The Response to AIDS in Madagascar

UNAIDS BEST PRACTICE COLLECTION

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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
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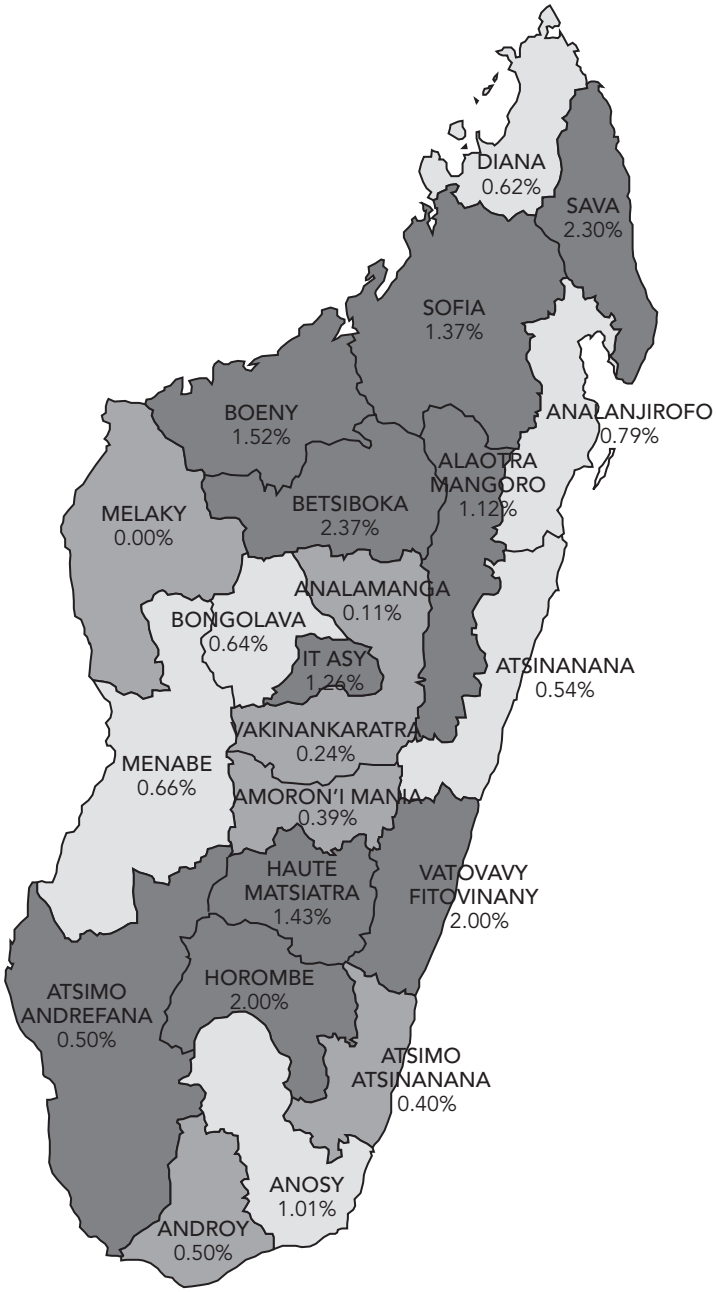
Table of contents

HIV PREVALENCE AMONG PREGNANT WOMEN IN THE DIFFERENT REGIONS OF MADAGASCAR (%)



Source : Résultats de l'enquète de séroprévalence du VIH/sida chez les femmes enceites, MINS SANPF 2003.

Preface

The response to AIDS in Madagascar has, for a long time, been compared to a helpless vessel drifting on a stormy sea. Since there was no common vision, no coherent communication strategy to accompany the measures, and no clear leadership—even less any systematic follow-up—the response could be compared to a place where everybody was fighting their way to mark their territory or to a blank page on which everybody could, in indescribable cacophony, write and play their own music.

The time had come to put the "AIDS House" in order so that progress could occur and objectives be attained. Therefore, under the leadership of His Excellency, Marc Ravalomanana, President of the Republic, the country has created a framework that will guide all further initiatives in the response to AIDS, maintain leadership at the highest level and ensure a unique and respected national coordination. During the updating exercise of the national strategic plan we have been guided by a common vision: well-defined, precise and concrete objectives.

Some of those decisions should, in our view, be listed under what has been defined as "best practices". They include the application of the "Three Ones" principles, the adoption and implementation of the "local response" concept and the implementation of a national communication strategy.

The reason why the three above-mentioned principles have been chosen is simply because they are fundamental to the success of the response. Working within the "Three Ones" principles keeps the initiatives within the framework of the global vision and ensures that programmes are in line with the strategic plan and the national objectives. The implementation of the "local response" has shown the participation of the individual in the process and the ownership of the initiatives by the community at all stages of implementation of the measures decided and developed to reverse the spread of the epidemic. The national communication strategy is the guiding document in respect to AIDS-related communication for all stakeholders and partners; its use reduces the possibility of mistakes due to a poor knowledge of the subject, as has been the case on several occasions in the past. The second reason is that by adopting these principles, we not only put a stop to the bad habits of the past, such as disorganization, improvisation and hesitation, but also bring innovation to the process in all aspects. Our strong will to make progress has led to collective introspection, resulting in this bold initiative of revisiting the whole process. The third reason is that the adoption and implementation of these principles have helped Madagascar to make significant progress in its response to AIDS, as shown in the different case studies recorded in this document.

For these reasons, and with great support from our partners in the validation of these proposals, we have decided to embark upon this path. The approval of these proposals by the relevant authorities and any international recognition, will add pride and honour to the response to AIDS in Madagascar and will surely reinforce it.

Fenosoa A. Ratsimanetrimanana
Executive Secretary
National AIDS Council

Introduction

The executive secretariat of the national AIDS council has decided, with the support of UNAIDS, to gather information on the "best practices" found among the responses to AIDS in Madagascar. The aim is to share the initiatives taken by the secretariat and its partners in implementing action within the three concepts of: the **"Three Ones"**, the **"local response"** and **"behaviour change communication"**. This is a first exercise in knowledge capture that will be pursued in the coming years, ensuring coverage of other geographical regions. A post has been specifically dedicated to knowledge capture at the secretariat.

The study on the "best practices" describes the strategic framework and the implementation process for each sector. Each programme described shows concrete examples of coordination and planning, the local response and communication, underlining relevance, ethics, scaling-up, efficiency, outcomes and sustainability.

A participatory approach has been adopted for the multisectoral selection of initiatives in consultation with the main partners of the secretariat. A detailed study of the selected initiatives has been carried out by interviewing the officers in charge and by studying any available documentation. Examples of initiatives targeting the following groups at higher risk of exposure to HIV identified by the surveys were selected: sex workers, military personnel, young people and women. This study has been limited geographically to two regions, SAVA and ANOSY, because of the presence of risk factors (HIV prevalence and prospects for economic development) in those regions, and of the existence of "best practices". The selected initiatives should not, therefore, be considered as an exhaustive list, but rather as examples of successful implementation of the strategies of the secretariat and its partners using the three selected concepts.

Executive summary

The goal of Madagascar in the response to AIDS is as follows.

Madagascar is a country where all Malagasy and in particular youth are conscious of their personal risks, and are actively involved, with the commitment of leaders, in the response to AIDS.

Each individual can easily access appropriate prevention methods and use them in a responsible manner.

The individual, the family and the community bring care and support to persons infected and affected by HIV.

Madagascar is a country with low HIV prevalence estimated at around 0.95%[1]. However, the socioeconomic factors conducive to expansion of the epidemic are present in the country: high rates of sexually transmitted infections; high rates of unprotected sexual relations; high frequency of occasional multiple partners; and poverty. People especially likely to be exposed to HIV include: sex workers, young people, military personnel, people in transit, and women.

Based on an efficient partnership, the response to AIDS in Madagascar is carried out through the implementation of internationally recognized prevention policies adapted to the epidemiological, economic and cultural contexts of the country:

- a strong political leadership;
- a differentiated response adapted to the local context;
- a communication strategy for social change; and
- the implementation of the "Three Ones" principles.

Since 2002, the leadership of the President of the Republic has changed the way the Malagasy people perceive the response to AIDS, and this has reinforced the response. The taboo surrounding HIV, which was considered an "invisible" disease, had to be broken. Political leadership has encouraged the commitment of leaders at all levels: government institutions, traditional leaders, leaders of faith organizations, businessmen and communities.

The commitment of the President has been translated into:

- the establishment of a legal environment favourable to promoting the rights of persons living with HIV; and
- the setting-up of the national AIDS council, with an executive secretariat, both directly linked to the Presidency.

The aim of setting up a national coordination structure was to remobilize the stakeholders in the response and to ensure harmonization across the range of different activities. With the financial and technical support of its local and international partners the secretariat has devoted itself to working out an efficient action plan: updating of the national strategic plan, setting-up of an integrated action plan, developing a monitoring and evaluation system. Updating of the surveys carried out on behaviours and the epidemic has contributed to improving understanding of the risk behaviours of certain groups and to informing strategies for the response.

[1] Enquête de séroprévalence chez les femmes enceintes en 2003, SE/CNLS – MinSan/PF.

It has been internationally recognized that social mobilization is a key factor in the success of prevention policies[2]. Madagascar has acknowledged that changes in behaviour at individual and community levels are possible with the participation of community-based organizations. Local responses thus create an environment where communities themselves are effective actors in the response to AIDS. Local and community action has been accompanied by the decentralization of coordination structures and the provision of curative and preventive measures at community and regional levels.

Behaviour change communication has been the major theme during the first phase of this campaign of information and awareness-raising about AIDS for the Malagasy population. The national communication strategy adopted in Madagascar is a combination of a non-stop information campaign and communication at the grass-roots level. The aim was to reach the isolated regions where the populations are often illiterate and not culturally accustomed to discussions on sexuality. Based on the results of audience surveys and on the experience of stakeholders involved in development, the national AIDS council—with the support of its partners—compiled a list of information, education and communication support materials adapted to the cultural and sociological context of the people to whom they are directed. The majority of the population has thus been made aware of the problem of HIV[3].

The "best practices" described in this document show that the attitude of the Malagasy people towards HIV has evolved. HIV was at one time considered an "invisible disease", but today the response to the virus is a national priority. The "best practices" reflect the involvement of all sectors of society in the AIDS response. They are proof that the main actors in the response are capable of finding solutions that are adapted to Malagasy society and of bringing about necessary changes. They are not only achievements in themselves; they also contribute to establishing a solid structure for sustained mobilization of the Malagasy people.

[2] ONUSIDA (2005). Document d'Orientation Politique: Intensification de la prévention du VIH.

[3] Repoblikan'i Madagasikara, Ministère des Télécommunications, des Postes et de la Communication, Secrétariat Général, Direction des Technologies de l'Information et de la Communication, Direction de l'Information, de la Régulation et des Media. UNICEF (2004). Les Moyens de Communication à Madagascar–Enquête d'audience 2004.

The response to AIDS in Madagascar—background

1. Geographical situation and population

Madagascar, an Indian Ocean island with an area of 587 401 km^2, the fourth largest island in the world, is situated off the south-east of Africa. The country is characterized by uneven land relief that makes it difficult to travel around. The climate, though varied, is predominantly tropical.

