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Safidy Community Health Programme: Year 7 Report

The Safidy programme is a key component of Blue Ventures' integrated Population-Health-Environment (PHE) approach that empowers coastal communities to live healthily and sustainably with their marine environment.

Safidy has been operating in the Velondriake locally managed marine area on the southwest coast of Madagascar since August 2007, and in Belo sur Mer since May 2013. This report provides a summary of community health activities carried out during the seventh year of the programme (2013-2014).

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Acronyms

CBD	Community-Based Distributor
CYP	Couple Year of Protection
IUD	Intra-Uterine Device
LARC	Long-Acting and Reversible Contraceptive
MCH	Maternal and Child Health
MSM	Marie Stopes Madagascar
PHE	Population-Health-Environment
PSI	Population Services International
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
VOT	Village Outreach Tour
WASH	Water, Sanitation and Hygiene

1. Introduction

Blue Ventures first established a family planning clinic in the village of Andavadoaka, southwest Madagascar, in August 2007. During the seven years since this project's initiation, it has expanded into a comprehensive community health programme serving 40 villages in the Velondriake locally managed marine area. Community-based family planning services have also been introduced in Blue Ventures' second conservation site, Belo sur Mer, from May 2013. Both of these initiatives are fully incorporated into the portfolio of marine conservation programmes that Blue Ventures manages, resulting in an integrated Population-Health-Environment (PHE) approach that is empowering coastal communities to live healthily and sustainably with their marine environment.

Further information about the background of this programme can be found on the Blue Ventures website. This report summarises the progress made and activities carried out during the programme's seventh year, between August 2013 and July 2014.

2. Sexual and reproductive health (SRH)

Voluntary family planning services continue to be provided to women and couples in all 40 villages within the Safidy work zone (in and around the Velondriake locally managed marine area, including several extremely remote communities located inland in the Mikea forest national park) through our extensive network of outreach clinics and local women trained as community-based distributors (CBDs) of contraceptives.

We have also extended our SRH work into the Belo sur Mer area, some 160 kilometres north of Velondriake, where our second conservation site is located. This exciting development represents the first replication of our integrated PHE approach beyond Velondriake, and brings the total number of people served by the Safidy programme to 20,000 across 50 remote coastal communities.

