



Dr Vik Mohan, Laura Robson

---

## Safidy Community Health Programme: Year 5 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. This report provides a summary of community health activities carried out during the fifth year of the programme (2011-2012).

**blue ventures**  
discovery through research

Level 2 Annex  
Omnibus Business Centre  
39-41 North Road  
London  
N7 9DP



Tel: +44 (0) 207 697 8598  
Email: vik@blueventures.org

<http://goto.blueventures.org/communityhealth>

© **Blue Ventures 2013**. Copyright in this publication and in all text, data and images contained herein, except as otherwise indicated, rests with Blue Ventures.

**Keywords:** Family planning; sexual and reproductive health; behaviour change; community education; maternal and child health; water, sanitation and hygiene; community-led total sanitation; population, health and environment; Velondriake; Madagascar.

**Acknowledgements:** The outstanding progress that has been made in the programme's fifth year has been made possible by the unwavering support of the wider Blue Ventures team, for which we are hugely grateful. We would also like to extend our sincere thanks to Marie Stopes Madagascar, Population Services International, UNFPA Madagascar, the MacArthur Foundation, USAID, the New Security Beat team at the Woodrow Wilson Center and the Population Reference Bureau for their continued support.

**Recommended citation:** Mohan, V. and Robson, L. (2013) Safidy Community Health Programme: Year 5 Report. Blue Ventures Conservation Report. Blue Ventures Conservation, London.

# Table of Contents

Acronyms ..... 3

Introduction ..... 4

Sexual and reproductive health ..... 4

Maternal and child health..... 9

Water, sanitation and hygiene ..... 12

Community health education ..... 12

Integration ..... 14

Partnerships and sustainability ..... 15

Communications and advocacy ..... 15

## Acronyms

CBD	Community-Based Distributor
CPR	Contraceptive Prevalence Rate
CYP	Couple Year of Protection
IEC	Information, Education and Communication
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
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
VOT	Village Outreach Tour
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

## 1. Introduction

Blue Ventures first established a family planning clinic in the village of Andavadoaka, southwest Madagascar, in August 2007. During the five years since the programme's initiation, it has expanded into a comprehensive sexual and reproductive health (SRH) and maternal and child health (MCH) service across 40 villages, with a water, sanitation and hygiene (WASH) element. It has become fully incorporated into the portfolio of programmes that Blue Ventures manages, resulting in an integrated Population-Health-Environment (PHE) approach that is empowering coastal communities in the Velondriake area 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 fifth year, between August 2011 and July 2012.

## 2. Sexual and reproductive health (SRH)

Voluntary family planning services continue to be provided to women and couples from all 40 villages within the Safidy work zone (in and around the Velondriake area, including several extremely remote communities located inland in the Mikea national park) through Blue Ventures' extensive network of clinics and trained community-based distributors (CBDs).

Family planning clinics were held across twelve sites during year 5 of the programme:




- Regular clinics every week in Andavadoaka (since August 2007)
- Satellite clinics every two weeks in Tampolove and Belavenoke (since April 2009)
- Satellite clinics every two weeks in Befandefa (since July 2010)
- Outreach clinics every six weeks in Bevohitse and Antsepoky (since March 2010)
- Outreach clinics every six weeks in Lamboara (March 2010 – December 2011)
- Outreach clinics every three months in Ankitambagna and Vatoavo (March 2010 – January 2012)
- Outreach clinics every three months in Ankililaly and Antanimena (May 2011 – March 2012)
- Outreach clinics every six weeks in Ambatomilo (since February 2012)

A number of clinic sites were closed during year 5 in order to take into account the capacity of local public health centres in supporting the excellent work of our CBDs and to improve service provision in areas with previously limited access to a range of contraceptive methods.

809 clinic consultations were held during year 5, bringing the total number of clinic consultations held since the programme's inception in August 2007 to 2,969.

