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Safidy Community Health Programme: Year 6 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 sixth year of the programme (2012-2013).

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Table of Contents

Acronyms

CBD	Community-Based Distributor
CPR	Contraceptive Prevalence Rate
CYP	Couple Year of Protection
IEC	Information, Education and Communication
KAP	Knowledge, Attitude and Practice
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
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 six years since the programme's initiation, it has expanded into a comprehensive sexual and reproductive health (SRH) and maternal and child heath (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 sixth year, between August 2012 and July 2013.

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 locally managed marine area, including several extremely remote communities located inland in the Mikea forest national park) through Blue Ventures' extensive network of outreach clinics and local women trained as community-based distributors (CBDs) of contraceptives.

- *Clinical services*

The new Safidy clinic building was inaugurated in the village of Andavadoaka in August 2012, on the fifth anniversary of the programme's launch, with a ceremony attended by local health authorities and Blue Ventures' medical director, Dr Vik Mohan. This dedicated centre includes a waiting room, stock room and consultation room, and serves as a focal point for providing weekly SRH clinics to the community.

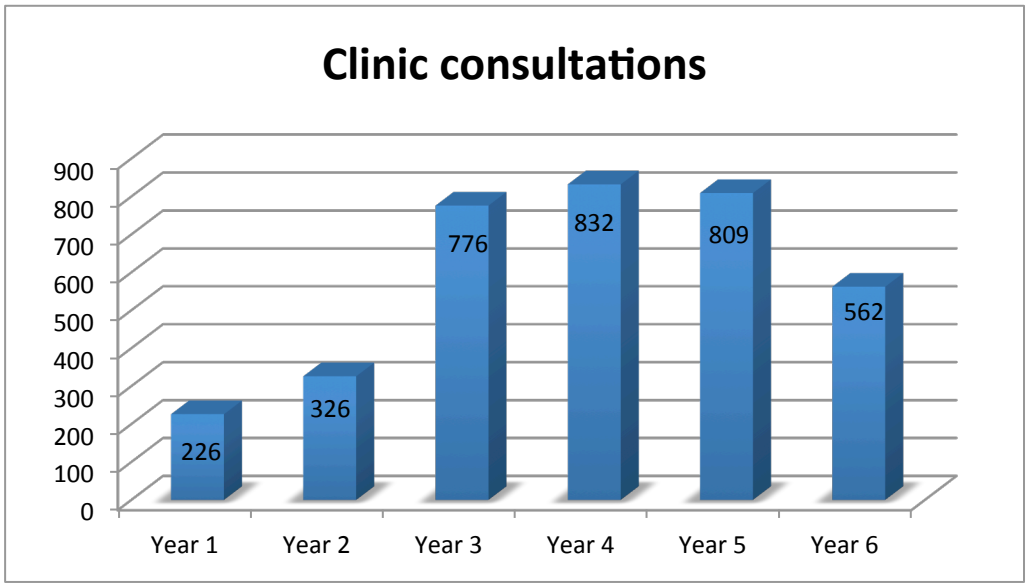
Family planning clinics were held across multiple outreach sites during year 6 of the programme, with a coordinated clinic schedule introduced in May 2013, integrating SRH clinics with MCH clinics / educational village outreach tour (VOT) activities on a six-weekly / three-monthly basis. Although not all activities occur in all villages, this new timetable takes into consideration the location of each community, the necessary scheduling requirements for clinic appointments, and transportation needs. This creates greater synergies

between our various activities, reduces transportation costs, and maximises coverage of our outreach. Several new clinic sites were opened in the far south of our intervention zone with this schedule, thanks to a grant from USAID, in order to support recently trained CBDs working in areas where public health services are not available.

Figure 1 *Map showing the Safidy programme service area as of July 2013*

562 clinic consultations were held during year 6, bringing the total number of clinic consultations held since the programme's inception in August 2007 to 3,531.

Figure 2 *Clinic consultations held from August 2007 until end of July 2013*



The expected decline in the number of clinic consultations in year 6 is related to the increased uptake of services delivered through our network of community-based distributors (CBDs). This is an encouraging indication that we are successfully beginning to transition from clinics to a community-based model, as a way of ensuring the long-term sustainability of service delivery.