Madagascar has a population of 17.6 million[4]. The Malagasy population consists of 18 ethnic groups of Indonesian and African origins who all speak the same language, Malagasy. The uneven distribution of the population over the island is due to its land relief and to urbanization. About three quarters of the population live in rural areas[5]. Madagascar has a young population, with 44% being less than 15 years of age. There are 99 men for every 100 women and 23% of the population consist of women of reproductive age. The literacy rate is 65.2% for women and 76.2% for men[6].

2. Madagascar Naturally! : a vision for Madagascar and its regions[7]

Traditionally an agricultural society, Madagascar is rich in natural resources and has a large labour force with diverse cultural values. The vast territory, a pleasant climate, great diversity of native plants, natural parks, agriculture, fisheries, mining and wood are the natural wealth of the country. However, the country has suffered from a lack of good governance, capacities and infrastructure. The education and health systems are not well adapted to local contexts and needs. The country's economy is monopolistic, and not well integrated into the world economy. There are no processing industries. In 2002, the President of the Republic, Marc Ravalomanana, after having taken note of the situation, decided to orient his vision towards human development and maximize the use of natural resources. This goal can be attained only through poverty reduction in both rural and urban areas, an improvement in the education and health systems, equality of opportunity for young people and environmentally friendly exploitation of natural resources. The Poverty Reduction Strategy Paper was finalized in 2003, and it specified the objectives of the national policy of the government: reduction of poverty by 50% in 10 years through the following three strategic interventions:

- establishing good governance in the country where there is the equitable rule of law;
- promoting economic growth for the benefit of the largest number of people; and
- improving access to education, health services and social aid.

[4] PNUD (2005). Rapport Mondial sur le Développement Humain. Population totale en 2003.

[5] Ibid.

[6] Ibid.

[7] Présidence de la République, Madagascar Naturellement! Une vision pour Madagascar et ses régions.

3. HIV in Madagascar—situation analysis

HIV prevalence in Madagascar is 0.95%[8], relatively low in comparison with other countries in the subregion. Apart from it being an island, other factors have contributed to this low level: the geographical relief and a lack of road infrastructure limit the movements of the population within the island; the practice of circumcision; the influence of religious organizations, etc.

However, in spite of low prevalence, there are factors that may be conducive to a generalized spread of the epidemic[9]:

- a high rate of sexually transmitted infections;
- a high rate of unprotected sexual relations;
- the high frequency of occasional multiple partners; and
- generalized poverty.

The most common mode of transmission of the virus is through heterosexual sex. The lack of universal prevention measures in health-care facilities is also a potential risk factor—though of lesser importance. Identified risk behaviour groups are: young people aged 15 to 24; women; sex workers and their clients; people whose employment takes them for extended periods away from home e.g. truck drivers, carriers, sailors, traders and people in uniform (military personnel, members of the police force, gendarmes, etc.).

The sexual and reproductive health situation in Madagascar is worrying. The Demographic and Health Survey (EDS III) 2003–2004 found syphilis prevalence of 4.1% for women and 3.5% for men. Only 20% of men and 3.3% of women, sexually active and aged 15–49 years, who had high risk sexual relations (non-cohabiting and unmarried partner) during the previous 12 months, reported using condoms. Evidence indicates that the presence of a sexually transmitted infection increases the risks of transmission of HIV.

Having multiple sexual partners is a common practice that varies according to region in the country. Approximately 20% of men and 3.3% of women, sexually active and aged 15–49 years, had at least two partners during the previous 12 months. The percentage varied between 1.2% for women in the province of Antananarivo and 38.7% for men in the province of Antseranana. The medium age for first sexual relations is 17.5 years for women and 18 years for men in the 25 to 49 age group. For young people, 31% of women and 22.3% of men declared having had sexual relations before the age of 15.

Poverty is one factor that contributes to individuals having to resort to selling sex to earn a living. This often means having multiple partners. Surveys have shown the prevalence of occasional sex work as opposed to professional sex work. Meeting points for exchanges, the establishment of firms in rural areas and tourism are other factors that contribute to selling sex being a means to earn a living.

[8] Enquête de séroprévalence chez les femmes enceintes en 2003, SE/CNLS – MinSan/PF).

[9] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Rapport National de Suivi de la Déclaration d'engagement UNGASS.

Malagasy social groups have a large variety of traditions and customs, some of which, associated with sex, encourage multiple partners. A tradition, *"Ampela Tovo"*, in one of the southern regions, is to separate young girls from their parents. Other traditions such as the "mixing of blood" and tattoos also represent risks of HIV transmission.

People in Madagascar are generally reluctant to participate in discussions on sexuality; this reticence contributes to the stigmatization of people living with HIV, especially in the health sector as has been shown by the results of a study on mother-to-child transmission[10]. Stigmatization of people living with HIV is a complex issue. The Demographic and Health Survey 2003–2004 revealed that approximately 55% of both women and men who have heard about AIDS would be prepared to take care of a member of their family living with HIV. However, only 26% of them believe that a person living with HIV who teaches in schools or who works together with other persons should be authorized to continue working. Approximately 78% of men and 52.8% of women believe that there is no need to hide the serostatus of a person living with HIV.

The poor are especially vulnerable to HIV for several reasons: the precariousness of their living conditions; their family income spent on food at the expense of other vital needs; illiteracy; dense population in prosperous regions; and undertaking sex work as a means to earn an income. Madagascar is, therefore, among the countries with a low human development rate, the gross national product per head being US$ 281[11].

[10] "*Prévention de Transmission de la Mère à l'Enfant, recherches qualitatives sur les connaissances, attitudes et pratiques* (2005). MINSANPF, SE/CNLS, UNICEF, Madagascar".

[11] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif. (2005). *Rapport National de Suivi de la Déclaration d'Engagement UNGASS.*

The "Three Ones" principles

Responding effectively to AIDS

The application of the "Three Ones" guiding principles, is a key factor to success in the AIDS response[12]. The "Three Ones" principles propose one system of multisectoral coordination; one national strategic plan; and one national monitoring and evaluation system.

1. A coordination unit

1.1. Political leadership: commitment of the President

In 2002, the President of the Republic reinvigorated the response to AIDS by making it a national priority. In order to translate the commitment taken by Madagascar supporting the *2001 Declaration of Commitment on HIV/AIDS,* the President took measures to establish an executive and legal environment favourable for people living with HIV. He decided to set up the national AIDS council, with an executive secretariat directly linked to his Office. The political commitment of the President drew the attention of people from all sectors of Malagasy society to the fact that HIV represents a real threat to the country and that prevention measures have to be taken as a priority. In the legal sphere, the President prioritized the setting-up of an environment conducive to the protection of people living with HIV, children who are victims of sexual exploitation and victims of abuse and stigmatization.

1.2. A national coordinating body

The composition of the national AIDS council, set up by Presidential decree in October 2002, is wide and multisectoral. The council meets at least once a year. Its role is to coordinate the activities of all the local responses. The council:

- decides on the general orientation of policies and strategies;
- is responsible for advocacy and for the development of partnerships;
- looks after the protection of the rights of people living with HIV; and
- promotes research and dissemination of scientific information.

The executive secretariat works closely with government institutions and ensures the creation of a climate of confidence with the main partners, chiefly the Ministry of Health.

To better coordinate and capitalize on programmes of other partners, the secretariat has, in collaboration with the GTZ[13], published a summary report of the activities of partners. This report shows the position and the financial contribution of the partners in order of strategic action; a summary of programmes in relation to the national strategic plan; the geographical zones and details of activities.

[12] ONUSIDA (2005). *Document d'Orientation Politique : Intensification de la prévention du VIH.*

[13] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif avec la collaboration de la GTZ (2005). *Apercu des activités des partenaires du CNLS à Madagascar.*

2. A workplan and a monitoring and evaluation system

2.1. The national strategic plan

The national strategic plan defines the framework of action in Madagascar for the period 2001–2006. Its main objectives are as follows:

- to maintain adult HIV prevalence below 1%; and
- to ensure the welfare of persons living with HIV by providing them with psychosocial and medical support.

The aim is that all Malagasy acquire a basic knowledge of HIV, adopt safer behaviours and have access to prevention services and treatment for HIV. It is in line with the commitment taken by Madagascar in the *2001 Declaration of Commitment on HIV/AIDS* at the Special Session of the United Nations General Assembly (UNGASS) in June 2001 and is also intended to make measurable achievements towards attaining the Millennium Development Goals.

The national strategic plan places emphasis on social mobilization. It consists of five strategic actions.

1. Setting up an environment conducive to an efficient multisectoral response.
2. Facilitating access to information and reinforcing prevention measures.
3. Ensuring high-quality services (for individuals, communities, families, and institutions).
4. Strengthening monitoring and evaluation of the response to AIDS.
5. Strengthening international collaboration in the response to AIDS.

The development of the secretariat has been informed by an analysis of local contexts and by results of studies made on the following: impact of past policies, the epidemiological situation and cultural and social factors. All stakeholders and partners in the response to AIDS have participated in the exercise. In 2002, after a review, the secretariat, in consultation with partners, updated and adapted the new strategic orientations.

The next national strategic plan 2007–2009 will be developed in harmony with the programme cycles of the United Nations agencies present in Madagascar. It is based on the following new analytical tools:

- the Demographic and Health Survey 2003–2004[14];
- the 2005 Madagascar Behavioural Survey (HIV and sexually transmitted infections)[15] ;
- sentinel surveillance surveys carried out in antenatal clinics on pregnant women, sexually transmitted infection patients and sex workers; and

[14] Repoblikan'i Madagasikara, Ministère de l'Economie, des Finances et du Budget. Institut National de la Statistique (2004). *Enquête Démographique et de Santé 2003-2004.* Calverton, ORC Macro. Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). *Enquête de Surveillance Comportementale relative aux IST/VIH/SIDA à Madagascar. Rapport sommaire de l'enquête auprès des Jeunes, des Travailleurs de Sexe, des Camionneurs et des Militaires.*

[15] l'enquête de Surveillance Comportementale relative aux IST/VIH/SIDA à Madagascar réalisée en 2005.

- international reference documents: strengthening of prevention, World Thinking Group for better coordination between multilateral agencies and international donors in the AIDS response, "Three Ones", universal access, "3 by 5".

The Strategic Orientations Plan 2004–2007 (of the national strategic plan) outlines quantified activities, expected results, responsible authorities and a programme of work. It is updated every year.

The strategy contained in the national strategic plan is presented in different sectoral plans describing the catalytic role of each sector:

- work;
- security;
- infrastructures (tourism, transport, public works);
- information and communication;
- rural development;
- health;
- education; and
- youth and population.

Strategic sectoral groups have been formed and a participatory system of regional consultations has been adopted for development of the sectoral plans. The groups are comprised of heads of ministries; representatives of civil society, including representatives of the private sector, nongovernmental organizations and people living with HIV.

2.2. A monitoring and evaluation method

The national AIDS council and its partners have devised a unique method of monitoring and evaluation through the development of a plan, the constitution of a data bank and the appointment of a responsible officer. The monitoring and evaluation method is the result of the work done by the Special Group on Monitoring and Evaluation. It comprises 22 indicators that facilitate the follow-up of actions and commitments, programmes and behaviours, as well as the impact of the local response on the population[16].

