

## **HIV/AIDS: A New Challenge for Protected Area Management in Madagascar – The Integration of HIV/AIDS Activities into the Management of Ankarafantsika National Park**

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### **Summary**

Over recent years, the **importance of HIV/AIDS in the field of natural resource management (NRM)** has begun to be internationally recognised. In high prevalence regions the **impact of the epidemic on natural resources** is obvious. HIV/AIDS increases poverty in affected families, as those who have fallen ill migrate from towns back to their villages; meanwhile, traditional knowledge regarding the sustainable use of natural resources is lost. As people look for new sources of revenue, unsustainable practices take hold, increasing the pressure on natural resources. Further, institutions responsible for the protection of resources, such as protected area authorities, suffer temporary or permanent loss of manpower and, as a result, are confronted with increased financial costs.

However, institutions responsible for natural resource management also have a number of **comparative advantages** in the response to HIV/AIDS. They have established stable contacts with local communities and organisations in fairly inaccessible rural areas. The first examples of good practice of natural resource management authorities working on HIV/AIDS are now beginning to emerge from some high HIV prevalence countries.

Since 2002, the Malagasy government has taken a **multisectoral approach** to HIV/AIDS. Organisations and institutions working in all sectors are encouraged to participate in the response to HIV/AIDS through sectoral strategies. In other developing countries, the multisectoral approach has already proved successful in mainstreaming HIV/AIDS. The Malagasy HIV/AIDS policy aims to stabilise the rate of infection at its current low levels (currently 1.7%). Compared with other countries in southern Africa, Madagascar is considered a low prevalence country. It was important to keep the specific challenges of a relatively low prevalence setting in mind during concept development for this study.

ANGAP (**Association Nationale pour la Gestion des Aires Protégées /National Association for the Management of Protected Areas**), the authority responsible for the administration and management of Madagascar's 46 protected areas, aims to actively participate in the national response to HIV/AIDS in Madagascar. As part of the activities of the 'rural development' sector, the first steps have already been taken towards this goal. However, the role that ANGAP headquarters, as well as individual protected areas can and should play, needs to be clarified.

Given this context, this report on the study '**HIV/AIDS - a new challenge for Protected Area management in Madagascar**' aims to contribute to the integration of HIV/AIDS into the management of Malagasy protected areas. The study was carried out by a multi-disciplinary team of five participants of the Centre for Advanced Training in Rural Development (SLE) at Humboldt University in Berlin, and by an external team leader. The study was undertaken at the request of ANGAP and financed through the Kreditanstalt für Wiederaufbau, KfW, the German financial cooperation institution who is also one of ANGAP's major donors.

An **Action Plan** was developed for mainstreaming HIV/AIDS in Ankarafantsika National Park (ANP), with implementation planned for 2005. This Park is primarily financed by KfW. An important factor in the choice of the ANP as the Malagasy pilot park for fighting HIV/AIDS was the fact that it had already begun to work on the HIV/AIDS epidemic. That work needed to be developed, deepened and anchored in a coherent strategy, along with concrete measures that are proposed in the Action Plan.

Further **recommendations for the national authority**, ANGAP, were to be developed for the integration of HIV/AIDS into its activities.

The study was undertaken between June and November 2004 and consisted of the following phases:

An analysis was made of current approaches in HIV/AIDS prevention (especially in low-prevalence areas) and of examples of **good practice** in other NRM institutions during the concept development phase in Germany. The design of the study was analysed and adapted during presentations in Berlin, Antananarivo and Ankarafantsika National Park, as well as during interviews with national and international experts in HIV/AIDS and natural resource management, which were carried out at the beginning of the team's stay in Madagascar.

Work in Ankarafantsika National Park was based on a **situation analysis** using three partial analyses. An organisational analysis brought out both opportunities and limits in

integrating HIV/AIDS into the ANP. An analysis of factors contributing to local people's vulnerability to HIV was also necessary. Finally, a stakeholder analysis was carried out to determine potential partners for the park in its work on HIV/AIDS. The methodologies used for the analyses mainly consisted of semi-structured interviews and literature reviews.

During interviews for the **organisational analysis** of the Park, most of the ANP's employees emphasised the usefulness of the park getting involved in the response to HIV/AIDS and the comparative advantages the Park has. However, some reservations and critical views from staff members were also noted. Many suggestions were made for the establishment of new measures and the improvement of measures already put in place by the park. These referred to a wide range of measures related to HIV/AIDS carried out by various departments in the ANP.

The **vulnerability analysis** identified a number of factors that influence the vulnerability of the local population to HIV/AIDS. These factors are often closely related and are mainly a result of poverty, which is widespread in the study region. Lack of education and limited access to information are challenges in the work on HIV/AIDS with local communities. The situation is further complicated by a lack of resources for HIV testing and for ensuring hygiene in medical establishments. Curable sexually transmitted infections, such as syphilis, which are often left untreated and are high in prevalence, increase the physiological risk of contracting HIV. In addition, high rates of unprotected sex and multiple sexual partners were found to be common. Other factors that increase vulnerability include a taboo around the open discussion of sexual issues between men and women, as well as between parents and children, stigma against HIV positive people, widespread prostitution and high rates of mobility and migration. In general, in the region around the National park, it can be said that the majority of the population is not yet aware of the magnitude of the consequences of HIV/AIDS, indeed some people express doubts over its existence.