- *Community-based distributors*

33 CBDs have been trained to offer basic sexual health education within their villages, and to distribute condoms and oral contraceptive pill packs, provided to them by Blue Ventures at cost price through a supply chain 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 Velondriake area, and one has just returned to work after a long period of illness, so a total of 30 CBDs were active during year 6. Four CBDs based in Andavadoaka have been trained as supervisors, and one of these women, Balbine, has now been hired to work full-time as the community organiser and administrative assistant for Safidy.

Weekly capacity building workshops are facilitated with the four CBD supervisors, quarterly review training sessions are provided to all CBDs, and Safidy programme staff regularly check in with the CBDs on their field missions in line with the new clinic and VOT schedule. CBD supervisors visit CBDs in their villages each month to gather and review reports, distribute stock, and assist with problems or questions. 3,871 CBD consultations

were held during year 6, bringing the total number of CBD consultations held since the programme's inception in August 2007 to 9,187.

Figure 3 *Community-based distributor consultations held from August 2009 until end of July 2013*

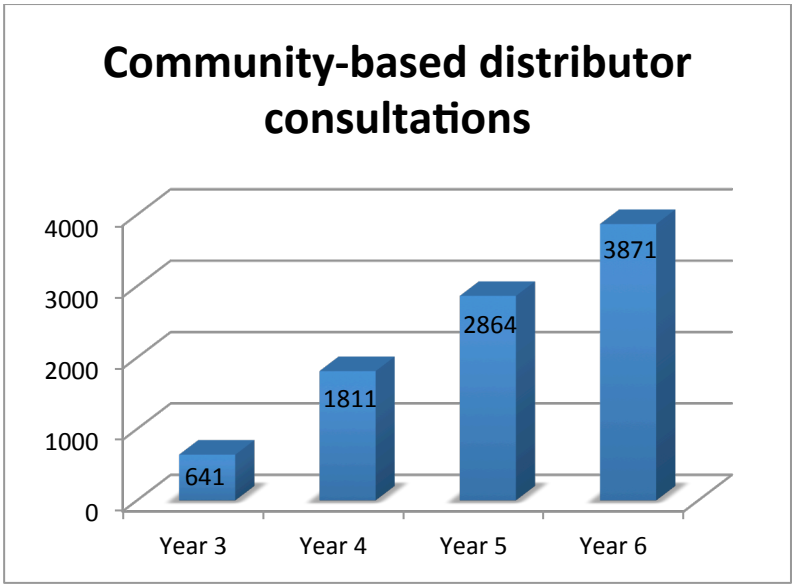
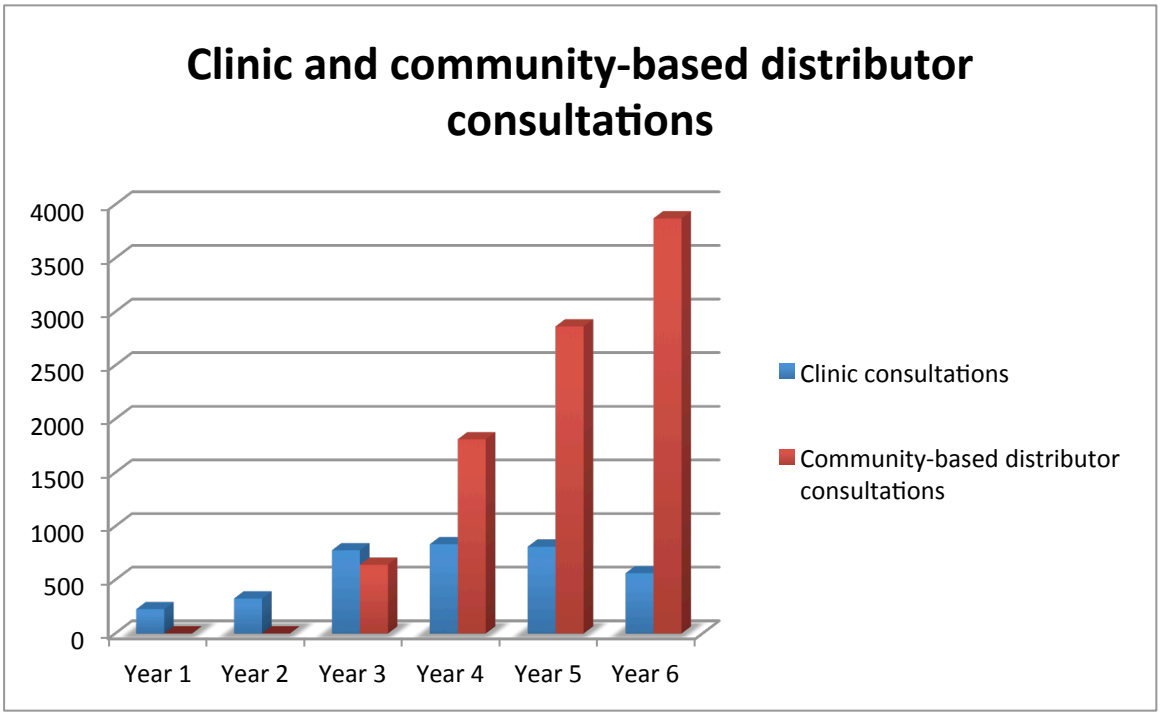