**Figure 1 Clinics held from August 2007 until end of July 2012**

Year	Month	Andavadoaka	Tampolove	Belavenoke	Befandefa	Bevohitse	Antesepoky	Lamboara	Ankitambagna	Vatoavo	Ankililaly	Antanimena	Ambatomilo	
Year 1	Aug-07	Weekly												
	Sep-07													
	Oct-07													
	Nov-07													
	Dec-07													
	Jan-08													
	Feb-08													
	Mar-08													
Year 2	Apr-08	Weekly												
	May-08													
	Jun-08													
	Jul-08													
	Aug-08													
	Sep-08													
	Oct-08													
	Nov-08													
Year 3	Dec-08	Weekly												
	Jan-09													
	Feb-09													
	Mar-09			Biweekly	Biweekly									
	Apr-09													
	May-09													
	Jun-09													
	Jul-09													
Year 4	Aug-09	Weekly												
	Sep-09													
	Oct-09													
	Nov-09													
	Dec-09													
	Jan-10													
	Feb-10													
	Mar-10							Every 6 weeks	Every 6 weeks	Every 6 weeks	Every 6 weeks			
Year 5	Apr-10	Weekly												
	May-10													
	Jun-10													
	Jul-10					Every 6 weeks								
	Aug-10													
	Sep-10													
	Oct-10													
	Nov-10													
Year 6	Dec-10	Weekly												
	Jan-11													
	Feb-11													
	Mar-11													
	Apr-11													
	May-11													
	Jun-11											Every 6 weeks	Every 6 weeks	
	Jul-11													
Year 7	Aug-11	Weekly												
	Sep-11													
	Oct-11													
	Nov-11													
	Dec-11													
	Jan-12													
	Feb-12													
	Mar-12													
Year 8	Apr-12	Weekly												
	May-12													
	Jun-12													
	Jul-12													
	Aug-12													

KEY	
	Weekly
	Biweekly
	Every 6 weeks
	Every 3 months

The programme's 33 CBDs continue to offer basic sexual health education, and distribute condoms and oral contraceptive pill packs (provided to them by Blue Ventures at cost price so that they can sell them to their clients for a small income) according to clear protocols and under clinical supervision. 2,864 CBD consultations were held during year 5, bringing the total number of CBD consultations held since the programme's inception in August 2007 to 5,316.

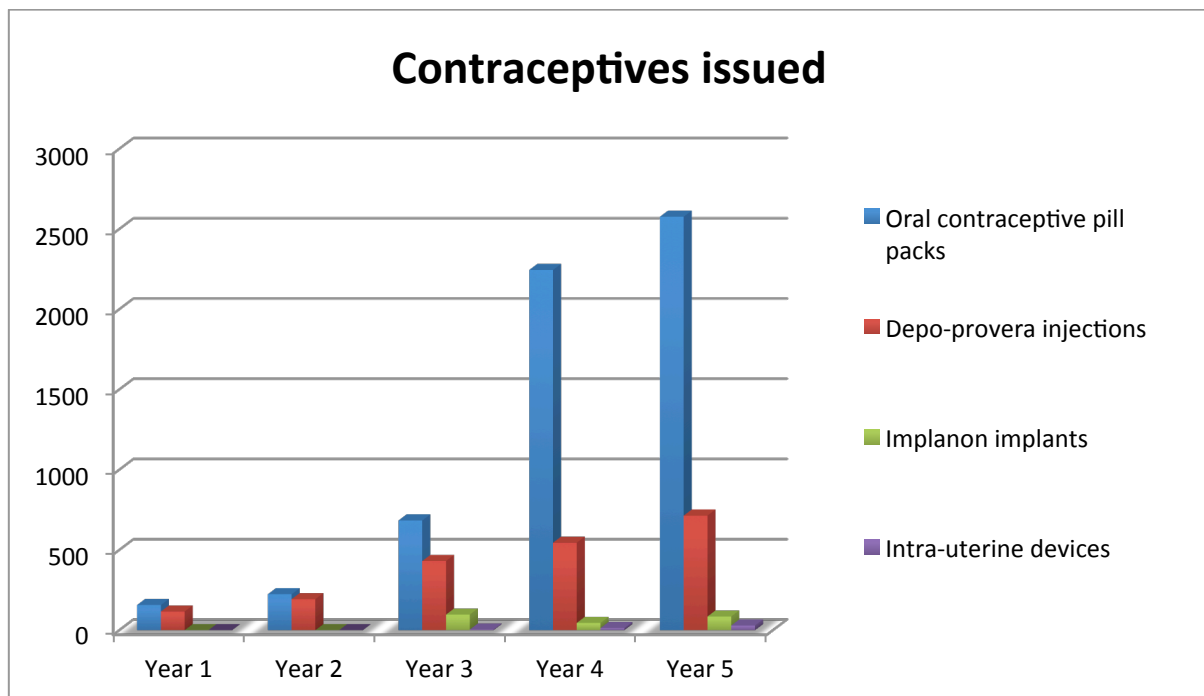
Quarterly review training sessions are provided to all of the CBDs, and improved reporting systems have been implemented. In addition to the 3 CBD supervisors who were trained last year by Population Services International (PSI) to administer depo-provera injections, a further 7 CBDs were trained by PSI in November 2011, bringing the total number of CBDs who can administer depo-provera injections to 10.