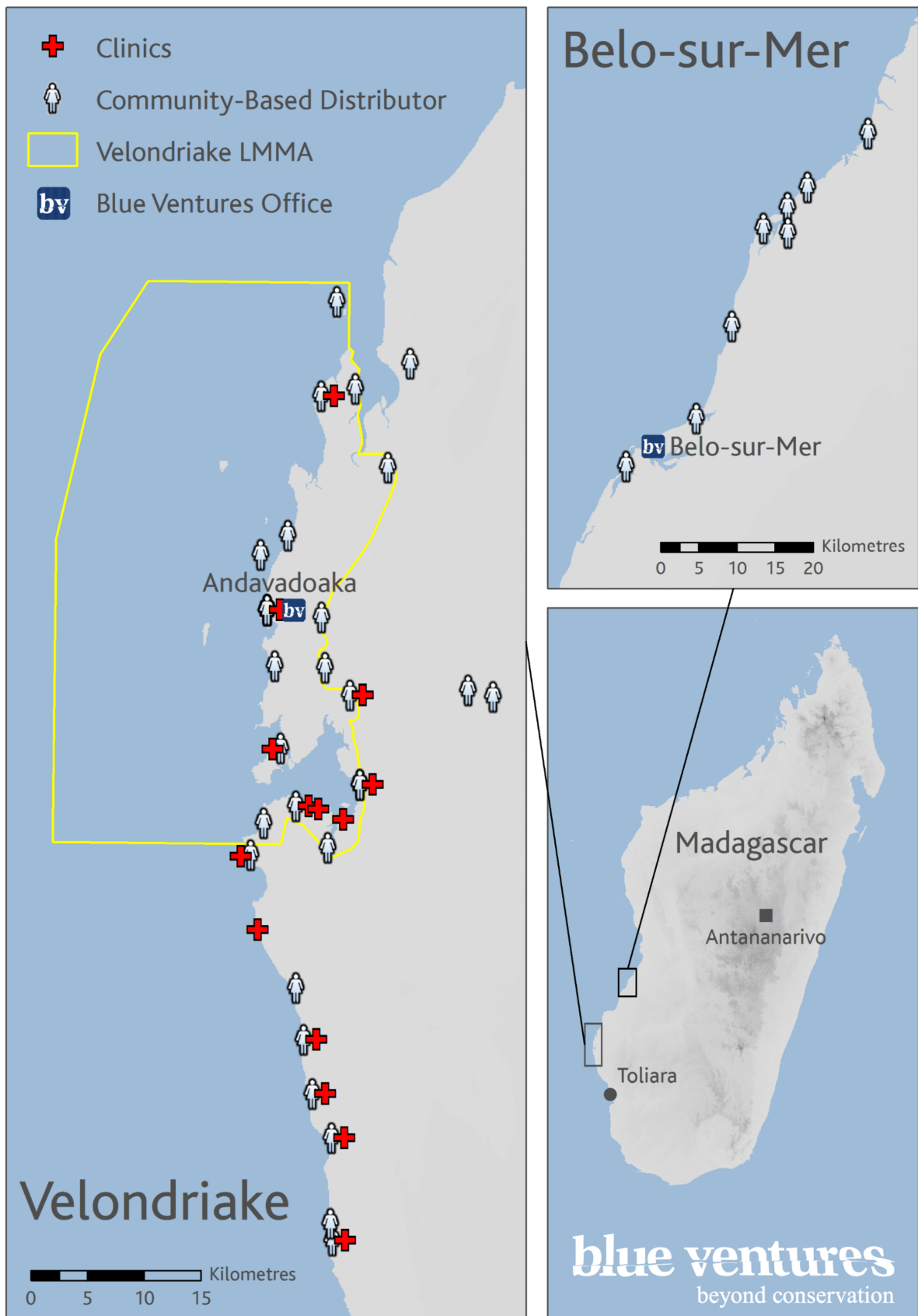


Figure 1 Map showing the Safidy programme service area as of July 2014

- *Clinical services*

Our midwife is currently operating 15 SRH clinic sites in and around the Velondriake area on a regular schedule (integrated with maternal and child health (MCH) clinics and educational village outreach tour (VOT) activities), specifically chosen to maximise coordination with local public health centres (which are now staffed, providing basic healthcare services, albeit with limited supplies and facilities, and are highly motivated to collaborate) and support the services offered by our CBDs.

- *Community-based distribution of contraceptives*

We continue to support 33 CBDs in Velondriake to offer basic sexual health education within their villages, and to distribute condoms and oral contraceptive pill packs. These are provided to them at cost price through our collaboration with Population Services International (PSI), so that they can sell them to their clients for a small income. Ten of these CBDs are also certified to administer depo-provera injections according to clear clinical protocols. Two CBDs have moved away from the area, so a total of 31 CBDs were active during year 7 in Velondriake. Four CBDs based in the central village of Andavadoaka have been trained as supervisors, and one of these women, Balbine, also works full-time as the community organiser and administrative assistant for Safidy.

CBD supervisors continue to visit CBDs in their villages each month to gather and review reports, distribute stock, and assist with problems or questions. Our midwife holds regular review meetings with CBD supervisors, and refresher training workshops are organised for all CBDs on a quarterly basis by our midwife and Balbine. Our integrated clinic and VOT schedule ensures that either our midwife or one of our CBD supervisors visits each village every 12 weeks, in order to run clinics and/or offer support to CBDs.

As described in our previous annual report, we started extending our SRH work into the Belo sur Mer area by securing authorisation from the Medical Inspector in Morondava, and developing partnerships with JSI/MAHEFA (the Malagasy Healthy Family initiative funded by USAID), PSI and Marie Stopes Madagascar (MSM) as well as the local public health centre staff, mayor and pastor in Belo sur Mer. We launched our programme at the same time as JSI/MAHEFA started working in the region, training male community agents to provide basic health services in their villages. We therefore complemented these efforts by recruiting 8 female CBDs in the communities where we were already supporting local marine management.



In August 2013, we trained 8 local women as CBDs in collaboration with JSI/MAHEFA. We followed this up by providing extensive one-to-one supervision, regular group reviews and a learning exchange with visiting CBDs from Andavadoaka. By the beginning of 2014, all 8 CBDs had received “validation” from their local public health centre and the Medical Inspector, allowing them to distribute condoms and oral contraceptive pill packs in their villages. Training in depo-provera injections is planned for later this year.