Figure 4 *Clinic and community-based distributor consultations held from August 2009 until end of July 2013; showing the transition from clinic to community-based service delivery*



- *Long-acting reversible contraceptives*

Implanon implants and intra-uterine devices were also offered during year 6, with two fitting days held in the Velondriake area by Marie Stopes Madagascar (MSM)'s mobile outreach team. These long-acting reversible contraceptives (LARCs) have the benefit of providing clients in remote villages with long-acting options, and also reduce the risk of contraceptive failure due to inadequate compliance.

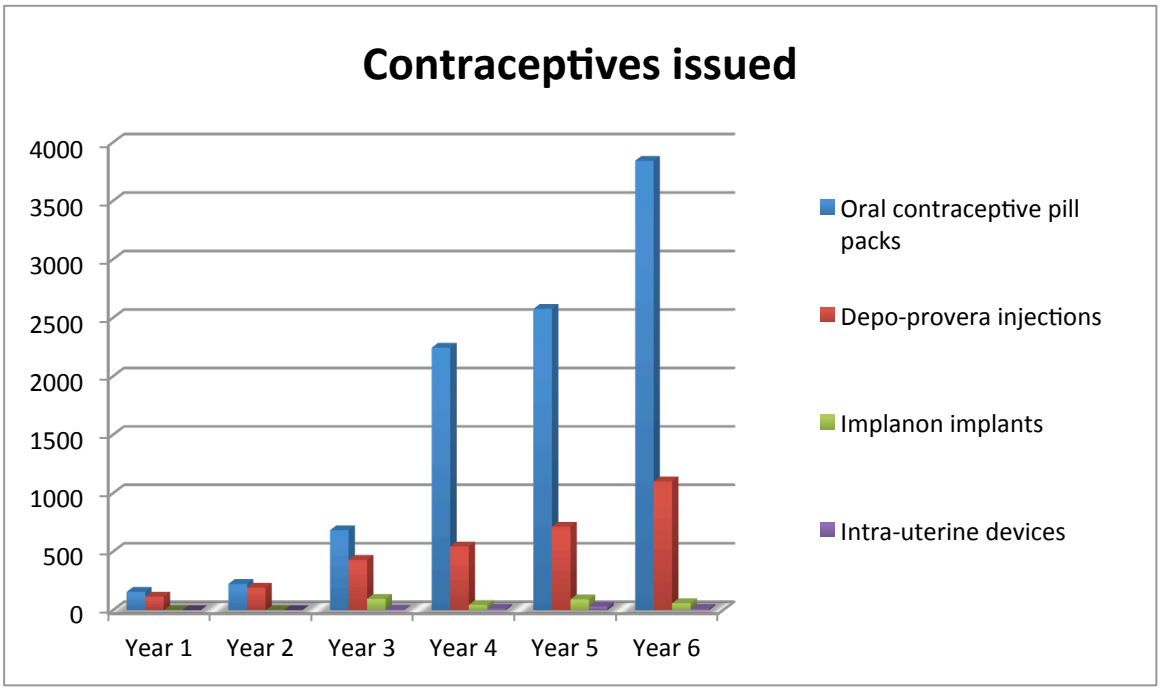
In response to the growing demand for LARC services across isolated regions of Madagascar, and the considerable logistical challenges of meeting these needs through its mobile outreach teams, MSM has launched the "MS Lady" scheme, which involves training and certifying community-based health workers to offer LARCs and other contraceptive options. We are therefore exploring with MSM the possibility of strengthening our partnership by inviting their "MS Lady" based in Toliara to offer community-based LARC fitting, follow up and removal services as part of our regular clinic schedule in the Velondriake area.