3. The partnerships

Partnerships are a key factor in the success of the AIDS response. The Forum of Partners plays the role of facilitator in the setting-up of partnerships between local, bilateral and multilateral parties. Its objective is to ensure better coordination of programmes, harmony among the activities carried out by the different actors in the response and the integration of all partners in the response to AIDS[17].

[16] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Madagascar : *Plan de Suivi et d'Evaluation de la Lutte contre le SIDA à Madagascar 2001-2006.*

[17] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Madagascar : Rapport Annuel 2004.

In the context of multisectoral mobilization, emphasis has been placed on achieving public-private partnerships. The programmes described below highlight some factors essential to the success of these partnerships.

Voluntary counselling and testing centre of Sambava

Focus population: population of the Sava region

Created in August 2005, the counselling and testing centre of Sambava has, through the combined efforts of its coordinator, the regional coordination unit and the Sava region administration, been actively involved in the promotion of testing. Its objective is to provide a comprehensive testing service for HIV to the people in the Sava region. Its work consists of different aspects.

Firstly, the centre is part of the dispensary and is located in the vicinity of the Maternal and Child Health Care Centre of Sambava. This location is the key factor to the success of the initiative. It contributes to awareness-raising among pregnant women and patients attending the dispensary. It was chosen in preference to the regional hospital which is reserved for referred patients. An awareness-raising session is held every morning for pregnant women. The centre has set up a reception desk that informs visitors of the availability of free confidential and anonymous testing and provides them with an information pamphlet.

Secondly, the centre provides a mobile testing service to the communes of the region and promotes testing on special days such as World AIDS Day. The centre team is equipped with a generating unit and centrifuges for rapid testing. The local authorities and the media are mobilized. Civic leaders and members of local government have set a good example by being tested, and this has encouraged the population to do the same. Priority of service delivery is given to pregnant women.

Thirdly, through the local media and community-based organizations, the centre conducts awareness-raising campaigns promoting testing. The coordinator participates in weekly radio programmes promoting testing. The coordinator participates in local TV programmes prior to each mobile testing outreach visit. The centre team also plans weekly visits to enterprises and colleges in the region. It implements a schedule for visits to public service organizations. To reach members of groups with high risk behaviours, the centre has trained peer educators who are paid a cash allowance that varies according to the number of persons tested. A ticket system is used to record the number of persons referred to the testing centre by the peer educators. The centre, assisted by a team of four people (one doctor coordinator, one adviser, one laboratory assistant and one secretary) tested 571 persons in four months: 65% in urban areas and 35% in rural areas, 69% of women and 31% of men. Its objective is to screen 200 persons per month. All staff members have received training from the National Institute of Public and Community Health on HIV, counselling, communication and testing. The centre carries out a confirmation test in cases where the results obtained from the rapid test are positive. The centre sends one sample out of 20 to the National Research Laboratory for quality control. Reports of centre activities are submitted to the Ministry of Health and Family Planning and the national AIDS council for monitoring and evaluation. Staff salaries are paid by the Ministry of Health and Family Planning, and the Global Fund meets the running and facility costs.

An Initiative in the health sector

Counselling and Testing Centre of the Ave Maria Maternity Hospital

Focus population: population of Vakinankaratra region

The Counselling and Testing Centre of the Ave Maria Maternity Hospital in Antsirabe is an example of a successful partnership initiative with a private faith-affiliated institution for the promotion of testing. Since March 2004, the centre has offered free, confidential and voluntary testing services to pregnant women. As is the case in Sambava, the location of the centre inside the maternity hospital constitutes a key factor to the success of the initiative.

Personnel have been trained with the support of the Ministry of Health and Family Planning and by UNICEF in 2003. It is also supported by the Catholic Relief Services. The centre has developed an integrated programme for visitors to the maternity hospital and at the dispensary. Pregnant women who come for consultations are encouraged by midwives to undergo testing. Particular attention is paid to confidentiality. The centre has also, in collaboration with the local AIDS council of Antsirabe and the regional coordination team, extended its activities on the promotion of testing to other persons at risk of exposure to HIV. In this respect, the centre has trained peer educators to conduct awareness-raising activities among young people. In collaboration with the association APRAM and the Ministry of Justice, the centre offers a mobile testing service to prisoners. The centre, in collaboration with Finoana Fanantenana Fitiavana [Faith, Hope and Love], provides care and support to people living with HIV.

Since its creation, the centre has carried out testing on more than 2670 persons including 200 prisoners. Each year the Ave Maria Maternity Hospital carries out 6000 antenatal consultations and 1200 deliveries. The results of HIV-related activities are evaluated according to certain indicators.

- All staff members have a good knowledge of the technique for treatment of sexually transmitted infections.
- The availability of a stock of 80% of the drugs needed for the treatment of sexually transmitted infections.
- The laboratory operates during the whole duration of the project and carries out tests for syphilis and HIV.
- 60% of the women attending the maternity hospital for sexually transmitted infection testing are referred by other partners.
- 80% of the women suffering from sexually transmitted infections are cured after treatment.
- 10% of pregnant women suffering from sexually transmitted infections undergo voluntary testing for HIV.
- 20% of pregnant women suffering from sexually transmitted infections bring their partner for treatment.
- 30% of pregnant women suffering from sexually transmitted infections discuss their illness with their partner.
- An increase of 50% in the number of pregnant women tested for syphilis.
- The team is composed of one doctor, one coordinator, one adviser and two laboratory assistants who have been trained in counselling and monitoring by the Catholic Relief Services, who are funded by the Global Fund.

An initiative of a public-private partnership

Public-private partnership UNIMA in the response to AIDS in an enterprise

Focus population: employees of UNIMA and the population living in the communes of the sites

The group UNIMA, with the encouragement of its management team, and with the technical and financial support of the secretariat for GTZ SIDA, has worked out an HIV prevention programme for its employees and populations living in neighbouring communities. UNIMA has also initiated partnerships with the communes for the organization of activities, and with other enterprises for sharing experiences.

UNIMA is a leading enterprise in shrimp aquaculture, fisheries and cashew tree plantation. It employs 3300 persons spread out over three ports and nine aquaculture sites.

The presence of groups of people at high risk of exposure to HIV, and persons with sexually transmitted infections among the employees prompted UNIMA to set up an HIV prevention programme within the organization. People at higher risk of exposure to HIV within the enterprise include sailors who live separated from their families, and fish farmers who have to work for periods of three to four weeks in isolated regions separated from their families. People at risk of exposure in the immediate surroundings of the commercial sites include sex workers who have sex with the sailors and the fish farmers. On each of its sites UNIMA has set up a pilot team to respond to HIV. The team comprises representatives of the employees, the administration officer, doctors and the leaders of Base Vie. This team is responsible for the supervision of awareness-raising activities carried out by peer educators. The ratio of peer educators to employees is 10:15 per site. Knowledge-attitudes-beliefs surveys have been conducted in all the enterprises of the Group UNIMA to establish baselines for activities that may respond to the realities on the ground.

The site at Besalampy has been designated a pilot site for sensitization activities for HIV prevention. Sixty peer educators from this site have been trained in behaviour change communication based on a participatory approach and a training curriculum developed and supported by the GTZ secretariat on the sites themselves, ensuring the least possible disruption of the functioning of the enterprise. This mobile training strategy is efficient as it enables trainers to be in contact with the everyday life on the sites, understand the sexual behaviours of employees and adapt their outreach activities accordingly. Group discussions, role playing, group work and simulations encourage the participants to freely voice the problems they have to face on site regarding sexuality, in spite of their culturally based general reluctance to discuss such matters. For example, the testimony of a member of FIFAFI during a training session had a positive impact on awareness-raising of the participants. It gave rise to lively discussions with the employees, especially on the issue of testing. An evaluation survey carried out by the enterprise on this training programme has shown that 80% of the participants have appreciated it.

Consideration is also given to the way messages can be adapted to the specific context of the enterprise. Awareness-raising activities carried out on the sites by the peer educators are mainly group meetings accompanied by film shows and other information resources, education and support activities, and free distribution of condoms (condoms are also routinely available to employees in all the dormitories and toilets).

The main objective of UNIMA's prevention programme is to promote testing on its sites. The strategy adopted by UNIMA in its response to AIDS is also aimed at populations living in the neighbourhoods of its commercial sites. It includes working together with the authorities with a view to improving the public health services in the commune: in agreement with the Ministry of Health and Family Planning, UNIMA has set up a dispensary "CSB2" for the

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benefit of the population of Besalampy. UNIMA participates actively in a committee, together with ten other large enterprises, in the AIDS response. The members of this committee share experiences and information and exchange results of knowledge-attitude-belief surveys. An information bulletin on HIV in the workplace is issued quarterly and sent by electronic mail to all members.

According to UNIMA, the commitment of the management, partnerships with experts in HIV and the participation of employees in the development and implementation of the programme are key factors to the success of any prevention programme within an enterprise.

An initiative in the business sector

JIRAMA

Focus population: employees of JIRAMA

JIRAMA is the leading enterprise in Madagascar, involved in the production, transportation and distribution of electricity. It has 130 sites and a total of 6416 employees. JIRAMA is taking an active role in the response to AIDS at several levels. At the institutional level, JIRAMA is a part of the Strategic Sectoral Labour Group to work out a sectoral labour plan, together with the National Labour Council. JIRAMA has integrated sexual and reproductive health as part of the primary health care provided by its social/health centres. This includes: free distribution of condoms to its employees and their families, availability of information brochures on HIV and voluntary counselling and testing for pregnant women. With the support of ILO, JIRAMA has begun to reinforce its strategy to respond to HIV. To this end, it has set up an Inter-management Coordination Committee representing trade unions, employees, women's organizations and social/health centres. The Coordination Committee has developed a strategic plan based on the results of a self-evaluation exercise and a survey. The strategic plan recommends the training of peer educators to carry out education activities and promote HIV testing. The strategic plan also includes results of evaluation exercises carried out on a quarterly, biannual and annual basis.

The local response

"Towards building national capacity"

1. The principle: "a local response that starts where people live and work"

The objectives of a prevention policy are to create awareness of the danger that HIV represents and to empower both individuals and communities to implement prevention measures. "If provided with proper information on HIV infection and on the risk factors, every member of the society will be able to appropriate the HIV problem, propose his own solutions to his problems, and mobilize the authorities to participate in the response"[18]. Therefore, the objective of the local response in Madagascar is to reinforce the communities' mobilization capacities to respond to HIV. It involves the participation of associations such as community-based organizations, nongovernmental organizations, private enterprises and local institutions in HIV prevention activities. Prevention and treatment services are decentralized to the local level. Local mobilization replicates at regional level the principles of coordination and multisectoral partnerships adopted at national level.