- *Long-acting reversible contraceptives*

Collaboration with Marie Stopes Madagascar (MSM) has allowed for continued provision of two long-acting reversible contraceptives (LARCs) – hormonal implants (Implanon) and intra-uterine devices (IUDs) – for women in Velondriake.



Previously, these methods were offered by MSM’s mobile outreach team, comprising three or four medical professionals travelling in a 4x4 vehicle. However, this team serves a large area and has a busy schedule which is subject to change, making it difficult to ensure a consistent quarterly cycle of LARC provision in Velondriake.

We therefore discussed alternative service delivery options with MSM, which resulted in a new partnership with a “Marie Stopes Lady” (nurse trained and supported by MSM to offer LARCs), based in the regional capital

of Toliara. In March 2014 and June 2014, we arranged for her transport and accommodation in the Velondriake area, where she was able to offer LARCs to women in our communities (visiting 5 villages each time). Our midwife, Laura Razaka, was also trained by MSM to fit and remove these methods in July 2014, which will enable us to integrate LARCs into our regular Velondriake clinic schedule from now on.

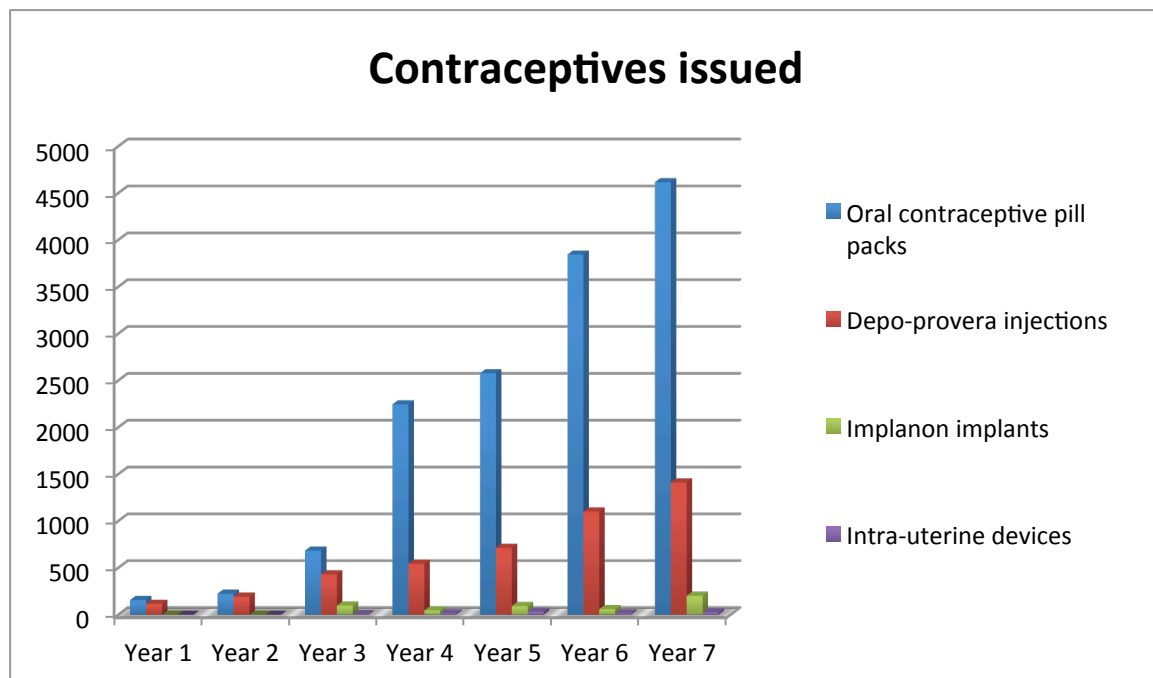
In Belo sur Mer, a strong partnership has been established with MSM's mobile outreach team serving the region. They first visited in November 2013, and again in May 2014. Uptake of LARCs in was very high, with 142 women opting for implanon implants and 11 women opting for intra-uterine devices.