- *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 2013*

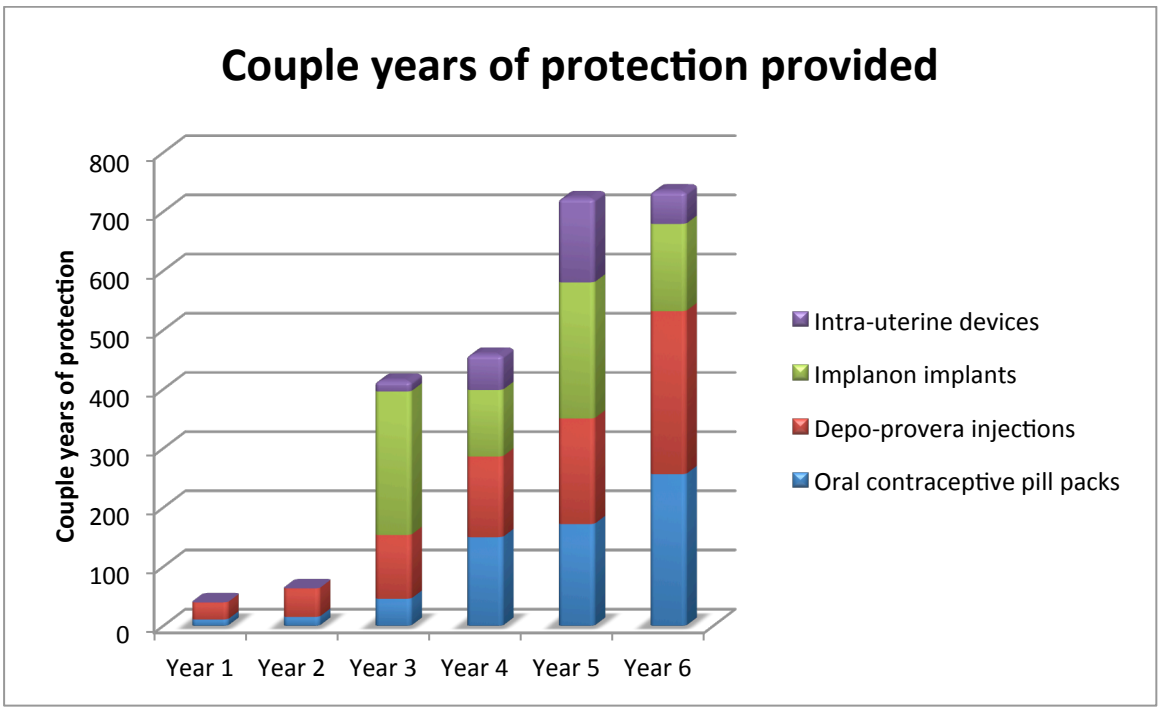


Contraceptives issued							
Type of contraceptives	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Totals**
Oral contraceptive pill packs	157	224	684	2,245	2,577	**3,843**	9,730
Depo-provera injections	116	193	431	545	714	**1,102**	3,101
Implanon implants	0	0	97	45	92	**59**	293
Intra-uterine devices	0	0	4	13	31	**12**	60

The uptake of oral contraceptive pills and depo-provera injections continued to increase in year 6, reflecting the consistent demand for and confidence in these contraceptive options, as well as the significant number of clients being reached through our network of CBDs who are trained to offer these methods.

The slight decline in the uptake of LARCs in year 6 was due to only two fitting days being held, owing to the limited availability of MSM's mobile outreach team during this period. Nevertheless, a total of 293 women received implanon implants (each providing up to 3 years of contraceptive protection) and 60 women received intra-uterine devices (each providing up to 10 years of contraceptive protection), and it is anticipated that uptake will further increase once the regularity of LARC fitting days is improved.

Figure 6 *Couple years of protection provided from August 2007 until end of July 2013*



Couple years of protection provided							
Type of contraceptive	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Totals**
Oral contraceptive pill packs	10.5	14.9	45.6	149.7	171.8	**256.2**	**648.7**
Depo-provera injections	29	48.5	107.8	136.3	178.5	**275.5**	**775.4**
Implanon implants	0	0	242.5	112.5	230.0	**147.5**	**732.5**
Intra-uterine devices	0	0	18.4	59.8	142.6	**55.2**	**276.0**
Totals	**39.5**	**63.2**	**414.3**	**458.2**	**722.9**	**734.4**	**2,432.6**

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.

734.4 CYPs were provided in year 6 of the programme, bringing the total since the programme's inception in August 2007 to 2,432.6 CYPs. Just over 40% of these CYPs were 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, and subsequently 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, and key achievements to date are summarised below.