A quarterly programme of fitting implanon implants and intra-uterine devices has continued during year 5, in partnership with community outreach teams from Marie Stopes Madagascar (MSM), expanded to six sites from an original three thanks to funding from USAID. These long-acting reversible contraceptives (LARCs) reduce the risk of contraceptive failure through inadequate compliance, and address the considerable logistical and human resource challenges of providing regular clinics in the more remote parts of Velondriake.

The different contraceptives offered by the 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 2** Contraceptives issued from August 2007 until end of July 2012

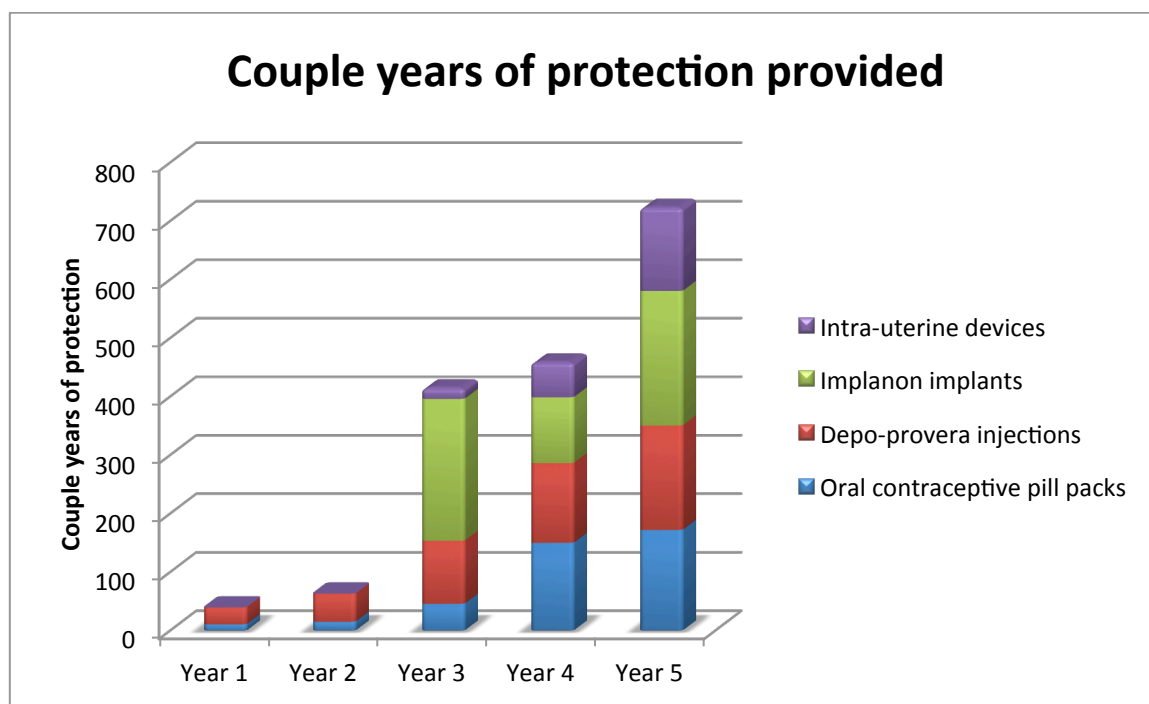


Contraceptives issued						
Type of contraceptives	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Oral contraceptive pill packs	157	224	684	2,245	<b>2,577</b>	5,887
Depo-provera injections	116	193	431	545	<b>714</b>	1,999
Implanon implants	0	0	97	45	<b>92</b>	234
Intra-uterine devices	0	0	4	13	<b>31</b>	48

The uptake of oral contraceptive pills and depo-provera injections continued to grow in year 5, reflecting the consistent demand for and confidence in these contraceptive options, as well as the significant number of clients being reached through the network of 33 CBDs who are trained to offer these methods.