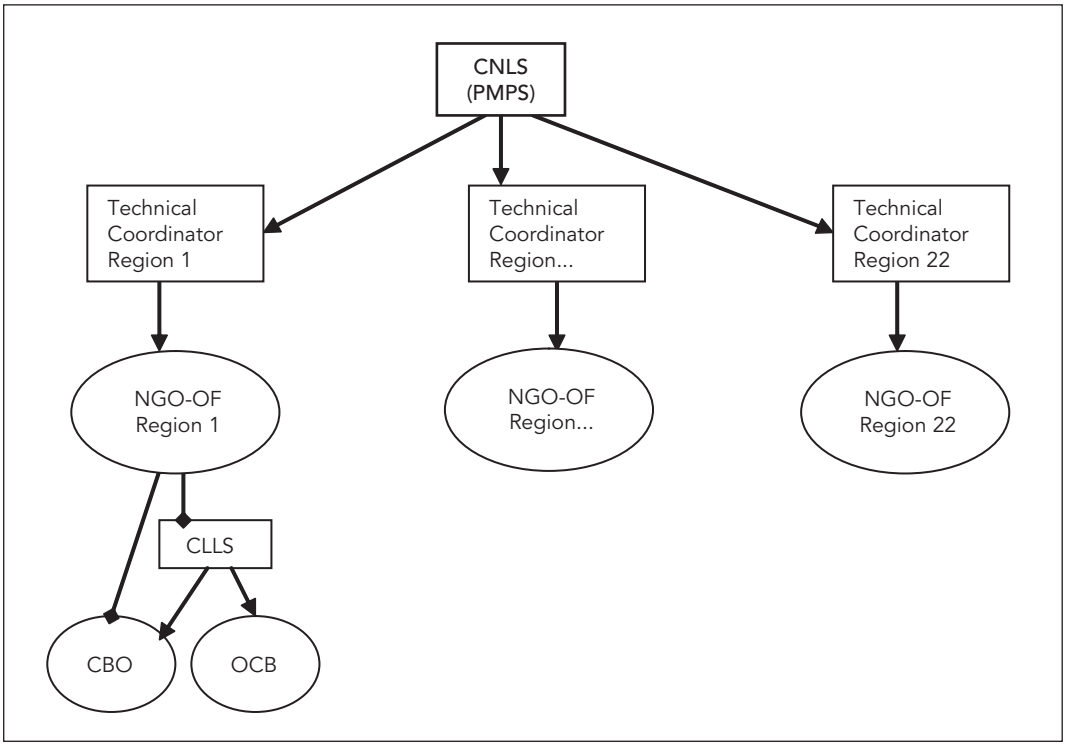
The local response thus creates an environment that encourages the individual to take responsibility and initiative, and the communities—who are ordinarily beneficiaries of services—to become actors in the response to AIDS. The communities are, in this process, supported by facilitating agencies and the regional technical coordinators. The whole process is coordinated by the regional AIDS committees.

The development of the local response has been based on results obtained from pilot projects conducted by the nongovernmental organization, HIV Alliance, in 20 potential HIV "hot spots". The model has been conceptualized and improved in a local response manual[19]. The local response is organized at regional, communal and community levels.

[18] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Madagascar : Vers Une Compétence Locale en matière de Lutte contre le SIDA.

[19] Ibid.

Institutional framework for the local response



Source: *Banque Mondiale. Aide mémoire de la mission d'évaluation du PMPS II.*

2. The regional level

The local response was preceded by a decentralization of responsibilities from the provinces to the regions. With the support of UNDP, the secretariat has carried out the decentralization of coordination and partnership structures in the 22 regions. The response at regional level is formulated by the regional forums. It involves a participatory approach in the development of regional strategic plans. The leading team in the region, the mayors and representatives of civil society join together to identify the challenges in the response, and they work out a practical plan of action for the "Three Ones". The regional coordination unit acts as facilitator and coordinator in the response. The inter-regional coordination offices support the unit in terms of advocacy and transfer of competencies in the AIDS response from the provinces to the regions. Institutional decentralization is financially supported by the regional offices of the *Agence de Gestion Financière* and the Prevention Support Fund of the Multisectoral Project for the Prevention of AIDS (PMPS/World Bank). All the regional technical coordinators have been trained in monitoring and evaluation (UNICEF/Dev Info).

3. The communal level

The local AIDS council is responsible for the multisectoral coordination of the AIDS response. Its composition is widely representative. It includes the mayor, the head of the basic health centre, representatives of traditional authorities, faith-based organizations, youth movements, nongovernmental organizations, the local media, businessmen, sex workers, people living with HIV, artisan associations, artists, carriers and scout movements.

The terms of reference of local AIDS councils are clearly defined by the presidential decree of 2002 on the status and organization of the response to AIDS; they supervise the implementation of the local response. Each council organizes the collection of data, develops partnerships and contributes to the mobilization of the community. It is also responsible, in the reinvigoration of the local response, for the elaboration of the local plan to respond to AIDS and a map showing the risk regions and intervention sites. This plan is in line with the Communal Development Plan and defines the priorities of the local response, with emphasis on simple and practical actions. Local AIDS councils have been set up progressively and at the end of 2006, 745 had been registered.

An example of a local response

Commune of Maroambihy
"Tsy havelanay hanjaka eto ny SIDA"
"We will fight for an AIDS free commune"

Focus population: populations in rural areas

According to the Mayor of the Commune of Maroambihy, participation of all members of the community is the key to development. Under the guidance of the local AIDS council, this commune has mobilized all its inhabitants in the response to the virus, and has integrated sensitization to HIV as part of different activities. Given the diversity of risk factors, the local AIDS council has adopted a sensitization strategy targeting all age groups in all the regions *"Fokontany"*. The objective of the local strategic plan of the commune is to set up HIV- integrated health committees in all the regions. Churches, schools and basic health centres also have to be actors in the response to AIDS.

The Commune of Maroambihy in situated in the district of Sambava. It has a population of 11 418, of which 47% are less than 18 years old. The main income- generating activities are the cultivation of rice, vanilla, coffee, banana and manioc, and general trade. The commune set up its local AIDS council in March 2004. The local AIDS council is comprised of doctors from the basic health centres, representatives of the different churches, primary and secondary educational institutions, women associations, planters' associations, youth movements and members of radio listeners groups.

The local AIDS council has registered the presence of different behavioural risk factors in the commune: multiple partners, alcoholism, reluctance of persons with sexually transmitted infections to attend health centres, and young girls' early sexual debut. Other risk factors include the traditional practice of circumcision when conducted with nonsterile instruments, and blood mixing *"frères de sang"*, and also sometimes deliveries by traditional birth attendants using nonsterile instruments. The local AIDS council has also identified the presence of seasonal workers in vanilla plantations and the concomitant arrival of sex workers as potential vectors of HIV transmission. The launching of the awareness-raising campaign on HIV was marked by the organization of a carnival by the local nongovernmental organization, LOVASOA-Fanamby, and dance, poetry and song competitions. This awareness-raising campaign was accompanied by film shows on the impact of HIV on society and the measures to be taken to respond to it. The association LOVASOA ended this series of sensitization activities by home visits, reaching an estimated 8000 people. Churches organized conferences on the theme of fidelity and estimate that 500 persons were reached. Wishing to increase prevention of mother-to-child transmission, the basic health centres have contributed to the community mobilization process by conducting an information campaign during prenatal consultations. The nongovernmental organization CARE has, through its project MOASAVAS, integrated HIV prevention among the activities accompanying its project for

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upgrading roads. Through the participation of their association, road-users (truck drivers) a primary focus group at high risk of HIV exposure have progressively become the bearers of HIV prevention messages. In the same way, the association of farmers of the Commune of Maroambihy, FI-MI SIDA, started its action by advocacy at the level of leaders of the *"fokontany"* followed by mass communication activities and lastly, home visits. FI-MI SIDA estimates having reached 1500 persons in three "fokontany". The commune's women's association also contributes to the awareness-raising campaign through discussions on HIV prevention and family planning during its bimonthly meetings. The women motivators of the nutrition project SEECALINE, have also integrated HIV into their activities by giving demonstrations on the use of condoms during regularly scheduled child weight measuring sessions. Teachers have started to educate children about HIV by integrating general HIV knowledge into the curricula; young members of the football club have been given the message "the condom should be in the pocket" whenever they move about. On the initiative of the regional technical coordinator, and based on the project ALT Radio of Taolagnaro, the commune facilitated the setting-up of 20 listener groups equipped with "radios manivelles" (self-powered radios) in eight fokontany. Listener groups, comprising 12 persons of the same region, participate in programmes raising awareness about the risks of HIV broadcast by local radios. At the end of the programmes, the motivators of the listener groups, who are trained by the regional technical coordinator, organize group discussions. The Commune of Maroambihy has also, in partnership with the counselling and testing centre of Sambava and the basic health centre, initiated a campaign on testing for women attending prenatal consultations.

As a result of this intensive awareness-raising campaign, it is reported that the population now feels that it has a strong knowledge of HIV transmission risks and prevention measures. On the behaviour side, the result has translated into a high increase in condom sales, especially during the vanilla harvest season, and an increase in the number of persons attending the basic health centres. The number of persons attending the centres for sexually transmitted infection testing has doubled. The Commune of Maroambihy intends to continue to build upon the good results achieved by continuing to encourage the community-based organization's campaign on awareness-raising and intensifying the campaign on testing.

An example of a local response

Commune of Ankaramena (Anosy)
"Working together for Development"

Focus population: populations in rural areas

The Commune of Ankaramena has developed a dynamic coordination policy for local development projects. With the encouragement of its mayor, the Commune of Ankaramena carried out data collection and recorded many needs of the commune. The main objectives and mapping from different partners were integrated into the Communal Development Plan. The HIV component has been integrated into several sectors of development with the support of several partners. In order to mobilize the whole population, particularly people with behaviours which increase their risk of exposure to or transmission of HIV, the composition of the local AIDS council includes representatives of youth movements, women's associations, spinsters, transport workers, the education system, parent-teacher associations, faith-based organizations, traditional sports and the keepers of the small popular restaurants "les gargotiers". Nongovernmental organizations, the mayor, the basic health centre (two doctors) and the communal development council are also represented.

The Commune of Ankaramena forms part of the group of 81 Champion Communes *"komina mendrika"*, supported by SantéNet and funded by USAID. The objective of the programme, Champion Communes, is to integrate key sectors of local development: improvement of health services, economic development, good governance, and protection of the environment. The following criteria have been used in the selection of the Champion Communes: the existence of a local partner, a civil registration system, the mobilization of the community, the absence of corruption and the importance given to protection of the environment. In Ankaramena, the nongovernmental organization, Action Santé Organisation Secours (ASOS), acts as facilitator for Champion Commune projects.

The Commune of Ankaramena also works together with the project ALT-Radio SIDA and has set up 10 listeners' groups equipped with *"radios manivelles"* (self-powered radios). These groups participate in local radio programmes, including the ALT-Radio SIDA programme. The coverage by *radio manivelle* listener groups has been enlarged by the Champion Communes programme of SantéNet.

On the health side in collaboration with Population Services International, the commune organizes awareness-raising activities on transmission risks and HIV prevention through mobile cinema and promotion of condoms. During meetings of their associations, women also discuss HIV and the use of condoms.

On the infrastructure side (construction of roads), weekly sessions of awareness-raising about HIV have been held for the benefit of the 400 persons employed by the project MRL-HIMO. This has been done in collaboration with the ILO.