- *Contraceptives issued and couple years of protection provided*

The different contraceptives offered by the Safidy programme provide varying periods of protection:

- An oral contraceptive pill pack provides 1 month of protection
- A depo-provera injection provides 3 months of protection
- An implanon implant provides up to 3 years of protection
- An intra-uterine device provides up to 10 years of protection

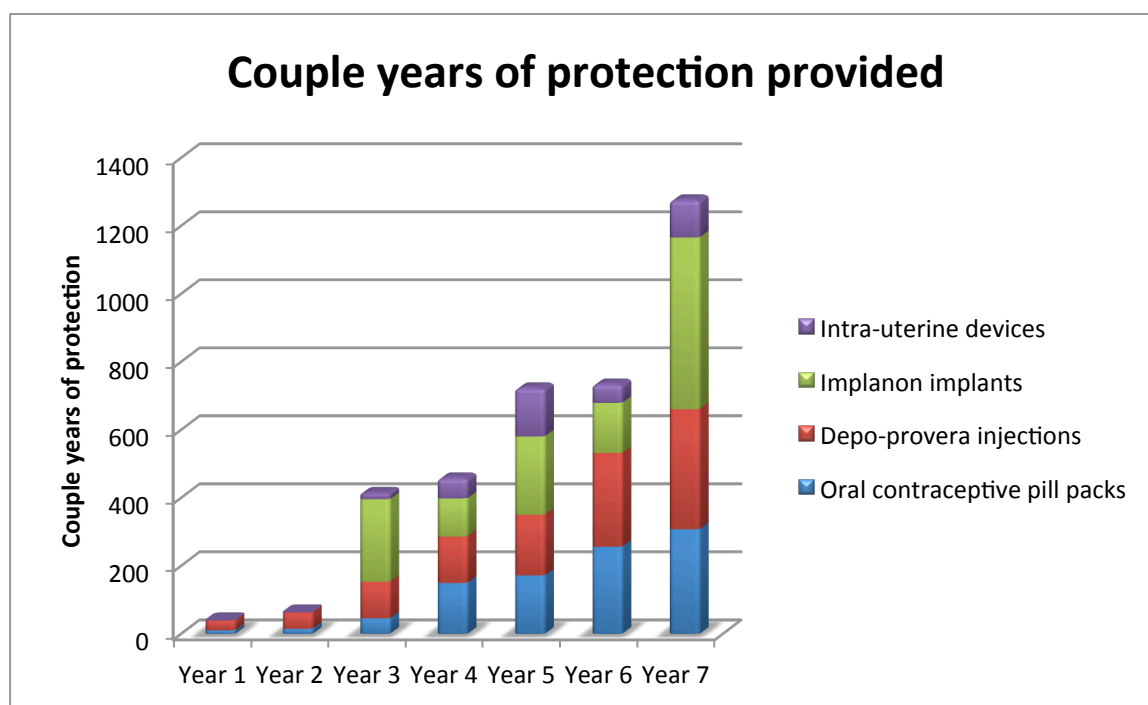
Figure 5 Contraceptives issued from August 2007 until end of July 2014



Type of contraceptives	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Totals
Oral contraceptive pill packs	157	224	684	2,245	2,577	3,843	4,616	14,346
Depo-provera injections	116	193	431	545	714	1,102	1,411	4,512
Implanon implants	0	0	97	45	92	59	202	495
Intra-uterine devices	0	0	4	13	31	12	24	84

*Year 7 includes contraceptives issued in Belo sur Mer: 642 pill packs, 142 implanon implants and 11 intra-uterine devices.

Figure 6 Couple years of protection provided from August 2007 until end of July 2014



Type of contraceptive	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Totals
Oral contraceptive pill packs	10.5	14.9	45.6	149.7	171.8	256.2	307.7	956.4
Depo-provera injections	29	48.5	107.8	136.3	178.5	275.5	352.8	1,128.2
Implanon implants	0	0	242.5	112.5	230.0	147.5	505	1,237.5
Intra-uterine devices	0	0	18.4	59.8	142.6	55.2	110.4	386.4
Totals	39.5	63.2	414.3	458.2	722.9	734.4	1,275.9	3,708.5

Couple year of protection (CYP) is the estimated protection from unintended pregnancy provided to a couple by a contraceptive method during a one-year period, based upon the number and type of contraceptives issued to clients. These CYPs have been calculated using USAID-approved conversion factors: 15 cycles of oral contraceptive pills = 1 CYP, 4 depo-provera injections = 1 CYP, 1 implanon implant = 2.5 CYPs, 1 intra-uterine device = 4.6 CYPs.

1,275.9 CYPs were provided in year 7 of the programme, bringing the total since the programme's inception in August 2007 to 3,708.5 CYPs. Over 40% of these CYPs were provided through the two LARCs thanks to the long-lasting contraceptive protection that these methods offer.