The continued uptake of LARCs in year 5 has also been encouraging, and is expected to consolidate in coming years as awareness and acceptability of these long-lasting options further increase. Quarterly LARC fitting days were held during year 5 of the programme, resulting in a total of 92 implanon implants being fitted, providing each recipient with up to 3 years of contraceptive protection, and a total of 31 intra-uterine devices being fitted, providing each recipient with up to 10 years of contraceptive protection.

**Figure 3** Couple years of protection provided from August 2007 until end of July 2012





Couple years of protection provided						
Type of contraceptive	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Oral contraceptive pill packs	10.5	14.9	45.6	149.7	<b>171.8</b>	392.5
Depo-provera injections	29	48.5	107.8	136.3	<b>178.5</b>	499.9
Implanon implants	0	0	242.5	112.5	<b>230.0</b>	585.0
Intra-uterine devices	0	0	18.4	59.8	<b>142.6</b>	220.8
<b>Totals</b>	39.5	63.2	414.3	458.3	<b>722.9</b>	<b>1,698.2</b>

*Couple year of protection (CYP) is the estimated protection 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.*

722.9 CYPs were provided in year 5 of the programme, bringing the total since the programme's inception in August 2007 to 1,698.2 CYPs. Almost half of these CYPs have been provided through the two LARCs – implanon implants and intra-uterine devices – thanks to the long-lasting contraceptive protection that these methods offer.

### 3. Maternal and child health (MCH)

Blue Ventures completed a MCH needs assessment in Velondriake in January 2011, with a view to exploring how the Safidy programme could be expanded to address these needs. Dr Isabel Boyd (Issy) completed the research, which consisted of a literature review and an analysis of individual and household surveys in Velondriake, building on the earlier research of previous Safidy medical personnel. The key findings are summarised below.

The majority of maternal deaths in the developing world are caused by haemorrhage, hypertensive disorders, obstructed labour and unsafe abortions. Complications during pregnancy and delivery account for 21% of all deaths in women of reproductive age in Madagascar (INSTAT, 2010), with Malagasy women facing a 1 in 45 lifetime risk of maternal death (UNFPA, 2011). These can be prevented through access to skilled health workers, medical facilities and supplies, and family planning services. Maternal mortality in Madagascar is 440 per 100,000 live births (INSTAT, 2010), however there are significant regional disparities, and women in remote areas such as Velondriake are least likely to be able to access adequate healthcare.

The World Health Organisation (WHO) recommends that all pregnant women should attend a minimum of four antenatal consultations with a trained health worker, and deliver in a facility with a skilled attendant. The WHO also advises that antenatal consultations should include advice about planning for delivery and preparing for emergencies, iron and folic acid supplements, intermittent presumptive treatment for malaria, syphilis testing, and tetanus immunisations. However, although a significant proportion of women in Velondriake are accessing some antenatal care, the vast majority are not receiving the recommended medication and immunisations. Furthermore, most women in Velondriake deliver at home and without a skilled attendant.

**Figure 2** Maternal health indicators

	<b>Madagascar (Atsimo Andrefana region)</b> <i>INSTAT, 2010</i>	<b>Velondriake</b> <i>Blue Ventures, 2011</i>
Pregnant women attend at least one antenatal consultation with a trained health worker (four recommended)	86% (77%)	64%
Pregnant women receive iron supplements	59%	13%
Pregnant women receive antimalarial medication	48%	28%
Pregnant women receive tetanus immunisations	47%	2%
Pregnant women deliver with a skilled attendant	44% (35%)	17%
Pregnant women deliver with a traditional attendant	48%	69%
Pregnant women deliver at home	64% (72%)	87%

Women in the Atsimo Andrefana region list the following as reasons why they experience difficulty accessing health services: lack of money to pay for treatment (69%), lack of transport to reach facilities (50%), distance to travel to reach facilities (50%), concern that no medication would be available at facilities (27%), concern that staff would not be present at facilities (26%), not wanting to go alone (17%), and concern that the healthcare worker would be male (14%) (INSTAT, 2010).

The majority of child deaths in the developing world are caused by diarrhoea, pneumonia and malaria – all of which are preventable and treatable. Malnutrition is also a major underlying cause of child mortality. Early and exclusive breastfeeding can reduce malnutrition and stunting, and the prevalence of pneumonia and diarrhoea. Child mortality in Madagascar is 62 per 1,000 live births (INSTAT, 2010), and this rises to 180 per 1,000 live births in Velondriake (Blue Ventures, 2011) – triple the national average – since families in this remote area suffer from extremely limited access to health education and services.