In the nutrition sector, an HIV component is integrated in the national SEECALINE (Expanded School and Community Food and Nutrition and Surveillance and Education Programme) programme, through awareness-raising activities for mothers during child weight measuring sessions. The baseline survey carried out by ASOS on the population's knowledge of HIV showed that 78.5% of the population knew that condoms were a means of prevention; 57% were in favour of fidelity but 0% for abstinence. According to the Mayor of Ankaramena, the current priority is to make the public aware of the benefits of testing.

The Commune of Ankaramena is considered an "at-risk" commune. Its risk factors are geographical, economic and cultural. Situated 30 kilometres from Toalognaro, it has the advantage of being crossed by the RN13 motorway. Its location has made it a regional centre for the cattle trade. Since it is also situated near the mining region of Ilakaka, many youth of Ankaramena go there to work and come back with money, encouraging occasional prostitution. In addition, the regional tradition, *"Ampela Tovo"*, which is the separation of young girls from their parents, encourages sexual relations with multiple partners at an early age.

An example of facilitation by a faith-based organization

FJKM – Fiangonan'I Jesoa Kristy Eto Madagasikara
Church of Jesus Christ in Madagascar

Focus population: parishioners in the communes

The objectives of the FJKM's programme are to make its members aware of HIV and to promote changes in behaviour in relation to transmission risks and preventive measures. The FJKM is one of the main churches in Madagascar with approximately 3.6 million members in 4000 parishes, linked to 36 synods spread all over the territory.

In January 2004, the FJKM set up a national AIDS committee responsible for coordinating the quarterly action plans of the 36 regional synods and eight different branches (women, young people, Sunday school, blue cross etc.). Following a knowledge-attitudes-behaviour survey carried out among 1000 young people in schools and churches, baseline data on HIV knowledge were recorded. The survey revealed that the church did not offer any sexual education to young people and that the latter got information from the media. A strategic plan was developed based on the results obtained from the survey; 140 peer educators have been trained and the latter have in turn trained 1500 priests in 35 synods. The training curriculum promotes Christian values of fidelity and abstinence, as well as aiming to eliminate stigmatization of and discrimination against people living with HIV. It refers to the Bible to justify actions to reverse the epidemic. The FJKM recommends the use of condoms for those living with HIV and their partners. In 2003–2004, the training of pastors gave rise to the launching of a systematic awareness-raising campaign among parishioners, with messages about HIV being delivered before the start of the sermon. Each synod has an HIV team of four persons: the president of the synod, a technician trained on project management and HIV and two facilitators. Various types of information, education and communication support materials have been created: a homily guide, a brochure on ethics and biblical references on eliminating HIV, and a brochure on sexuality and the family.

The FJKM has also conducted awareness-raising campaigns, through its education branch, in 350 schools. The FJKM shares its experience with other churches within the Confederation of Christian Churches of Madagascar, and at the international level within the Council for World Mission.

Leadership involvement of the FJKM constitutes the key factor in its successful commitment in the response to AIDS. To this end, some church leaders have advocated a more effective response to AIDS. They supported their advocacy with references to Biblical values, and reinforced it by organizing seminars on HIV overseas, on the initiative of the Council for World Mission, and after the decision on participation in the response by the Ecumenical Council of Churches.

4. Leadership at community level: community-based organizations and the facilitating agencies

Community-based organizations are the main actors in local responses. The number of community-based organizations registered by the executive secretariat at the end of 2005 was 3600. These organizations contribute to community mobilization through the organization of various awareness-raising activities: group convening and facilitation, mass campaigns, home visits etc. They benefit from financial support, and technical support in the form of "local response kits" providing information materials on sexually transmitted infections, drugs and condoms, from the Ministry of Health and Family Planning. The development of generic projects is facilitated by the regional technical coordinators and by the availability of generic project sheets.

Community-based organizations are technically supported by facilitating agencies. The role of the facilitating agencies is to: "(i) evaluate the assets and the local capacities; (ii) try to understand rather than to judge; (iii) encourage interaction among the different partners; (iv) listen rather than speak; (v) ask questions rather than give answers; and (vi) learn rather than teach"[20].

The facilitating agencies also benefit from training in order to reinforce their capacities. The brief report sheets that follow are examples of initiatives focusing on populations at higher risk of HIV exposure: people living with HIV, young people, sex workers and military personnel.

The involvement of people living with HIV

Association FIFAFI: "Finoana Fanantenana Fitiavana" "Faith, Hope and Love"

Focus population: people living with HIV

Created in 2003, FIFAFI is an association regrouping people living with HIV and voluntary supporters. It has a membership of 160 persons. FIFAFI is present in 11 regions and provides a replicable model for mobilizing people living with HIV in the AIDS response. It has the following objectives to:

- give psychosocial support to people living with HIV;
- facilitate access to treatment;
- eliminate discrimination and stigmatization;
- involve people living with HIV in the AIDS response;
- make the wider population aware of the benefits of testing;
- reinforce the capacities of people living with HIV; and
- develop partnerships at national and international levels.

In cases where a person has tested positive, the counselling and testing centre giving the result informs the individual of the existence of FIFAFI, contacts the referring doctor in the province and refers the patient to him for medical treatment. Contact with FIFAFI is optional and subject to the consent of those living with HIV. FIFAFI provides people living with HIV individual psychosocial support during home visits. It holds weekly meetings during which people living with HIV may share their experiences and exchange information. In the regions where there is no referring doctor, FIFAFI acts as a stop-gap between people living with HIV and the provincial doctor with regard to follow-up, antiretroviral drug distribution and eventually, if required, transfer to health-care facilities. All the referring doctors are honorary members of FIFAFI.

Another role of FIFAFI is to involve people living with HIV in the AIDS response. Members of the association, in collaboration with the regional coordination units, conduct information campaigns on the risks of HIV transmission, prevention measures and the importance of testing, creating an environment conducive to dialogue and involvement of the community. These awareness-raising campaigns focus mainly on persons more likely to be exposed to HIV: sex workers, military personnel and young people. At the regional level, the campaign starts with the election of staff members to constitute a regional office from among the members of the community. This is a vital step in the process of mobilizing and involving the community. According to FIFAFI, these awareness-raising sessions reach 4000 people every month.

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[20] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Madagascar : Vers Une Compétence Locale en matière de Lutte contre le SIDA.

Stigmatization of people living with HIV, even among the focus populations themselves, has spurred FIFAFI to take action. Results obtained from a survey carried out in May 2005 (*Surveillance comportementale relative aux ITS/VIH/SIDA*) found that only 8% of young people, 8% of sex workers, 8% of truck drivers and 22% of military personnel had a helpful and accepting attitude towards people living with HIV. Most people living with HIV hide their status. According to the Vice-President, Michelle Razafimalala, "FIFAFI is their second family". To eliminate stigmatization, FIFAFI started by encouraging personal testimony-giving within small groups. In November 2005, a member of the association agreed to testify on television. Such actions have resulted in more people living with HIV being open about their status.

However, one of the principles of FIFAFI is to keep the status of its members confidential if they so wish. Members of the association include people living with HIV as well as HIV-negative supporters. Members pay an annual contribution fee of 5000 Malagasy Ariary (approximately US$ 2.36). Membership for people living with HIV is granted automatically; other members must undergo a selection process.

According to FIFAFI, its role is vital in raising awareness and bringing about behaviour change in the population. The testimony of people living with HIV is in fact important in a context where the effects of the epidemic are often still invisible. This work meets one of the most common needs expressed by people during awareness-raising campaigns.

FIFAFI has, from its first days, benefited from the support of the national AIDS council—with training in psychosocial support being provided. It works in close collaboration with the following partners in order to reinforce its capacities: HIV Alliance; the GTZ (psychosocial support, awareness-raising, and project management); UNDP (care and support to people living with HIV); USAID (leadership and mediation) in collaboration with the National Institute of Community and Public Health; and UNICEF (training in communication and testimony).

A programme focused on young people

Top Réseau

Focus population: young people aged 15 to 24 years

The objective of Top Réseau is to improve the reproductive health of young Malagasy aged 15–24 years. Launched by Population Services International in Toamasina in 1999, it is now present in five towns: Antananarivo, Antsiranana, Mahajanga, Taolognaro and Toamasina. Top Réseau includes a network of consultation rooms *"amis des jeunes"*; other activities target young people through mass communication and interpersonal communication by peers. Doctors working with these Top Réseau registered consultation rooms located within primary care facilities benefit from quarterly training programmes on reproductive health and training on how to work effectively with young people; patient information support materials to ensure quality service; systems in place to ensure continual supplies of antiretroviral drugs; prevention kits (condoms with directions for use, medical identification cards); and Population Services International products for the treatment of sexually transmitted infections. In return, the registered doctors must satisfy certain criteria: offering consultations to 15–24-year-olds, and charging a lower preferential tariff for services for young people and sex workers. The preferential tariff is fixed by the young people and approved by the doctors in town, in collaboration with Top Réseau. Each consultation room is subject to a follow-up, and has to maintain records (number of young people, reasons of visit, number of cases). The quality of services provided is verified out by "mystery clients". It is to the benefit of doctors to increase their number of clients, improve the quality of their services and to share experiences with the other doctor members of the network. Mass communication activities include: road shows, concerts etc.; and the use of television, radio and mobile cinema to make young people aware of sexually transmitted infection prevention measures—abstinence, fidelity, use of condoms. Interpersonal communication is done through the training of peer educators who in turn give information on reproductive health to young people in schools and during meetings, and direct them to Top Réseau doctors. Peer educators benefit from training and support, and are motivated by their work.

Madagascar has a young population. With 50% of young people aged 15–19, and 90% of young people aged 20–24 years being sexually active, the population is at risk of exposure to HIV[21]. Prevalence of syphilis is 2.1% for young people aged 15–19, and 5.5% for those aged 20–24. A survey carried out by Population Services International revealed that only a small percentage of young people who suspect that they may have a sexually transmitted infection have recourse to medical treatment. The main reason mentioned for not seeking treatment was the issue of confidentiality and the manner in which sexually transmitted infections are dealt with by the doctors. Population Services International has developed its training programme in line with the needs of young people. At the end of 2004, Top Réseau comprised 123 medical centres and 183 doctor members. The number of young people who have had contacts with Top Réseau was above 25 000. The activities of Top Réseau also included training 60 peer educators for young people and 15 peer educators for sex workers. The initiative can be sustained through a transfer of competencies to doctors in the private sector. Population Services International works in partnership with the Forum of Partners to replicate the initiative Top Réseau to address populations living in other "at-risk" regions.

[21] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Madagascar : *Vers Une Compétence Locale en matière de Lutte contre le SIDA*.

