrimination against female sex workers and men who have sex with men potentially impedes these populations from exercising their SRHR.

3.2 SRHR Education Pilot with Out-of-School Youth

90 out-of-school youth from the three rural sites completed baseline and endline surveys to assess the impact of Project Mitao's SRHR education. The average age of survey participants was similar at baseline (19.2) and endline (19.3), with a relatively even split between genders.

From baseline to endline, the number of out-of-school youth who were able to *correctly order the steps to putting on condoms rose by 18.4 percentage points*, whilst the average number of contraception methods identified by out-of-school youth increased from *4.9 at baseline to 5.5* at endline. These knowledge gains have contributed to improvements in attitudes toward certain SRHR topics, with the number of participants *supporting the right to say no to sex with both casual and long-term partners increasing by 20.0 percentage points* from baseline to endline.

However, gaps in the SRHR capacity in out-of-school youth persist. The percentage of out-of-school youth who correctly identified that people can contract the same STI twice decreased from 76.7% at baseline to 75.6% at endline, whilst the percentage who correctly recognised that washing genitalia after sex does not protect against STI transmission diminished by 3.3 percentage points following the pilot.

Table 1 – SRHR knowledge and attitudes of out-of-school youth at baseline and endline

	Baseline	Endline
Correctly ordering the steps of putting on condoms	32.2%	50.6%
Average number of contraception methods identified	4.9	5.5
Correctly defining vagina fistula	43.3%	66.7%
Agreeing that it is acceptable to say no to sex with both casual and long-term partners	31.1%	51.1%
Correctly identifying that people can contract the same STI twice	76.7%	75.6%
Correctly identifying that washing genitalia after sex does not prevent against STI transmission	72.2%	68.9%

3.2.1 Discussion of Findings

These evaluations demonstrate improvements in the SRHR knowledge and attitudes of out-of-school youth, with particularly substantial gains in their capacity to effectively use condoms. Despite this progress, results indicate that participants' SRHR capacity decreased in certain areas, potentially impeding young people from protecting their sexual and reproductive health. Whilst participant absenteeism due to bad weather likely contributed to these gaps, these results highlight the importance of targeting these areas through future SRHR interventions.

"It is important for students to get [SRHR] lessons as they are able to protect themselves more and plan for their future"

Teacher, Mahatalaky

4 Project Tracker of Outputs

Key:

Output completed | Output mostly completed | Output not completed

Output 1. 17 focus groups conducted with young people	 Complete
Output 2. 120 surveys conducted with young people	 Complete
Output 3. A baseline survey conducted with 80 students in two schools	 Complete
Output 4. At least 27 interviews with health and education providers	 Complete
Output 5. 100 students in two schools received at least one SRHR lesson	 90 students
Output 6. 90 out-of-school youth received at least one SRHR lesson	 Complete
Output 7. Nine health workers trained in SRHR topics	 Complete
Output 8. Six teachers trained in SRHR topics	 Complete
Output 9. Nine key stakeholders participating in focus groups, interviews, and roundtables to establish a stakeholder network and receive project findings	 Complete

5 Summary of Achievements, Challenges, and Learnings

Figure 1: Key achievements, challenges, and learnings from Project Mitao	
Achievements	**Learning for future SRHR programming**
Project Mitao's situational analysis has identified key factors that impact young people's SRHR in the Anosy region.	Findings should be disseminated through submissions for international publication and presentations, whilst informing programming to address young people's most pressing SRHR needs.
The SRHR knowledge and attitudes amongst in-school and out-of-school youth have improved following SRHR education delivery.	Key strengths of the existing curriculum should be utilised and adapted, with a focus on equipping young people with the skills to exercise their SRHR. Future monitoring, evaluation, and learnings should examine the impact of these changes on SRHR behaviours.
SRHR capacity-building with teachers, community healthcare agents, and community health centre chiefs has increased motivation for providing high-quality SRHR information and services.	SRHR capacity-building should be strengthened and expanded, supporting stakeholders in providing SRHR education to young people. Comprehensive monitoring, evaluation, and learning should be implemented to assess the impact of this capacity-building.
SRHR roundtables have improved collaboration amongst stakeholders, facilitating them in implementing SRHR activities for young people, including the provision of SRHR services.	SEED should continue to facilitate communication and coordination amongst stakeholders, whilst supporting the delivery of SRHR activities when possible. Future network-building should aim to ensure that SRHR education is complimented by increased access to healthcare services.
National-level SRHR organisations have expressed interest in Project Mitao's research, providing opportunities for wide-scale dissemination of findings.	SEED should present reports of Project Mitao findings to key actors, strengthening national-level SRHR research and informing government advocacy for improved SRHR in Madagascar.
Challenges	**Learning for future SRHR programming**
During Project Mitao's research and education pilots, young people demonstrated difficulties in understanding certain SRHR topics, such as menstruation and consent.	Knowledge and attitudes toward complex SRHR topics should continue to be examined, with future SRHR education initiatives targeting these themes.
Promoting attendance of SRHR education sessions was often difficult due to low school enrolment and poor weather conditions.	Opportunities for increasing motivation for SRHR education should be identified, with SRHR initiatives designed to accommodate young people's needs and address the wider barriers to attendance.
Research in the remote sites, combined with capacity gaps amongst new staff members, impeded the collection of high-quality data.	Data collection training for the project team should be strengthened, and management staff should increase observational monitoring of the implementation of research activities.

6 Moving Forward

Project Mitao, Phase I has successfully improved SRHR knowledge and attitudes of young people, whilst building a comprehensive understanding on the complex factors driving the spread of HIV and other STIs in Anosy. Regular roundtable meetings have increased engagement amongst SRHR stakeholders, forming a robust, participatory network of partners.

To advance these partnerships, SEED will continue to collaborate with key organisations, such as Marie Stopes Madagascar, to support information- and service-provision campaigns in rural Anosy. To inform national-level SRHR programming, SEED will compile findings from Project Mitao into comprehensive research reports, including full analyses of focus groups, KAPB surveys, and evaluations of the SRHR education pilots. This research will be shared during convenings with organisations, such as the *Comité National de Lutte contre le SIDA* (the National Committee for Combating AIDS). Project Mitao's results will also be submitted for publication in academic journals and for conference presentations, contributing to international best practice for promoting SRHR.

SEED will build on Project Mitao's achievements and learnings by developing the next phase of the initiative, which aims to expand SRHR education in rural Anosy. Project Mitao, Phase II intends to build the capacity of 70 healthcare providers to deliver SRHR education and services to over 5,040 out-of-school youth in the southeast region of Anosy. To sustainably support this healthcare education, SEED will partner with the regional Ministry of Public Health to lead SRHR mobilisation and service campaigns, whilst continuing to boost coordination amongst healthcare stakeholders.

SEED will complement this out-of-school outreach by using Project Mitao findings to inform Project Safidy, its ongoing school-based SRHR initiative, strengthening SRHR education for over 70,000 students nationally. Based on Project Mitao's research findings, opportunities for addressing the SRHR needs of vulnerable populations, including female sex workers and men who have sex with men, will also be identified, inclusively protecting the SRHR of the most at-risk. As this phase of Project Mitao ends, future initiatives will promote the sustainability of the progress made in this phase, equipping young people across Madagascar with the capacity to exercise their SRHR.

7 References

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