The WHO recommends that newborn care should consist of breastfeeding within one hour of delivery, exclusive breastfeeding for six months following delivery, and postnatal visits at least one and three days after delivery. However, the vast majority of women in Velondriake do not receive early postnatal care, delayed breastfeeding and early weaning is common, and the vast majority of children do not receive all of their vaccinations.

**Figure 3** Child health indicators

	<b>Madagascar (Atsimo Andrefana region)</b> <i>(INSTAT, 2010)</i>	<b>Velondriake</b> <i>(Blue Ventures, 2011)</i>
Postnatal visit within the first week after delivery	46% (28%)	2%
Postnatal visit within the first month after delivery	64% (40%)	18%
Breastfeeding initiated within the first 24 hours after delivery	92% (84%)	48%
Median length of exclusive breastfeeding	2.3 months	2 weeks
Children aged under 5 years receiving all of their vaccinations	62% (42%)	3%

In order to address the needs identified by this MCH study, Blue Ventures has developed a plan for incorporating MCH activities into the Safidy programme through our existing network of clinics and CBDs. This plan was approved by the Regional Director for the Ministry of Health in March 2012. Key actions and achievements to date are summarised below.

- *Recruitment of a midwife to run MCH clinics and support CBDs in MCH outreach*

Dr Clarisse Razanamampionona was successfully recruited as the Safidy midwife in February 2012. Since joining the team, she has played an important role in developing training materials for CBDs and traditional birth attendants (TBAs), delivered these training sessions with Issy, produced educational materials for use in village outreach tours (VOTs) and radio programmes, and started preparing to run regular MCH clinics starting in August 2012. These will provide women throughout Velondriake with access to quality antenatal and postnatal care, and will coordinate with the limited services offered by local public health centres.

- *Training of CBDs in antenatal and postnatal care*

All of the 33 CBDs received MCH training from Dr Clarisse and Issy in May and June 2012, enabling them 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 mebendazole (provided to them at cost price by Blue Ventures). The CBDs 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, nutritional supplements, and good hygiene practices.

The training sessions were conducted in five groups, with each group attending for four days. The curriculum was authorised by the Ministry of Health, and a Ministry of Health representative attended the first round of training. The CBDs are now 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 will also keep a record-book of the care that they have received. Blue Ventures will provide regular supervision and quarterly review training sessions for the CBDs. A total of 60 antenatal visits have been held by the CBDs to date, in the short time since completing their MCH training in May and June 2012.

- *Training of TBAs in clean delivery*

Upon consulting with community leaders in Velondriake, it was considered important not to exclude traditional birth attendants (TBAs) from participating in the training offered to CBDs, particularly since the MCH needs assessment found that 69% of women in Velondriake deliver with a TBA. A total of 38 TBAs from villages throughout Velondriake therefore received the same training from Blue Ventures as the CBDs, and also broke off for a separate practical session on clean delivery, the use of clean delivery kits and recognising the signs of complications during delivery. The intention remains to move towards all deliveries taking place in a facility

with a skilled attendant but, until that is feasible in Velondriake, offering training to TBAs and providing them with clean delivery kits has widely been agreed as an appropriate course of action.

- *Incorporating MCH topics into current community health education*

Dr Clarisse has been working to incorporate MCH topics into Blue Ventures' ongoing community health education activities, including village outreach tours (VOTs) and recordings for the weekly Velondriake radio programme (see 5. below for more details), dealing with subjects including the benefits of antenatal care, tetanus immunisations, iron and folic acid supplements, protecting against malaria, nutrition and healthy diet during pregnancy, planning for delivery, early and exclusive breastfeeding, how and when to wean babies onto solids, and child vaccinations.

#### **4. Water, sanitation and hygiene (WASH)**

Diarrhoea was the most prevalent illness highlighted by the MCH needs assessment, and open defecation is the norm in villages throughout Velondriake, contaminating water sources and fish stocks. In response to this pressing health issue, Blue Ventures is incorporating a WASH initiative into the Safidy programme. All of the 33 CBDs were trained in WASH promotion by PSI last year, and now 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 being included in community health education activities (see 5. below for more details), basic 'tippy-tap' hand-washing stations are being set up in local schools, and a community-led total sanitation (CLTS) campaign was launched in the village of Andavadoaka in April 2012, resulting in a notable reduction in open defecation along the beach.