An initiative for young people

"Troupe Ankoay" Approach

Focus population: young scouts aged 12–18 years

Based on a Best Practice in Ethiopia (Youth Clubs), the Troupe Ankoay initiative is the extension of a project Mpanazava (guides) that has benefited from the financial support of the PMPS/World Bank. The positive results obtained from that project have led funding agencies to extend it to all the scout movements in Madagascar. Young people have been identified as being more likely to be exposed to HIV due to the fact that they have their first sexual relations at an early age[22]. The path to risk reduction promoted by the Troupe Ankoay approach is to specifically target young people in clubs, colleges and scout troops, to give them the opportunity to acquire the basic competencies necessary for zero-risk behaviour, and also train them to become peer educators and motivators. The initial phase of the Troupe Ankoay initiative consists of using established scouting methods to undertake awareness-raising about the AIDS response in Madagascar with more than 50 000 young scouts and 500 000 non-scout young people in the 12–18-year age group. The Troupe Ankoay comprises seven branches. Six of them are scout troops and the seventh is represented by the Ministry of Youth and Sports of Madagascar. The initiative started in January 2005 with the technical and financial support of Health Communication Partnership (HCP) and SantéNet for the conception and validation of "kit Ankoay". The kit consists of communication tools such as "passeports des jeunes", activity booklets, scenario booklets, leaders' guides, certificate brochures and the certificates, as well as a training guide for the trainers and the troops. Training sessions have been held to benefit already identified pilot scouts.

The Ankoay initiative focuses on four competencies:

- acquisition of life management skills through the Troupe Ankoay activities;
- individual thinking and peer education competencies through the *"passeports des jeunes"*;
- the emotional link and the reinforcement of competencies through sketches and role playing; and
- community service through the organization of mini festivals.

It is hoped that acquisition of these four competencies leads to a change in behaviour among the young people and people in their immediate social environments, namely their families and friends. The following certificates of competency are awarded to young members of scout teams according to their skill: "Fight against AIDS"; "Scout Counsellor"; "Actor/Narrator". This certificate system motivates the scout members to acquire competencies. At the end of one year of activities, and after an evaluation exercise has been carried out, the troop is certified "Ankaoy Troop" and is awarded a certificate during a festival organized for that purpose. The first training session with certificates started in April 2005, and it was followed by members of 100 troops spread in nine regions of the island. The key factors contributing to the success of the Troupe Ankoay initiative are peer education, competition among the young people (aiming at excellence), the mid- and full-term evaluation of progress achieved. The funding of the project by its different branches ensures its sustainability, the contribution of SantéNet being limited to the supply of training kits, and travelling, lodging and meals of trainers.

[22] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Enquête de Surveillance Comportementale relative aux IST/VIH/SIDA à Madagascar. Rapport sommaire de l'enquête auprès des Jeunes, des Travailleurs de Sexe, des Camionneurs et des Militaires.

A programme for sex workers

Association *Tsy Kivy* (Those who don't lose heart)

Focus population: sex workers

The association *Tsy Kivy* (Those who don't lose heart) was created in 2004 and its objective is to reduce unprotected sex as well as sexually transmitted infections among the sex workers of Taolognaro. The association is composed of 12 sex workers who initiate actions for awareness-raising and the empowerment of the sex workers of Taolagnaro focusing on transmission risks of sexually transmitted infections and HIV, and the use of condoms. The association organizes information sessions twice a month for small groups. These sessions focus on the necessity of using condoms and seeking medical treatment in cases of sexually transmitted infections; they also provide an opportunity to share more general experiences. The association also initiates interpersonal education/communication sessions five times a month on the main sites of work. Its members benefit from a special follow-up at the Basic Health Centre 2 of Taolognaro. They also benefit, like other sex workers, from a preferential tariff when they visit the doctors of Top Réseau.

The number of sex workers in Taolognaro is estimated to be 300 women and 100 men. With an increase of the mining activities of the enterprise QIT Madagascar Minérales SA in 2005 and the arrival of 600 to 1000 foreign workers, an increase in the number of sex workers is anticipated. Sex workers are particularly likely to be exposed to sexually transmitted infections. This initiative started after awareness-raising activities were carried out by the Maison des Jeunes in night clubs. Since its creation, the association has been supported by the commercial enterprise QMM, the Maison des Jeunes, the boarding house for young girls, and the local AIDS council. On the initiative of QMM, the nongovernmental organization HIV Alliance began giving training on awareness-raising to the members of the association, and project elaboration and management. HIV Alliance has also supplied the association with male and female condoms.

In November 2005, Tsy Kivy had, through its activities, reached 291 sex workers (100 men and 191 women). It is presently an official association, with statutes, a budget and employees. It supplies its partners with reports of its activities. HIV Alliance supports other associations of sex workers in several towns of Madagascar.

The association Tsy Kivy is a prevention initiative that concerns an important fraction of a group that is particularly vulnerable to exposure to sexually transmitted infections and HIV. It is a structure for grass-roots activities and for the empowerment of a social group that is traditionally informal and mobile.

A programme for military personnel

1ère Brigade Légère d'Intervention du Génie (BLIG)

Focus population: military personnel

The objective of this initiative is to sensitize military personnel of the *1ère Brigade Légère d'Intervention du Génie (BLIG)* to the risks of HIV transmission and to empower them to take preventive measures. The response to AIDS is one of the sectors of intervention defined in 2005 by the Ministry of Defence plan. The regional coordination unit, in collaboration with the commanding authorities of the *1ère Brigade Légère d'Intervention du Génie (BLIG)* of Sambava, has trained two military peer educators. The latter have raised awareness among their peers to the AIDS response by using combat analogies which resonate with this group: the virus is the enemy; condoms and testing are the weapons. The Brigade infirmary has been supplied with a stock of condoms available for soldiers. A week after the voluntary counselling and testing centre of Sambava was set up, the Brigade Commander underwent testing and all the members of his troop have followed his example. In order to continue the initiative, soldiers are recommended to undergo testing every three months. The *1ère* (BLIG) also participates in special campaigns of awareness-raising about AIDS carried out among people living in the area surrounding barracks. The *1ère* (BLIG) has shared its experience with the other companies of the region of Sava.

Military personnel represent one of the main groups at higher risk of exposure to HIV identified in Madagascar. *L'enquête de surveillance comportementale relative aux ITS/VIH/SIDA* in Madagascar carried out in May 2005 found that 42% of military personnel declared being absent from their domicile for a period of one month or more during the previous 12 months of the period covered by the survey. Approximately 40% of them had had sexual relations with at least two partners during that period.

Behaviour change communication

Madagascar's goal in responding to HIV is as follows: "Madagascar is a country where all Malagasy and in particular the youth are conscious of the personal risks, are actively involved, with the commitment of leaders, in the AIDS response. Each individual can easily access appropriate prevention methods and use them in a responsible manner. The individual, the family and the community bring care and support to persons infected and affected by HIV".

To attain this goal, it is imperative that each Malagasy acquire a minimum capacity to respond to HIV, that is:

- to have correct information on all aspects of HIV;
- to be able to evaluate all HIV-related risks to which they are collectively and individually exposed; and
- to act in a manner so as to reduce the risks.

Behaviour change is possible if individuals are aware of the problem and if they can adopt recommendations made in prevention messages. For this reason the concept of behaviour change communication is vital in the AIDS response. It is an "interactive and participatory concept that involves the communities, through adapted messages transmitted by various channels of communication. It helps to define "model" behaviours, and encourage the individual as well as the community to adopt them"[23].

Thus, structured programmes in behaviour change communication should be implemented as follows.

- Programmes would be centred on information helping each Malagasy understand that sexually transmitted infections and HIV are problems. The strategy proposed is therefore an intensive information campaign with the participation of professionals in the field using all means likely to reach a maximum of target populations. Examples of channels that can be used are: giant posters, radio/television, mobile video units, artists and a performance organizer; channels are used to implement a non-stop campaign with a view to continually disseminating the basic knowledge and competencies necessary to respond to and to prevent sexually transmitted infections and HIV.
- Programmes based on awareness-raising so that each Malagasy is convinced that sexually transmitted infections and HIV are his or her problem. Emphasis will therefore be laid on communication through activities carried out at the grass-roots level by nongovernmental organizations and other community-based organizations: peer education, group meetings, counselling. These programmes are effective if adapted information, education and communication support materials are made available to field-based organizations and if a solid strategy to reinforce the capacity of field workers—especially in basic techniques of leadership and counselling—is implemented.

[23] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). Enquête de Surveillance Comportementale relative aux IST/VIH/SIDA à Madagascar. *Rapport sommaire de l'enquête auprès des Jeunes, des Travailleurs de Sexe, des Camionneurs et des Militaires.*

- Programmes aimed at empowering each Malagasy with the knowledge and skills to enable them to avoid or reduce risk of exposure to HIV, and to ensure that local partnerships are supportive of community responses to HIV.

1. Strategic interventions—definition

The implementation of a behaviour change communication strategy in Madagascar will attain its objectives with a combination of mass communication strategies—a non-stop information campaign—and promotion of community and interpersonal communications.

The implementation of a behaviour change communication strategy in Madagascar is the result of a comprehensive participatory process. Journalists, officers in charge of communication from public institutions (Ministry of Health and Family Planning, Ministry of Information and Communication), civil society and nongovernmental organizations and the private sector, bi- and multilateral partners met together during a workshop held under the coordination of the executive secretariat and Johns Hopkins University, and funded by UNICEF. The outcome of this workshop has led to regional consultations and to the setting-up of a task force. It also revealed the poor levels of knowledge of the population about HIV[24] and the existence of incoherent and weak communication strategies.

The task force has therefore concentrated its efforts on defining a strategic framework for the dissemination of information on modes of transmission and prevention measures among the Malagasy population. Its first task has been to identify primary and secondary target populations after analysing the economic and sociocultural situation of Madagascar; the modes of transmission and vulnerability, and the level of HIV-related knowledge of the population. The task force then proceeded to the identification of opportunities and obstacles to the behaviour change communication strategy, and then defined the context and specific objectives and developed strategic intervention plans. The plans describe the problems and risk factors, communication objectives, strategies, activities, channels of communication and the proposed messages for each target group. The task force has also developed simple advocacy forms, strategies for mass communication and interpersonal communication and/or peer education, a list of indicators and a summary of the main lessons learnt in HIV prevention. A vast programme has been implemented based on this framework.

At the end of 2004, the survey AUDIMAT–2004 on "The channels of communication in Madagascar, Audience Survey 2004", carried out by the Ministry of Information and UNICEF, provided information to enable the strengthening of the range of strategic tools (See "Communication Channels in Madagascar" box).

[24] *Promotion du changement comportementale dans la lutte contre le VIH/SIDA : cadre stratégique, FHI, mai 2002* in Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2004). *Stratégie Nationale de Communication face aux IST/VIH/SIDA.*

Communication channels in Madagascar Audience Survey 2004[25]

The survey is in line with the cooperation programme Madagascar-UNICEF whose role is to promote the rights of children in Madagascar. The survey includes the updating of data obtained from previous surveys, and also the identification of the most appropriate channels of communication for the transmission of messages. It was conducted by the Department of Information, Regulation and the Media (DIRM) of the Ministry of Information, in collaboration with the Department of Institutional Relations and Broadcasting (DRID), the National Institute of Statistics (INSTAT) and UNICEF.

Objectives

1. Identify the most appropriate channels of communication for the transmission of awareness-raising messages and social mobilization for behaviour change in the context of national development.
2. Update reliable information on the audiences of various media to enable a judicious choice of development programmes and projects.
3. Evaluate the accessibility of the population to media and information sources, as well as their satisfaction with the services offered.
4. Identify the most appropriate communication channels (modern and traditional) for transmission of messages.