3. Maternal and child health (MCH)

- *Clinical services*

MCH clinics now run in 9 villages in and around the Velondriake area; at the dedicated Safidy Centre in Andavadoaka on a weekly basis, unless the program midwife is on an outreach mission, as well as in 8 other villages on a six-weekly basis.

This year, 231 antenatal and postnatal consultations were done by our midwife, through 33 clinics held in Andavadoaka and an additional 55 outreach clinics held in other villages. She distributed 7,969 iron and folic acid supplements, 131 doses of sulfadoxine pyramethamine (malaria prophylaxis), and 98 (de-worming) mebendazole tablets.

- *CBDs provide antenatal and postnatal education in collaboration with local public health centres*

All of the Velondriake CBDs have been trained to conduct antenatal and postnatal visits with women in their villages, and to distribute supplies including iron and folic acid supplements, presumptive malaria treatment, insecticide-treated mosquito nets, vitamin A pills and de-worming tablets. They have also been trained to provide information and advice to pregnant women regarding tetanus immunisations, healthy diet and lifestyle, planning for delivery and emergencies, how to recognise complications, the importance of early and exclusive breastfeeding, child vaccinations, good nutrition and hygiene practices.

They are responsible for identifying and visiting pregnant women in their villages four times before delivery, and two times after delivery, one of which should be within 48 hours of delivery. A monitoring system has been put in place for CBDs to report on their MCH activities, both to Blue Ventures and to local public health centres, and each pregnant woman they visit keeps a record book of the visits that they have received.

CBDs conducted a total of 113 educational visits with pregnant women during year 7, of which 21 included two advice sessions during one visit. They distributed 921 iron and folic acid supplements, 21 mosquito nets and 16 clean delivery kits.

- *Maintaining effective supply chains*

Supply chains for mosquito nets, antenatal medication and clean delivery kits have experienced periodic interruptions, however, through sourcing from the capital city we have managed to ensure a consistent supply as much as possible. Local stock-outs have meant that sulfadoxine pyramethamine (malaria prophylaxis) must now be sourced in the capital city, but this solution is working at present.

Supply chains for vaccinations have been established during the last year, and a method of direct referral for syphilis testing and treatment at the Italian Hospital in Andavadoaka is in place, although this is dependent on their stock. Both of these significant achievements are thanks to strong collaboration with the Ministry of Health. We continue to work to strengthen supply chains, prevent stock-outs and ensure the same level of continuity for services provided via referrals, such as syphilis testing and treatment.

- *Incorporating MCH topics into current community health education*

MCH topics are fully incorporated into our ongoing community health education activities, including village outreach tours (VOTs) and radio shows (see 5. below for more details). These deal with subjects including the benefits of antenatal care, iron and folic acid supplements, protecting against malaria, nutrition and healthy diet during pregnancy, and the importance of early and exclusive breastfeeding.

As part of a diverse approach to improving MCH, women's groups are also being piloted in Velondriake in order to foster critical awareness and local advocacy relating to MCH issues. Women's forums using the slogan "*Ampela Tsy Magnavake*" meaning "*United Women*" have been initiated in some Velondriake villages as a venue for engaging women in octopus fishery management. The overlap between these two initiatives was obvious so we therefore chose to work via *Ampela Tsy Magnavake* in one village, Lamboara, to pilot a women's MCH group.



The concept of women's groups in Madagascar is very structured and specific, with exclusive membership models and governance structures, and a focus on income-generating activities and planning for International Women's Day events. With the *Ampela Tsy Magnavake* initiative, efforts are ongoing to encourage movement towards a more open forum focused on community health gains rather than exclusive personal benefits. This

transition to an open forum for and by all women in the village has yet to be fully achieved, and we expect this to be an evolving process over the next few years.

4. Water, sanitation and hygiene (WASH)

All of the Velondriake CBDs have been trained in WASH promotion by PSI, and offer SurEau (a chlorine-based water treatment solution) and ViaSur (oral rehydration salts and zinc tablets for treating diarrhoea) to their clients alongside their SRH and MCH outreach work. WASH topics are included in our community health education activities (see 5. below for more details), particularly the new radio shows.

5. Community health education

Health services offered through our network of clinics and CBDs are supported by a rich and diverse programme of community education, drawing upon established behaviour change communication approaches to encourage the sustained adoption of healthier practices.