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

Dr Clarisse Razanamampionona was recruited as the Safidy doctor in February 2012, and played an important role in establishing our MCH activities by training CBDs, producing educational materials for use in VOTs, and running MCH clinics. Retaining highly qualified local staff in our remote field site has been an expected challenge, and unfortunately Dr Clarisse resigned in December 2012. We subsequently chose to hire a trained midwife, Laura Razaka, who has family ties in the area. It is hoped that this, along with focused efforts to support her professional development, will ensure more long-term commitment to the programme.

Laura began work in March 2013, with responsibility for the MCH clinics as well as SRH clinics and CBD supervision. She has great enthusiasm and passion for her role, and is benefiting from support from Daniele

Schwarz, a former Blue Ventures expedition medic, who is also a senior physician and certified gynaecologist, and has taken a three-month advisory support position to work primarily with Laura on MCH, starting in August 2013.

- *MCH clinics*

MCH clinics are now running in 10 villages; they take place every Tuesday in the new Safidy centre in Andavadoaka unless Laura is on an outreach mission, and in 9 other villages on a six-weekly basis. Clinic sites were selected based on distance from public health centres, community size, ability to support CBD work, capacity to maintain a large and frequent clinic schedule, and integration with other Safidy activities.

Despite the changes in staffing mentioned above, 146 antenatal consultations were held with the Safidy doctor or midwife during year 6, with 21 clinics completed in Andavadoaka and an additional 19 outreach clinics held in other villages. The number of clinics, particularly outreach clinics, will increase during year 7 now that an integrated clinic and VOT schedule has been implemented.

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

All of the 33 CBDs received MCH training 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. 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, good nutrition and hygiene practices.

They 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 keeps a record book of the visits that they have received.

Despite gaps due to staff changes, CBDs continued to conduct educational visits during year 6, with antenatal and postnatal consultations offered from August 2012 to December 2012 with supervision by Dr Clarisse, and starting again from April 2013 with supervision by Laura. MCH topics have also been included in each of the four quarterly review training sessions conducted with CBDs in year 6, with a special session facilitated by the Deputy Mayor on how to improve CBD assistance for women to obtain birth certificates immediately after delivery.

CBDs conducted a total of 208 educational visits with pregnant women during year 6, of which 51 included two advice sessions during one visit. They distributed 1,266 iron and folic acid supplements, 53 mosquito nets and 20 clean delivery kits.

- *Establishing effective supply chains*

Insecticide-treated mosquito nets, iron and folic acid supplements, presumptive malaria treatment and mebendazole are being purchased from PSI and pharmacies in Toliara, and these supply chains are working well.

Permission is being sought from the Medical Inspector for Laura to provide syphilis testing and tetanus vaccinations, following her participation in Mother and Child Health Week activities in April 2013, during which she worked with the Ministry of Health to reach rural villages with vaccinations and vitamin A. Stocks will need to be acquired from public health centres and ensuring a consistent supply chain will be challenging, however, the private hospital in Andavadoaka has confirmed again that they would be happy to allow us to use their refrigerator in order to maintain the necessary cold chain.

Vitamin A has not yet been successfully sourced, although it is available through the biannual Mother and Child Health Weeks, and we continue to try to source it while also referring and encouraging access through local public health centres.

- *Incorporating MCH topics into current community health education*

Laura 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). 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. MCH messages were also communicated through the FISAbol tournament at the end of 2012 (see 5. below for more details), and MCH presentations were given to the Velondriake Association (elected community representatives who are responsible for managing the local marine area) on four separate occasions.

Encouragingly, our biennial knowledge, attitude and practice (KAP) survey conducted in May 2013 revealed an increase in the proportion of mothers who reported starting to breastfeed within the first 24 hours following delivery (up from 48% in 2011 to 66% in 2013) in line with international medical recommendations, while the median length of exclusive breastfeeding rose from 2 weeks in 2011 to 3 months in 2013, which represents significant progress towards the international medical recommendation of 6 months, and suggests that our MCH education is being effective.

4. Water, sanitation and hygiene (WASH)

All of the 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), with 300 'tippy tap' hand-washing stations installed at schools through our VOTs. Additional WASH outreach was conducted following the devastating impact of tropical cyclone Haruna, which hit the Velondriake area in February 2013.