The **stakeholder analysis** identified four specific groups who have a potential role in collaborating with the ANP: (1) community based organisations that are recognised by local authorities and associations, (2) local non-governmental organisations (NGOs), (3) international donors and international NGOs and (4) the public health sector and groups such as local committees that form part of the official response to HIV/AIDS. It was noted that a growing number of organisations with very different structures and objectives are working on HIV/AIDS in the park's area of influence, but that they do not work effectively together. Their work is focussed in large villages and along roads, which means that prevention work is lacking in the more remote areas.

Results of these analyses, stakeholders' propositions and the SLE team's suggestions were discussed at a **workshop** in the ANP, where the key elements of an Action Plan were developed. These were then formalised in agreement with park management and partners and with other key stakeholders, as part of an ongoing process. Local structures in the national HIV/AIDS programme (the Comité Local de Lutte contre le VIH/SIDA or Local Committee to Fight HIV/AIDS), were also integrated into the plan, in order to ensure national and regional strategic coordination. The Action Plan was presented in October 2004 to allow suggestions to be included in annual planning for 2005.

The Action Plan begins with a detailed description of future tasks of the HIV/AIDS **Focal Point** of the ANP, a staff member who has responsibility for HIV/AIDS and is firmly anchored in the institutional make up of the organisation.

This person will carry out most of the proposed activities and coordinate the implementation of the Action Plan as a whole. An HIV/AIDS focal point was already officially nominated for the ANP in 2003.

HIV/AIDS initiatives in the Ankarafantsika National Park are presented in the Action Plan in the form of an easy to use manual. They consist of **five action areas**:

- A **Workplace Policy on HIV/AIDS** should be introduced to the ANP in order to define the position and principles of the park regarding prevention of HIV/AIDS and treatment for HIV positive employees.
- Suggestions for the introduction of an **internal programme on the response to HIV/AIDS** were made. This programme should promote understanding among employees through information provision, education and communication and should formalise care and support, both medical and psycho-social, for staff affected by HIV/AIDS.
- Suggestions for the contents of an **external programme on the response to HIV/AIDS** were also made. These refer to informing and mobilising communities in the ANP's area of work, working in particular with those local structures with which the park already collaborates successfully.
- The Action Plan also contains suggestions for **monitoring and evaluation**, which should ensure control of its implementation and adaptation of activities in future years.

- Finally, the Action Plan contains a paragraph on ***considering HIV/AIDS in all of the park's activities***. Potential negative consequences of HIV/AIDS for the park should be identified as part of the planning and evaluation processes and ways to combat those consequences should be developed.

The Action Plan includes 28 specific measures as part of the five action areas. Among these, for example, are the creation of an information point on HIV/AIDS, training sessions for staff members of the ANP, and information on preventing HIV/AIDS for the population in the park's area of influence.

For each proposed measure the Action Plan details the objective, its relation to existing national and local HIV/AIDS strategies, expected beneficiaries and the persons to be responsible for the implementation. The duration and cost of each is also outlined, along with issues to consider in implementation. A great deal of detail is provided in these recommendations, but adaptations, innovative ideas and additions by the ANP are both possible and hoped for. Budgetary planning for activities planned for 2005, along with a list of potential partners for the ANP, among other things, can be found in the annex to the Action Plan.

Analysis of good practice and experience gained during the development of the Action Plan, as well as discussion with experts provided a basis for the development of the **recommendations** for the national protected area authority, ANGAP. During a final workshop in Antananarivo, these recommendations were developed and discussed in collaboration with ANGAP and other stakeholders.

The following are among the recommendations made to ANGAP headquarters regarding the integration of a response to HIV/AIDS into the Malagasy network of protected areas:

- to play the role of coordinator, catalyser and to provide assistance
- to share experience from various protected areas on HIV/AIDS
- to help those responsible for HIV/AIDS in protected areas and to find sources to finance their activities
- to accelerate the introduction of a monitoring and evaluation system, adapted to the requirements of activities
- to develop a Workplace Policy on HIV/AIDS applicable to the entire ANGAP network

- and to continue to actively participate in the development and implementation of a strategy for the 'rural development' sector as part of the national multisectoral HIV/AIDS policy.

In addition, a recommendation was made to develop similar Action Plans **in other protected areas** based on experience from Ankarafantsika National Park. Both the process of developing an Action Plan and its contents should be adapted to the specific conditions of each protected area.

At the end of the study period, **preliminary results** are already available. Financing for a full time Focal Point for HIV/AIDS in the ANP has been awarded, thanks to the Action Plan and the integration of HIV/AIDS-related measures into the 2005 annual plan has already taken place.

The Ankarafantsika National Park strengthens its role as a pilot park for integrating a response to HIV/AIDS into the ANGAP network by progressively implementing the Action Plan. Using experience from the park and recommendations from the report, ANGAP can spread and deepen its existing engagement with HIV/AIDS. Thus, ANGAP could also support Madagascar's national multisectoral HIV/AIDS policy and become an international example of best practice. Finally, it is hoped that the study will provide a constructive contribution to international discussions on the relationship between HIV/AIDS and natural resource management and protection.