A behaviour change strategy development workshop was held in September 2013 in Velondriake, drawing on international best practice and insights from our local team to identify key behaviour change priorities and activities to support these. The team began by assessing which key practices would have significant health benefits while also being feasible and appropriate to focus on. Then they garnered a comprehensive understanding of the reasons supporting and preventing behaviour change, including motivations and barriers to adopting and sustaining healthier practices. Finally, based on these discussions, they created an evidence-based and locally-driven programme of work to support behaviour change in our partner communities, with consideration of how to monitor and evaluate the impacts of these activities.

They explored numerous factors that influence health practices such as knowledge levels, peer influence, community attitudes, local traditions and beliefs, relationship and gender dynamics, and the availability and cost of services or health products. The outcome of this workshop was a straightforward plan with five clear behaviour change / service access priorities for Safidy, each of which has enormous potential health benefits for our partner communities:

- 1) Increase condom use and preventing STI transmission; particularly among youth
- 2) Ensure full access to voluntary family planning services; particularly youth-friendly services with a wide variety of contraceptive options
- 3) Increase the proportion of women breastfeeding exclusively for six months following birth
- 4) Increase the number of pregnant women who go for antenatal sessions with community health workers and the Safidy midwife
- 5) Increase hand washing with soap or ash at all necessary times

For each priority we have developed materials and strategies along the behaviour change spectrum, from increasing knowledge and changing attitudes to supporting the sustained adoption of healthier practices. These materials include visual discussion aids, theatre sketches, radio shows and small group session plans.



- *Village outreach tours (VOTs)*

VOTs continue with locally created presentations, videos and discussions about different issues relating to SRH, MCH, WASH, coastal livelihoods and the marine environment. Four VOTs were held in Velondriake during year 7, each one engaging community members in a variety of topics including contraceptive options, benefits of antenatal care, diarrhoea prevention and treatment, periodic octopus fishery closures, mangrove ecosystems, sea turtle conservation, and PHE linkages. Each tour goes to 20 villages every three months, reaching over 5,000 people through educational workshops in schools and youth club sessions during the day, and community meetings in the evenings using music, drama, games and interactive presentations.

VOTs in the Belo sur Mer area regularly engage 12 villages in discussions about health and environmental issues using locally created presentations and videos. The team also facilitates small group meetings with women to provide information about contraceptive options and create a supportive forum for sharing experiences of family planning.

- *Radio*

A new weekly series of radio shows has been developed and aired in Velondriake since the end of March 2014, covering a variety of health and environmental topics using drama sketches in an ongoing story line, with questions to promote discussion among listening groups. These groups are active in 28 villages, comprising a variety of community members including CBDs (who facilitate the discussion), teachers, village leaders, women and youth. The shows are proving to be highly effective in stimulating critical thinking around key behaviours such as hand washing and the use of family planning, and feedback from listening groups is being used to inform the development of future shows.

- *Special events*

Our Velondriake team is working with education programme staff to support youth in the village of Andavadoaka to organise monthly talent shows as a way of voicing their ideas and concerns about health and environment issues in a public space. These have been ongoing since April 2014, and are proving to be a popular forum for encouraging debate.

Our Belo sur Mer team organised a number of special events this year, including a family planning festival held in 4 villages in December 2013 with information stands about different contraceptives and pirogue races to particularly engage men. Prizes included t-shirts with family planning messages, and pirogue sails with images related to the links between human and ecosystem health. The festival in the central village of Belo sur Mer lasted two days, with a special stand staffed by the local midwife



offering rapid HIV tests and information about STIs. Other smaller events included a PHE film screening on International Women's Day in March 2014, and a school/community mobilisation for World Environment Day in June 2014.

- *Condom outreach and social marketing*

One of our major behaviour change priorities is promoting condom use among youth and high-risk groups, and to this end we have trained two male peer educators to offer condoms in Andavadoaka alongside our female CBDs. They have successfully been doing regular night outreach events together at the bars in this village since January 2014, which are proving to be highly effective at engaging bar customers in conversations about

condom use and have also resulted in direct referrals for health services and sexually transmitted infection (STI) testing at the Italian Hospital. Beyond this outreach, our midwife has also been working with local youth clubs to teach reproductive health, biology and STI prevention while also providing an open space for youth to anonymously (through the use of a question box) ask health-related questions.