Methodology

A survey by means of a questionnaire including eight sections corresponding to the main channels of communication: radio, television, video, mobile cinema, the press, posters, traditional communication means and interpersonal communication, was conducted among 101 590 households, of which 37.7% were in urban areas and 62.7% in rural areas (reflecting national population distribution).

General observations

Radio is the most appropriate channel of communication for the transmission of messages in urban as well as rural areas. Posters seem to be a well-established medium and message deciphering does not seem to be a problem, even for illiterate people. Among the traditional means of communication, the meetings of *Fokonolona* (meetings/regional or village assemblies) can be retained as they represent the primary source of information for the surveyed households. Television is still limited to urban areas and, therefore, cannot be used to reach populations living in rural areas. As for the press, distribution is limited and does not represent a means of communication that can be used to reach people living in rural areas, especially those who have lower literacy.

The messages: transmission channels and impacts

A high percentage of the population are receptive to messages on the following themes: malaria, vitamin A and HIV. This is an indication that the vast majority of the population know of the awareness-raising campaigns being carried out at national level.

Radio is easily the first choice for transmission of messages. Approximately 80% of households surveyed are exposed to messages on HIV through the radio. Television is ranked second with a percentage ranging from 25.3% to 32%. The percentage recorded for the meetings of the *Fokonolona*, conferences and the press ranged from 10% to 25%.

[25] MICS 2000 in Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2004). *Stratégie Nationale de Communication face aux IST/VIH/SIDA.*

2. Communication strategies—implementation

In the short term, the implementation of these strategies should lead to:

- an increase in the population's level of knowledge regarding sexually transmitted infections and HIV, especially the modes of transmission and means of prevention;
- a reduction in the number of persons who have erroneous knowledge about sexually transmitted infections and HIV;
- a reduction in the number of persons who have negative attitudes towards persons living with HIV;
- an increase in the number of persons who are able to evaluate their personal risks of infection;
- an increase in the number of people who choose to undergo testing;
- an increase in the number of persons who adopt a means of prevention against sexually transmitted infections and HIV; and
- an increase in the number of communities which undertake measures to respond to sexually transmitted infections and HIV.

The implementation of the communication strategies includes two types of additional tools: mass communication and community and interpersonal communication.

The communication unit of the secretariat is responsible for implementing the strategy. Its role is to disseminate the main strategies and to develop the strategic framework according to the evolution of the global strategy. It acts as facilitator in the harmonization of activities through contacts with local and national promoters, and by validating messages. It monitors the progress in the implementation of programmes. After having concentrated its efforts on the setting-up of the non-stop information campaign, the communication unit has collaborated in the decentralization of interventions concerning prevention and the local response by favouring communication activities at the grass-roots level, emphasizing community participation and dialogue. In order to sustain the acquired competencies, members of the community have been trained. The secretariat and its partners work with the association FIFAFI to encourage testimony of people living with HIV during mass and grass-roots communication activities.

The survey AUDIMAT-2004[26] revealed the progress achieved in the awareness of the Malagasy population on HIV. The messages broadcast during the national awareness-raising campaign reached 91.6% of the Malagasy population. The results of the survey conducted in May 2005 on behavioural surveillance relative to sexually transmitted infections and HIV in Madagascar among the risk behaviour groups confirm that communication strategies have been effective, reaching high proportions of the targeted audiences: 95% of young people, 90% of sex workers, 94% of truck drivers and 99% of military personnel declared that they knew about or had heard about HIV[27].

[26] Repoblikan'i Madagasikara, Ministère des Télécommunications, des Postes et de la Communication, Secrétariat Général, Direction des Technologies de l'Information et de la Communication, Direction de l'Information, de la Régulation et des Media. UNICEF (2004). *Les Moyens de Communication à Madagascar – Enquête d'audience 2004.*

[27] Repoblikan'i Madagasikara, Présidence de la République, Comité National de Lutte contre le VIH/SIDA, Secrétariat Exécutif (2005). *Enquête de Surveillance Comportementale relative aux IST/VIH/SIDA à Madagascar. Rapport sommaire de l'enquête auprès des Jeunes, des Travailleurs de Sexe, des Camionneurs et des Militaires.*

2.1. Mass communication

Mass communication is a rapid way of reaching a large number of people at the same time. In Madagascar it involves a whole range of media in the organization of a non-stop information campaign:

- giant posters displayed on strategic sites;
- brochures;
- radio and television spots;
- thematic posters;
- channels of artistic information (albums, cassettes, hira gasy, performances, video clips, short thematic films); and
- phone text messaging campaign with Orange and Madacom.

The selected themes are: testing, multiple partners, abstinence, fidelity, use of condoms, general precautions and support to people living with HIV. Famous personalities have on several occasions been called upon to support the information campaign. Striking slogans such as: "For an HIV/AIDS free generation, it's my responsibility, it's your responsibility, it's our responsibility" are also used during the campaign.

The non-stop information campaign in 2005

Focus: general population

The coordination unit of the secretariat has supervised the conception, production and diffusion of communication supports for the non-stop information campaign by building synergy among the three different phases of activities.

The organization of communication activities for the non-stop information campaign is based on a framework of a two-month promotion of individual themes. Other communication channels act as new ideas to keep the public's awareness alive and to get people involved in HIV prevention.

The workplan of the secretariat was used as a reference for the activities carried out during the period end of the year 2004, and during all of 2005. The workplan set the pace for a mass communication illustrated by a new theme every two months.

Fidelity was the first theme promoted in November–December 2004. A round-table discussion on that theme was organized on television during which a panel of guests discussed the messages contained in the national communication strategy.

Posters on the theme "fidelity" were displayed on 3x4 metre billboards. These giant posters have been videotaped to be reproduced in the monthly magazine "Malagasy Miatrika ny SIDA". During the same period, national radio broadcasted road interviews on the theme. Every two months a group of people is invited by the radio to turn the page of the workplan to mark the change of theme. Programmes have been organized inviting the public to comment on the new theme.

Posters of a smaller size have been displayed in public places and on faith-based organization sites. During the period of the theme, plays have been put on, and a spot on the current theme has been regularly broadcast by all the television stations.

The secretariat has, as often as possible, built synergy among the different communication channels so that they mutually reinforce each other. A similar multimedia-based communication strategy has been implemented during the different phases of the programme. →

During the year 2005, six themes were presented to the public.

January-February: knowledge of one's own serostatus and of the importance of being tested.

March-April: fidelity among youth with emphasis on risk exposure in cases of sexual relations with multiple partners.

May-June: "No" to early sexual relations. "Saying No to sex!" This theme was broadcast just before the holidays so that young people could think about their attitudes and their responsibilities in their sexual relations during the holidays.

July-August: unprotected sex—entry point to HIV. During the holidays young people are able to opt for responsible sexual behaviour by using condoms.

September-October: general precautions—using sterilized equipment for medical treatment, hairdressing, tattoos.

November-December: persons living with HIV need help and comfort. Equal rights for all.

2.2. Community and interpersonal communication at the grass-roots level

Behaviour change communication focuses on community and interpersonal communication to address two particular problems in Madagascar—its cultural diversity and the geographical isolation of certain regions. Communication at the grass-roots level facilitates the adaptation of communication activities to systems of values, traditions and local beliefs. It includes

- advocacy,
- group animation,
- peer education, and
- counselling.

To scale-up communication effectiveness at the grass-roots level, key persons including peer educators, counsellors and leaders should be trained to pass on messages. The elaboration of motivator guides e.g. community-based organization kits (posters, booklets, small posters, advice cards), and the development of information, education and communication support materials is also necessary.

The secretariat and its partners have opted to give special support to activities favouring dialogue and the involvement of the community. The Mobile Video Units (see box) and the *radios manivelles* (see "ALT-Radio SIDA" box) are awareness-raising means that combine mass communication activities (radio and video/cinema) and communication activities at the grass-roots level (group discussions). These methods enable communication with and education of even illiterate and isolated populations.

Mobile Video Units

Focus population: populations in isolated regions

The Mobile Video Units' objective is to raise awareness about HIV among populations living in rural isolated regions. It combines mass communication activities (film shows) and communication activities at the grass-roots level (group discussions on the messages conveyed by a film).

The motivators start, on the first day, by advocacy at the level of local authorities with a view to identifying key target populations and planning activities. Discussion groups of 80 to 100 persons are then established. On the second day facilitators identify the HIV knowledge gaps of the groups and organize the showing of a film with a theme appropriate to the identified knowledge gap(s). The films are produced by the secretariat and its partners. The themes are: fidelity, abstinence, testing, use of condoms, psychosocial support and general precautions. The films are followed by discussions on their respective themes. On the third day of the visit of the video unit, a meeting is held among the representatives of the different groups with a view to developing a local action plan on the problems identified, the solutions and the measures to be implemented. A big gathering with popular entertainment is then organized.

This project goes further than merely sensitizing and informing viewers to raise awareness of the problem. It also encourages communities to use appropriate prevention messages and make adaptations to the local context.

The facilitators are equipped with video projection materials and with a facilitator's guide kit for each theme. They carry out activities at the regional level with a view to encouraging group work in local dialects and to improving their own knowledge of the social and cultural environments of the populations. By the end of a pilot phase carried out in five regions, the secretariat had trained a group of operators with a view to replicating this initiative in all the regions under the guidance of one national operator.

ALT-RADIO SIDA

Focus population: populations of the regions of Anosy and Androy

The ALT-Radio SIDA's objective is to raise awareness about HIV among those living in the region of Anosy through the participation of various groups listening to radio programmes. The project is implemented by the nongovernmental organization Andrew Lees Trust (ALT) and funded by Programme Multisectoriel de lutte contre le sida/World Bank. It specifically aims to inform illiterate rural populations living in isolated regions that are not reached by national radio. It is based on a participative method of production of awareness programmes on HIV, a partnership with regional radios for their broadcasting and the setting-up among village populations—of listener groups—equipped with *radios manivelles*. The project has benefited from the experiences of ALT in terms of methodology, and donations in terms of broadcasting and reception materials from previous rural development projects financed by the European Union.

The aim of this project is to directly meet the needs of the population in terms of information, and to adapt messages to the local context. The facilitators (female) identify, by means of focus groups, the HIV knowledge gaps of the population (i.e. correct or incorrect beliefs held about the definition of HIV, modes of transmission, prevention, stigmatization and the use of condoms). Before setting up the focus groups, the facilitators contact the local authorities and inform them of the enquiry they intend to carry out. Homogeneous groups are then

set up aiming first and foremost at people likely to be exposed to HIV: young people from 15 to 24 years of age and women. Programmes of 20–30 minutes are then produced in the local dialect. Motivators encourage the participation of local populations through dialogues, interviews, poems, monologues, tales—the script of which is developed by ALT according to the theme. These programmes are then distributed in the form of CD/ROM to a network of local stations. The ALT-Radio SIDA project works in partnership with the local station, MBS, which provides it with slots in exchange for material. At the national level, MBS initiated partnerships with nongovernmental organizations to reserve slots for the local development projects. In villages, listener groups of a dozen people are formed, and receive free of charge a *radio manivelle*. The radios are equipped with both a solar cell and a clockwork mechanism that enables them to play without batteries and in regions where there is no electricity. The listener group is informed of the broadcasting slot of the programmes (scheduled not to happen during hours of agricultural work). One member of the group is responsible for the *radio manivelle* and he or she signs a contract with the project.

