

Standard tools for BCC are now available!

One of the objectives of the USAID Mikolo Project is to promote the adoption of healthy behaviors by communities, which entails having well-rounded BCC (Behavior change communication) strategy for the project. The project fully cooperated with the Ministry of Public Health in the preparation of its strategy.

“We put the Ministry into the forefront of this endeavor, from the early stages of development to official validation,” explains Désiré Rakotoarisoa, the USAID Mikolo Project IEC/BCC consultant. “Other ministries, such as the Ministry of Population and the Ministry of Youth and Sports also came on board, through their technicians.”

The strategy development was facilitated by the setting of a coalition grouping the Ministry of Health, the USAID Mikolo Project, UNICEF, and PSI, offering a model of cooperation and harmonization. Some of the partners, namely UNICEF and PSI, went as far as contributing financially to the message development workshop. Working together through weekly meetings, the partners developed and carried out joint actions plans.

The role of the Ministry of Health in the process was that of advisor, facilitator of materials development workshop, lead in field pre-testing and especially in the technical and official validation of materials and resources. “We believe that we were successful in developing the Ministry’s ownership of this activity and its outputs and in pooling strengths in conducting the activity,” states Désiré Rakotoarisoa, the project’s consultant.

Liva Nandrasana, the Director of Health Promotion at the Ministry of Health, expressed her satisfaction with the collaboration and praised the USAID Mikolo Project’s effectiveness: “This is a groundbreaking initiative as it provides for the first time a behavioral change strategy that covers the entire life cycle. The Minister intends to disseminate the materials produced in all regions of Madagascar.”

In support of this plan, a bank of the messages and materials is now available to the Directorate of Health Promotion as well as to the other partners. A user’s guide helps health actors in making the most effective use of the materials, including adaptation to their own contexts. The USAID Mikolo Project strategy for community mobilization, youth and gender has got off to a good start!



© USAIDMikolo/Fanja S.: Participants, including public partners, at the message development workshop, Antsirabe

Announcements

- **Broad Agency Announcement for Sustainable WASH Systems** Available at: www.fbo.gov or www.grants.gov
- **HP Plus Scoping Visit Feb 1-12**
- **Global Fund Delegation in country to discuss new funding Mechanism Feb 8**
- **GAVI Mission in country Feb 2 -9**

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Karakory (What's the news?)

Upcoming Events

February (TBD): Mahefa Workshop: How community health contributes to reduction of maternal and child mortality

March TBD: Dissemination of results of two nutrition studies by Institut Pasteur

- *Identification of the sociocultural determinants of stunting: qualitative analysis in 3 districts of Madagascar*
- *Quantitative study: malnutrition and infections in Moramanga and Morondava districts*

March 12: World Water Day

March 15-18: Population, Health, and Environment workshop

March 28: Start of Malaria Indicator Survey



USAID
FROM THE AMERICAN PEOPLE

Issue #1

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“Together we Promote Healthy Behavior”

Karakory (What's the News?)
From the Health Population and Nutrition (HPN) Office

The HPN Mission

We lead, innovate, and strategically partner to positively impact the health of Malagasy people and foster Government of Madagascar ownership and accountability

Letter from the Health Office Director



Happy New Year! Welcome to the first edition of the Karakory newsletter. Over the past year, the Health, Population and Nutrition (HPN) office has grown tremendously in terms of staff and technical areas that we support. Five new members joined the team including myself, Daniele Nyrandutiye. These include Dr. Hajarijaona Razafindrafito, Senior Health Systems Strengthening Advisor, Tantely Rajaobelina, Commodity and logistics specialist, Azzah Al-rashid, Operations Specialist, and Jemima Andriamihamina, Program Management Assistant for malaria activities.

With the approval of our five year implementation plan that aligns directly with the priorities of the Government of Madagascar, we are looking forward to deepening our strategic engagement and partnership with the Ministry of Health and the Ministry of Water, Sanitation and Hygiene and other partners. This plan builds on nearly 30 years of USAID activities in Madagascar and in particular the extensive **community-based health** platform. New areas of focus are in **health financing** including supporting the implementation of the government’s new strategy on universal health coverage, **strengthening the health system** and enabling environment as well as **scaling up innovations**. In health financing, we will expand our partnership with the private sector to **leverage resources** and unlock access to credit for private small and medium health enterprises. We will continue to support the government’s ambitious goals of strengthening the health system in such areas as commodity and logistics, health management information systems, and human resources for health. Lastly, we will accelerate the scale-up of promising practices as well as proven high impact interventions.