In order to bridge the knowledge-behaviour gap (detailed in our previous annual report) with regards to condom use, we are also developing a social marketing campaign with pro bono input secured from global marketing and communications firm Ogilvy through a collaboration facilitated by Pimp My Cause in March 2014. Ogilvy were given a brief to make condom use the social norm among Vezo youth and came up with ideas including signalling commitment to this form of socially responsible behaviour using pledge bracelets, and developing strategies for girls to refuse sex without a condom and for boys to borrow condoms from each other (popularised through radio shows and young opinion leaders) in order to fully embed this behaviour as the social norm. We are combining these ideas with the “*Mamiko Ty Aiko*” (“My Life Is Sweet”) brand developed through our behaviour change strategy development workshop in September 2013, in order to market condoms.



- *PHE and STI curricula for use in local schools*

Our team has been working with education programme staff and local teachers in the village of Andavadoaka in order to incorporate PHE education and health messages into classroom education, through the development of a special “Saturday School” curriculum covering health and environment topics. This targets students in their final year of primary education, encouraging critical thinking and debate. During the 2014-2015 school year, we will expand this initiative to three additional schools in nearby Velondriake villages.

A specific curriculum addressing the risks, transmission, testing and treatment of STIs was developed in direct response to requests from teachers in multiple villages who felt ill-equipped to teach this topic but saw the need for it. Our education specialist held a pilot teacher training with two teachers in the village of Andavadoaka, and next year will train teachers in all Velondriake VOT villages.

6. Integration

Our integrated Population-Health-Environment (PHE) approach has been developed as a holistic response to the interconnected challenges of poor health, unmet family planning needs, environmental degradation, food insecurity, gender inequality and vulnerability to climate change in southwest Madagascar. The Safidy programme is a key component of this approach and integrates closely with Blue Ventures’ other programmes: locally led marine conservation, sustainable fisheries management, community-based aquaculture and

education. This creates synergies that enable us to achieve our health and environmental objectives more effectively, strengthening community engagement and allowing resources to be shared across programmes.

Conservation, fisheries, aquaculture and health staff in Velondriake and Belo sur Mer participate in weekly team meetings to ensure regular information exchange and facilitate the sharing of resources (equipment, transport, etc) as much as possible. Staff understanding of this integrated approach has been consolidated through PHE workshops including critiques of all integrated community presentations and educational materials, and PHE workshops during Blue Ventures' annual conference in Andavadoaka. Health and education staff work together very closely to deliver the VOTs in Velondriake, and the Safidy team gives PHE presentations to the Velondriake Association (elected community representatives who are responsible for managing the local marine area) at their biannual meetings in order to ensure that they understand this approach.

Opportunities for integrated programming and resource sharing have been numerous during year 7, and have allowed for productive synergies between our health and conservation work, programme expansion, and equipment acquisition. Our 4x4 and boats provide essential transportation for health missions as well as opportunities to "car pool" and "boat pool", allowing our team to coordinate and share fuel costs with conservation programmes. Combined missions not only reduce travel costs, but also enable the sharing of equipment such as generators, speakers and projectors.

7. Partnerships

We have experienced great strengthening of our collaboration with the Ministry of Health, local public health centres and the Italian Hospital in Andavadoaka over the last year. The extent of this can be seen through increased requests for collaboration on MCH as well as STI testing and treatment. This has resulted in a joint system for the provision of more comprehensive antenatal and postnatal care including vaccinations, which would not have been possible without these partnerships.

Significant progress has been observed in the functioning, staffing and reliability of local public health centres following the end of Madagascar's national political impasse in December 2013. Although one of the four local public health centres in our Velondriake service zone remains closed, the other three are currently staffed by a midwife or nurse, all of whom are actively showing commitment to service provision and collaboration through mutual referrals. We continue to explore and capitalise on opportunities for working together, and are continually reviewing and restructuring our outreach clinic schedule in order to prevent duplication and promote use of state-run services wherever possible.

We continue to benefit from excellent working relationships with PSI for health product supply chains and CBD training, and with MSM for LARC fitting. We continue to have regular phone calls and in-person visits with

Medical Inspectors in Morombe, Toliara and Morondava to keep them up-to-date on our work. We have also continued to hold meetings with the Regional Director for the Ministry of Health. Long-term funding from the MacArthur Foundation and the Helmsley Charitable Trust is enabling us to deliver these wide-reaching health education and services, for which we are very grateful.