CLTS takes participatory approach to the challenge of improving sanitation, and mobilises whole villages to initiate collective action to reduce the practice of open defecation. It minimises reliance on external assistance by focusing on local resourcefulness and leadership, empowering communities to take responsibility for protecting their health by building and using their own latrines.

#### **5. Community health education**

Services offered through the network of clinics and CBDs are complemented by a rich and diverse programme of community health education, drawing upon established behaviour change communication and social marketing methods to raise awareness, influence attitudes and encourage the sustained adoption of healthier practices.

- *Social marketing campaign*

Social marketing is based on the principle that commercial marketing techniques used to sell items can also be applied to promote attitudes and practices that benefit target audiences and society more generally. Evidence demonstrates that social marketing can be a powerful tool for effecting sustained behaviour change and increasing uptake of health products (PSI, 2003). Blue Ventures has therefore developed several messages focusing on key health themes including the benefits of family planning for birth spacing, using condoms to protect against STIs, and hand washing with soap to protect against diarrhoea. As literacy in the region is low, messaging has been pictorially represented on information, education and communication (IEC) materials such as t-shirts which are given out as prizes during VOTs and FISAbol tournaments (see below), with their owners essentially acting as mobile advertisements for Safidy messages in remote villages throughout Velondriake.

- *Village outreach tours*

Blue Ventures launched the first VOT in August 2011 with presentations, videos and discussions about different issues relating to family planning, MCH, WASH, coastal livelihoods and the marine environment. Five VOTs had been completed by the end of July 2012, each one engaging community members in a variety of topics including protecting against STIs and HIV, the benefits of LARCs, early and exclusive breastfeeding, hand washing, how to treat diarrhoea in children, octopus closures, aquaculture, coral reef ecosystems, mangroves, endangered sharks and turtles. 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 film, music, drama, games and interactive presentations. Each new tour includes quizzes to assess what has been learned and remembered from the previous tour.



- *Radio*

Velondriake's weekly radio programme, called *Feom-Bezo* meaning *Voice of the Vezo*, was launched in September 2011. Safidy has contributed community health material to numerous episodes, with Dr Clarisse introducing various MCH topics and Mahasoah Lahatse, Safidy's community health education and WASH specialist, discussing the VOTs and WASH activities. Songs addressing health topics have been recorded by community members in Velondriake and are broadcast as part of these programmes. Radio is proving to be an effective tool for reaching a wide section of the population with health education and behaviour change messages.

- *FISAbol tournaments*

'FISAbol' family planning football tournaments were held in five villages in November and December 2011, bringing together over 2,000 players and spectators. The matches were interspersed with reproductive health messages and educational games, as well as theatre productions led by groups of peer educators addressing issues such as STIs, HIV/AIDS, the benefits of family planning and sustainable natural resource management, and information about the services provided by Blue Ventures through clinics and CBDs. Films about family planning were also projected onto large screens and viewed by captivated audiences, and t-shirts branded with promotional health messages were distributed as prizes.

## 6. Integration

Blue Ventures' integrated Population-Health-Environment (PHE) approach has been developed as a holistic response to the interconnected challenges of poor health, unmet family planning needs, unsustainable resource use, 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: community-led marine conservation, sustainable fisheries management, 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 different programmes.

The development of this PHE approach was reviewed and discussed at Blue Ventures' annual conference held in August 2011, and ways of maximising integration between all programmes were examined. Conservation, fisheries, aquaculture, education and health staff in Andavadoaka now participate in weekly team meetings to ensure regular information exchange and facilitate the sharing of resources (equipment, transport, etc.) as much as possible. Health and environment staff work very closely together to deliver the VOTs, and the Safidy team is responsible for giving 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 the value of this approach.

An integrated natural resource and reproductive management workshop series was held in March 2012 in Velondriake, aimed at bolstering women's involvement in sustainable fisheries management and increasing men's understanding of and support for family planning. The workshops started with a discussion of octopus biology, the rationale for temporary octopus fishery closures and the results to date, then went on to explore the benefits of family planning, available contraceptive methods, and how a more sustainable balance can be achieved through managing octopus and fish stocks alongside improving access to voluntary family planning services.