This newsletter is an effort to share with you the HPN team’s priorities and activities. We hope that this will be a platform through which we can highlight successes and lessons learned across the portfolio. For this maiden issue, we discuss how a focus on social behavior change communication to promote healthy behaviors using a variety of platforms such as health volunteers and health educators is changing the face of communities across the country. Most importantly, we highlight how a continued strong collaboration between ministries and partners can yield tools that are adaptable to a variety of programs and intervention areas. We hope that you will enjoy it!

Madagascar: a pioneer in community health

Madagascar piloted a successful community health model in the 1990’s to increase use of vaccination, family planning, and to screen and treat malnutrition among children under five. The model was reviewed and endorsed by WHO in 2006 as a viable and efficient model to provide quality basic health services and as a means of task-shifting services in low and middle income countries with a shortage of health providers. The model was then replicated and adapted in many countries including Ethiopia (2008), Kenya, Nigeria (2009), and Senegal (2012). Community health volunteers offer health education, outreach and advocacy for appropriate use of health services, and sometimes sales or improved access to contraceptives and essential drugs and supplies. USAID, Global Fund, UNICEF, and the World Bank have supported the implementation of the National Community Health Policy. Rates of use of health services in remote areas have increased substantially since 2000, and progress has been made towards reducing mortality due to investments in community health. We look forward to our continuing partnership to ensure Madagascar remains at the forefront of cutting edge innovation in community health.

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Encouraging Healthy Behavior in Madagascar through MAHEFA's Care Group Approach

André and Anicette, parents of three, are farmers who live in the rural commune of Fanambana, in the Vohemar district, SAVA Region. In 2013, they began using the injectable contraceptive, Depocom, and in 2014, with the encouragement of their *fokon-tany's* community health volunteer (CHV), they became a care group model family. To qualify for this role, they must "adopt" a minimum of three families with whom they work for at least a month to encourage positive behavior change, including such behaviors as sleeping under a mosquito net, using family planning methods, hand washing with soap, and using a latrine.



Care group couple. A sticker on their house wall to indicate their care group status, Boeny Region

André and Anicette decided to work with couples from nine households, and counseled them on the benefits of family planning while emphasizing the positive changes they have seen in their own lives since adopting these same behaviors. Soon, with guidance from André and Anicette, all nine of these couples adopted various family planning methods. Feeling encouraged by the positive change they were promoting, André and Anicette worked with an additional five households to help them overcome barriers to behavior change. The care group approach continues to have a multiplier effect in André and Anicette's community, as each one of the families with whom André and Anicette have worked are, in turn, working to encourage behavior change with two to three additional families.

"The care group approach continues to have a multiplier effect in André and Anicette's community" This Behavior Change Empowerment (BCE) approach not only empowers the community, but also helps families better understand the steps to follow in order to overcome the barriers that prevent the adoption of healthy behaviors, all the while making them feel supported by their peers.

USAID's community health project, MAHEFA, has instituted a recognition system that includes the distribution of stickers to those who are successful in helping other families overcome barriers and focus on positive motivating factors.

Care group model families have played a key role in expanding good health behaviors across MAHEFA intervention regions. In FY2015, a total of 84,717 care group individuals or couples were recorded. These individuals, couples and households assisted an additional 254,151 families (1,169,095 people) with adopting positive health practices.

Since the introduction of the care group approach, the involvement of other community members in BCE activities has enabled many CHVs to dedicate more time to improving the quality of their service delivery and outreach by providing more interpersonal support to their community members via increased home visits, when necessary, and conducting other high-visibility events.