8. Communications and advocacy

We now have several years of compelling quantitative impact data, which clearly show the progress that the Safidy programme has made in terms of increasing health knowledge, and improving access to and uptake of community-based health services in the Velondriake area. We also have a variety of qualitative insights, which illustrate the value-added benefits of our integrated PHE approach in terms of enabling couples to plan and better provide for their families, thus improving food security and supporting local conservation efforts. We are using all of this information to advocate to implementers, funders and policy makers for the wider adoption of this highly effective PHE approach.



New factsheets and infographics have been produced to showcase our latest data, and a short film called “The Freedom to Choose” has been produced with support from UNFPA Madagascar, featuring programme staff and community members explaining the rationale and results of our PHE work.

- *Driving adoption*

We convened a landmark meeting in Antananarivo in July 2014, bringing together representatives of 35 health and conservation organisations, donors and ministries to share experiences of PHE in Madagascar, and to support greater uptake of this approach. The meeting was co-organised with Malagasy PHE platform Voahary Salama, under the patronage of the Ministry of Health and the Ministry of Environment, Ecology and Forests. It increased dialogue between diverse actors, and led to a solid consensus to form a national network for enabling organisations to continue sharing learning and working together to implement PHE.



The Madagascar PHE Network will facilitate communications and partnerships between conservation and health organisations, establish an online information portal and email group, provide technical assistance, engage with donors and policy makers, and support organisations to demonstrate the impact of the integrated work that they are doing. The creation of this network comes at an opportune moment as Madagascar's new government is preparing to outline its sustainable development priorities, and as the United Nations is redefining our collective vision for global development post-2015.

- *International conferences*

In November 2013, Laura Robson and Caroline Savitzky presented the results of our integrated PHE approach and our ideas about methods for evaluating the value-added benefits of PHE at the International PHE Conference and International Conference on Family Planning (ICFP) in Addis Ababa, Ethiopia.



We also had the chance to attend many informative panels and workshops; highlights included presentations about the determinants of contraceptive use and the influence of social networks on health behaviour, and a session on evaluating community health worker programmes, with a particularly fascinating study presented by USAID Madagascar which demonstrated the value of refresher training for bettering the performance of community health workers. Our partners MSM and JSI/MAHEFA were

also at the ICFP, and we joined them for an interesting round-table discussion about participatory approaches for measuring the quality of family planning services at the community level in Madagascar.

As the conference drew to an end after a busy week of networking, sharing and learning, Caroline had the extraordinary honour of accepting an Excellence in Leadership for Family Planning (EXCELL) award for Blue Ventures' integrated PHE work! These inaugural awards recognise major break-throughs in the areas of family planning demand



generation, service provision, research and advocacy, and we were very excited to be one of just two organisations to receive one. Caroline received the EXCELL award from Professor Amy Tsui, Director of the Bill & Melinda Gates Institute for Population and Reproductive Health, and His Excellency Dr. Kesete-Birhan Admasu, Minister of Health of the Federal Democratic Republic of Ethiopia.

- *Realist evaluation*

We recognise that evaluating our integrated PHE approach will not be possible using traditional methodologies for assessing the achievement of quantifiable health and conservation outcomes by simple interventions, because the complex design of our programme does not lend itself to comparison with single-sector interventions. We have therefore sought advice from experts in the evaluation of complex interventions from the University of Exeter, and decided to use a realist evaluation methodology. This will allow us to identify and gather data regarding the mechanisms through which our integrated PHE approach leads to the outcomes that we observe in the Velondriake context, with the aim of developing a rigorous evidence-based PHE programme theory.

A number of synergies have already been identified within our PHE programme through informal discussions with programme staff and community members. These have been documented in a paper that has been accepted for publication in the Madagascar Conservation & Development journal, and investigated further through semi-structured interviews and visual ethnographies conducted with program staff by Professor Paul Dieppe from the University of Exeter. Our new integrated social survey to be conducted next year will include questions relating to health and environment knowledge, attitudes and practices in order to assess associations between key health and environment behaviours, for example, whether family planning use is associated with women's engagement in fisheries management or greater concern over the state of marine resources. The results from this survey will be fed into the full realist evaluation in order to complement the qualitative data gathered from programme staff and community members. Once completed, the results of this evaluation will be used to inform all subsequent programme planning, submitted for peer-reviewed publication, and disseminated to communities and partners.