## 7. Partnerships and sustainability

Good communication links continue to be maintained with the Medical Inspector in Morombe and the Regional Health Director in Toliara. The programme has their full support, and Blue Ventures provides regular reports to them.

We continue to work very hard to strengthen working relationships with the state doctors in Tampolove and Belavenoke, as well as medical staff at the private hospital in Andavadoaka. We are able to refer clients to the facility in Andavadoaka, however, lack of capacity in Tampolove and Belavenoke impedes the quality and reliability of their service provision so we continue to run clinics in these villages with their permission and endorsement.

We continue to benefit from excellent working relationships with MSM, most notably through continued collaboration on quarterly LARC fitting days, and with PSI for health product supply chains and CBD training. Long-term funding from the MacArthur Foundation in addition to short-term grants from UNFPA Madagascar and USAID is enabling us to deliver these wide-reaching health education and services across the Velondriake area.

## 8. Communications and advocacy

In addition to producing regular reports on the programme's progress for all stakeholders, a peer-reviewed paper was published in the *Oryx* conservation journal in April 2012. This article, entitled "integrating family planning service provision into community-based marine conservation", presented a summary of our clinic data and explained the multiple positive impacts of family planning service provision in terms of public health, food security and biodiversity conservation.

Blue Ventures' integrated PHE approach also gained some very high profile coverage this year by being featured in the BBC Indian Ocean series presented by Simon Reeves. The southern Madagascar episode was viewed by nearly 2.5 million people in the UK when it aired in April 2012, with repeat broadcasts and worldwide sales of the DVD pushing the number even higher, representing the most widespread media exposure that Blue Ventures has ever enjoyed.

Members of the Safidy team were invited to participate in several conferences this year. Fanja Rakotozafy, our clinical technician, presented our integrated PHE approach at the WIOMSA (Western Indian Ocean Marine Science Association) meeting in Mombasa, Kenya, in October 2011. Blue Ventures also hosted a PHE side event at this conference in order to exchange experiences from PHE programmes around the Western Indian Ocean (Madagascar, Tanzania and Kenya) as well as the Philippines, to discuss the importance of incorporating sexual



and reproductive health into conservation efforts, and the benefits of this integrated approach. Presenters included:

*Matthew Erdman (Chairman)* – Madagascar / Blue Ventures Conservation, PHE Coordinator

*Leona D’Agnes (Keynote Speaker)* – Philippines / PATH Foundation Philippines, Technical Director

*Bahati Mburah (Panellist)* – Kenya / World Wildlife Fund (Kiunga Reserve), PHE Coordinator

*Fanja Rakotozafy (Panellist)* – Madagascar / Blue Ventures Conservation, Clinical Technician

*Elin Torell (Panellist)* – Tanzania / University of Rhode Island’s Coastal Resources Center, Coastal Resources Specialist

A good discussion ensued, with many questions for the panellists. Approximately 40 people participated in the workshop, including Lisa Gaylord of the Wildlife Conservation Society, who has many years of experience working on PHE issues in Madagascar. On the evening prior to the side event, Blue Ventures also hosted an informal PHE reception, where Matthew Erdman gave



a short address covering population pressures and the connection to sustainable natural resource management, Madagascar’s sexual and reproductive health challenges, a brief overview of Blue Ventures’ integrated approach to conservation, an announcement about the side event and an introduction to the PHE panellists. Approximately 125 people attended the reception; nearly one quarter of the conference participants.

In November 2011, Dr Vik Mohan, the Safidy programme director, presented Blue Ventures’ work at the annual meeting of the Funders Network on Population, Reproductive Health and Rights, held in San Francisco, USA. He spoke about PHE as a valuable approach for addressing unmet family planning needs in remote, under-served areas, with approximately 50 foundations represented at the meeting including Gates, MacArthur, Packard and Hewlett. Vik also attended the International Conference on Family Planning in Dakar, Senegal, in November 2011. He participated in a panel that showcased PHE as an effective way of “reaching the hardest to reach” with reproductive health services, and explained the various benefits of this approach in relation to Blue Ventures’ conservation work in southwest Madagascar. This conference, which hosted over 2,000 delegates, provided an excellent networking opportunity for Blue Ventures and highlighted the success of the Safidy programme in a series of PHE [interviews](#) and podcasts produced by the Woodrow Wilson Center.