Improving the Health of Malagasy Youth

USAID's Integrated Social Marketing (ISM) Project that is implemented by PSI began strengthening its youth activities by implementing the 'Tanora 100%' program with support of a massive communication campaign "Za ve". The program is facilitated by 120 youth peer educators targeting youth aged 15-24 to promote healthy behaviors. The two strategic priorities are to reinforce the quality of youth-friendly service delivery at PSI franchised private clinics called *Top Réseau* and to strengthen demand creation for services and products. For the communication campaign, a package of media communication materials including TV and radio spots and an 18 minute film, was developed and broadcasted.

The *Top Réseau* private clinic franchise was originally created as a youth-friendly network of clinics and was later expanded to encompass family health care services. In 2015, services for youth were revitalized and the training curriculum was updated based on new World Health Organization guidelines. In addition, in collaboration with multiple Zumba clubs, the ISM project conducted numerous Zumba events in five regions of Madagascar to launch the 'Za ve' campaign in September 2015. The campaign highlights the 18-minute youth-oriented film, covering reproductive health (RH) topics including family planning, sexually transmitted infections (STI) and HIV testing services (HTS).

" Club members are ambassadors promoting family planning and reproductive health services"



'Fan Club Tanora 100%', a USAID supported youth loyalty scheme was piloted in Mahajanga. Club members are ambassadors promoting family planning and RH services, and selected members are rewarded based on referring peers to *Top Réseau* clinics. This loyalty scheme will be scaled up in 2016.

To reinforce healthy behaviors, a new condom branded "YES with you" was also developed to target youth. PSI collaborated with the *Libertalia Music Festival* to officially launch the product in Antananarivo. Alongside this festival, mini-launch activities were conducted, including street market activities by peer educators to inform and direct individuals to the product's points of sale.

In September 2015, PSI signed a memorandum of understanding with the Ministry of Youth with the goal of increasing youth awareness and access to reproductive health services, including *Top Réseau* clinics.

A voucher system for healthy behaviors and healthy lives

In Madagascar, many people still do not have access to a range of voluntary sexual health and reproductive health services, even though the right for women and couples to choose if and when to have children is widely acknowledged. Those living in poverty, youth, and people living in isolated rural areas are at a greater disadvantage. In order to reach these groups and make access to family planning services more equitable, with USAID support, Marie Stopes Madagascar uses a voucher system in collaboration with its *BlueStar* social franchise network of private health care providers. This gives people living in poverty the opportunity to claim free family planning services at *BlueStar* providers.

Vouchers are distributed by Community Health Educators (CHE), who are trained in voluntary FP sensitization. CHEs provide information on the full range of contraceptive services and clients can purchase vouchers for a very small sum of 200 Ariary. The voucher gives clients access to the FP method of their choice by making long-acting methods available through *BlueStar* providers, to complement the short-acting methods available at the community level. Some *BlueStar* providers are trained in permanent methods, which are also available through the voucher system. Other providers can also refer clients to outreach channels for free access to permanent methods.

We have seen how access to family planning services can be really empowering for women and can improve quality of life for families. When girls and young women can decide if and when to have children, they are able to complete their education and lead healthier and more productive lives. Family planning is not just about birth spacing or delaying the first pregnancy; it's about allowing women, girls and couples to have control of their lives for a better future.



Violette is 20 years old with three children aged 5, 4 and 2 years and she accessed voluntary family planning services through the voucher system.

"When I was young, I went to school; I wanted to be a teacher, but my father died suddenly so I couldn't finish my education. We were so poor that I was forced to help my mother provide for my sisters and brother, working as a street vendor.

"Later, I met my husband and we got married even though I was too young. My mother didn't

approve; she asked me to study and to better prepare for my future, but I was in love, so I ignored her advice. Now we have three children. But having three kids when you don't have enough income to satisfy their basic needs is a difficult situation. It's not easy for my family to see my husband working so hard and my children so deprived because we don't have enough money.

"I am able to earn an income and help my husband provide for our family"

"One day, I met a Community Health Educator called Mamie, who told me about family planning methods. I said I couldn't afford to pay to see a doctor and she told me about the voucher system. I was immediately convinced because having another baby was the last thing we needed! I chose to go for the IUD.

"Now I can delay having another child until I am ready. I am able to earn an income and help my husband provide for our family. Using the IUD also increased my financial independence and boosted my self-confidence. It changed our family life too because now we can concentrate on our children in a better way!"