The ALT-Radio SIDA project is therefore particularly adapted to a context of the isolated and partially illiterate rural population living in Anosy and Androy. Identified risk factors are economic (poverty, itinerant population, foreign labour) and cultural (multiple partners, polygamy, sexual relations at an early age, cultural practice of blood mixing)[28]. The production process of programmes integrates population needs identification and population participation. The use of local dialects favours the cultural adaptation and the appropriation of messages. The Audience Survey 2004 on Communication Means in Madagascar showed that radio was the first means of communication in urban as well as rural areas with an average audience rate of 77% of the households in the whole territory at the time of the survey.

In terms of results, 110 listeners groups were set up in the regions of Toalognaro, Tsihombe and Ambovombe. Sixty-two programmes were produced and broadcast by 15 radios in four local dialects. The project created a stock of programmes available for broadcast by regional radio stations after the completion of the project. The ALT-Radio SIDA project was the object of an independent evaluation in September 2005. The evaluation was carried out during 16 discussion sessions involving focus groups and listener groups in rural as well as urban regions, and individual interviews with 269 persons. It was found that 75% of the sample population reached by the evaluation mentioned unprotected sex and infected blood as modes of transmission; 77% mentioned condom use and fidelity as modes of prevention.

With the support of UNICEF, a project for the replication of the ALT-Radio methodology has been initiated. It includes the training of journalists by the Association Concorde *(Collectif des communicateurs pour le développement)* in the participative production cycle and the purchase of radios manivelles. More than 100 local radio reporters and their community partners benefited from the first phase of the strategy in ten sites all over the country.

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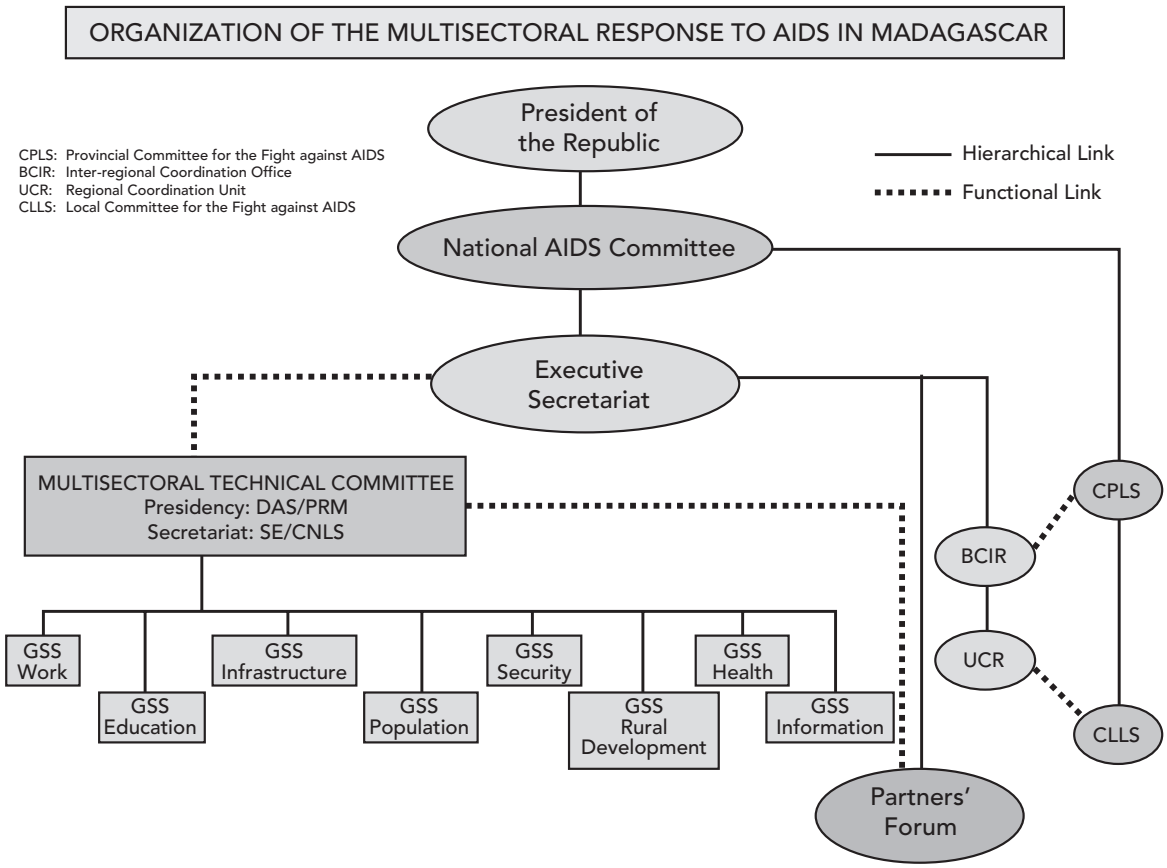
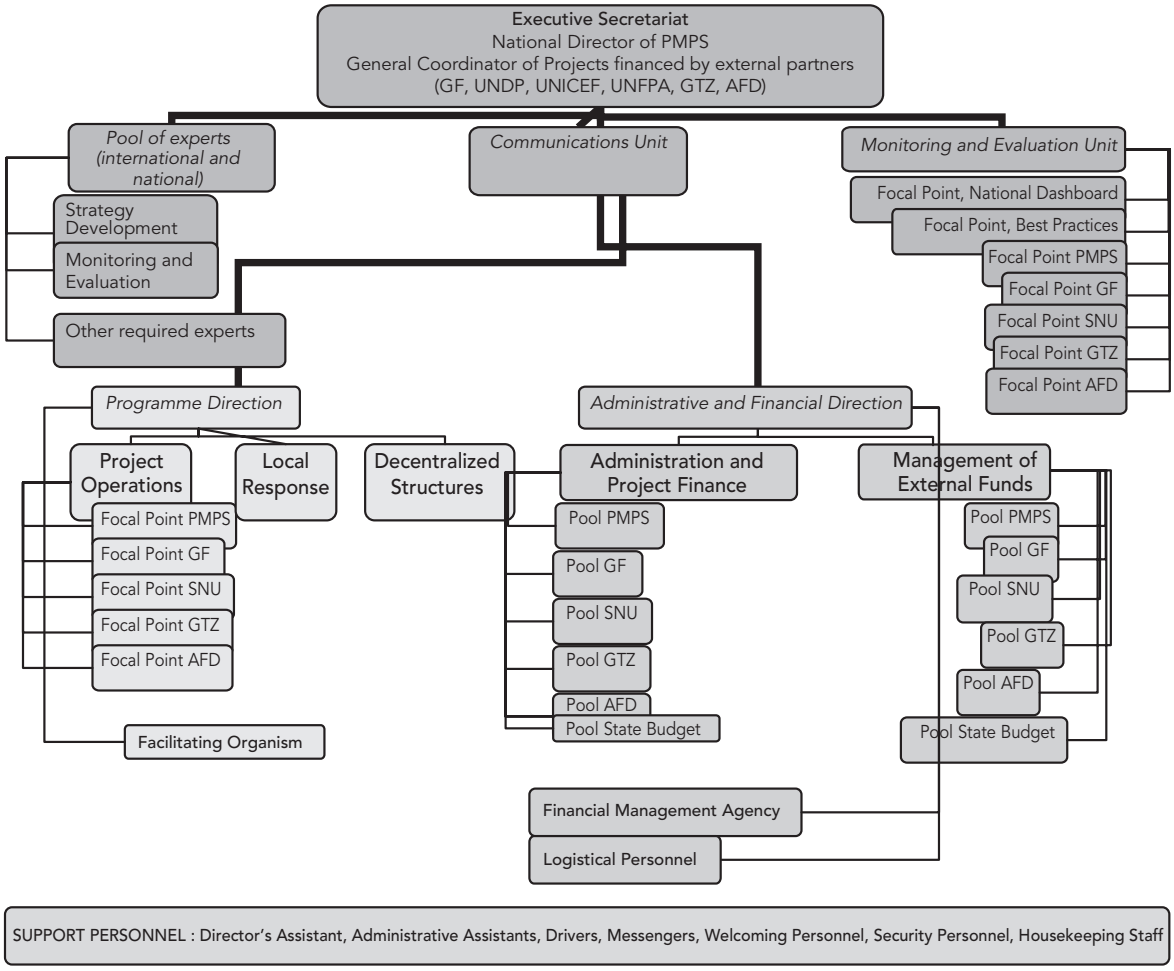
Annex 1


ORGANIZATION OF THE MULTISECTORAL RESPONSE TO AIDS IN MADAGASCAR
CPLS: Provincial Committee for the Fight against AIDS
BCIR: Inter-regional Coordination Office
UCR: Regional Coordination Unit
CLLS: Local Committee for the Fight against AIDS
Hierarchical Link
Functional Link
President of the Republic
National AIDS Committee
Executive Secretariat
MULTISECTORAL TECHNICAL COMMITTEE
Presidency: DAS/PRM
Secretariat: SE/CNLS
CPLS
BCIR
UCR
CLLS
GSS Work
GSS Education
GSS Infrastructure
GSS Population
GSS Security
GSS Rural Development
GSS Health
GSS Information
Partners' Forum

Annex 2

Organization chart of the executive secretariat of the national AIDS council



Annex 3

Forum of partners—participants

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M RAJAONARIVELO Herintsalama
Président FIV.MPA.MA

M RAVELOSON Samuel
Président du SIM

Mme DASO Irène
Chargé de Programme UNDP

Mme ENOS Ursule
Présidente de l'Association FIFAFI

Pasteur RALISON Gilbert
Président de l'Association Philadelphie

M RAKOTONDRAHOVA Simon
Président de la Chambre de Commerce

M VALAYDON Kris
Représentant a.i. UNFPA

Mme BENTEIN Barbara
Représentant UNICEF

M SANHOUIDI Bouri
Représentant UNDP

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

UNAIDS BEST PRACTICE COLLECTION

The UNAIDS Best Practice Collection

- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
- is a UNAIDS interagency effort in partnership with other organizations and parties.

Find out more about the Best Practice Collection and other UNAIDS publications from www.unaids.org. Readers are encouraged to send their comments and suggestions to the UNAIDS Secretariat in care of the Best Practice Manager, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.

Madagascar is a country with low HIV prevalence. However, the socioeconomic factors conducive to expansion of the epidemic are present in the country: high rates of sexually transmitted infections; high rates of unprotected sexual relations; high frequency of occasional multiple partners; and poverty. People especially likely to be exposed to HIV include: sex workers, young people, military personnel, people in transit and women. Since 2002, a reinforced national response to HIV has been led by the President of the Republic. National political leadership has encouraged the commitment of leaders at all levels: government institutions, traditional leaders, leaders of faith organizations, businessmen and communities. The taboos surrounding HIV, which was often considered to be an "invisible" disease, have been addressed. This study outlines the broad response to HIV that is being undertaken in Madagascar, and highlights a number of innovative and successful initiatives addressing key populations.

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