After the cyclone, villages were struggling to access clean drinking water as wells were flooded with runoff mixed with rubbish and human waste, affected populations were suffering from diarrhoea, and there was a high risk of malaria because standing water was providing ideal breeding grounds for mosquitos; people forced to sleep out in the open following the destruction of their homes were particularly vulnerable. The Safidy team mobilised rapidly to provide remote communities in and around the Velondriake area with health information and supplies including SurEau, ViaSur and insecticide-treated mosquito nets.

Community needs were assessed using reports from our field staff, village leaders and CBDs. CBDs disseminated vital health information in their villages immediately following the cyclone, including advice on safe drinking water, treating diarrhoea and sleeping under mosquito nets to protect against malaria. Health supplies were distributed across 34 villages over the course of 10 weeks, with the Safidy team working tirelessly alongside our committed network of CBDs to reach the most isolated and vulnerable populations. All

of the CBDs participated in a review training session in April 2013 with a particular focus on WASH topics, facilitated in partnership with *Action Contre la Faim* (an international development agency which responded to the cyclone with an outreach team based out of Toliara). Our response to the cyclone was made possible by timely and generous donations from individual supporters and the British Embassy in Antananarivo.

This experience highlighted both to us and our partner communities the urgent need to improve the sanitation situation in Velondriake. As such, we are working to mitigate the public health risks of any future cyclones through concerted efforts to reduce open defecation and increase access to safe drinking water. During year 6, a Community-Led Total Sanitation (CLTS) campaign in three villages (Andavadoaka, Vatoavo and Tampolove) and the construction of safe drinking water wells in two villages (Vatoavo and Tampolove) was made possible through a grant from USAID.

CLTS takes a 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. CLTS training sessions were held with peer educators, and a behaviour change campaign was developed and broadcast on the local radio.

Unfortunately, achieving 100% “open defecation free” status has proved challenging in this area, due primarily to the difficulties of building latrines in extremely sandy conditions. The cost of building latrines with proper cement and rebar lining to prevent collapse has also proved a significant barrier. Nevertheless, community members continue to explore alternative possibilities for latrine construction, such as the use of rice sacks filled with sand, as they have realised the importance of completely eradicating open defecation, and are aware of the need to bury and cover faeces at a bare minimum.

Two closed wells with hand pumps were constructed in the villages of Vatoavo and Tampolove, through a sub-contract with the Malagasy NGO Taratra. This activity presented many challenges, and initial water quality tests came back with elevated nitrite levels, probably due to animal or human faeces in the area. In view of these results, extensive WASH education and CLTS campaigns were facilitated with community leaders and well management committees in each village. The goal of these efforts was threefold; to improve the water quality of the wells, to reinforce health improvements obtained through the new water sources, and to support progress towards achieving “open defecation free status” in these villages. The two wells were re-tested, passed their water

quality analyses, and were officially inaugurated in May 2013. They now provide safe drinking water for these two villages of over 500 people.

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 and social marketing methods to increase knowledge, 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 behaviour change and increasing uptake of health products (PSI, 2003). We have 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 is 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. The team has also designed a calendar incorporating SRH, MCH, WASH and environmental messages, with illustrations commissioned from a local artist based in Toliara. A total of 450 calendars and 300 t-shirts were produced during year 6; these have been distributed to CBDs, village leaders and community members.

- *Village outreach tours (VOTs)*

Blue Ventures launched the first VOT in August 2011 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 during year 6, each one engaging community members in a variety of topics including contraceptive options, nutrition for pregnant and breastfeeding women, the risks of open defecation and benefits of latrines, water treatment methods, periodic octopus fishery closures, aquaculture, coral reef ecosystems, permanent

marine reserves and sea turtle conservation. 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, with prizes such as toothbrushes, toothpaste, PHE calendars and Safidy t-shirts for correct answers.

The VOT schedule has now been combined with SRH and MCH clinics on a 12-week rotation in order to maximise integration and allow sufficient time for planning the educational content of each tour; a development and critique process that requires input from Blue Ventures' programme staff as well as community members. We have also been working closely with Blue Ventures' education team to support youth in establishing health and environment clubs, with a total of 10 groups now active.

- *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 Laura covering various SRH and MCH topics, and Mahasoa Lahatse, Safidy's 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 messages, and we plan to further develop our radio work during year 7 with Blue Ventures' education team to include targeted behaviour change campaigns, with frequent broadcasts of short dramatised spots, in line with recommendations from Development Media International.

- *FISAbol tournaments*

'FISAbol' family planning football tournaments were held in five villages across the Velondriake area in September and November 2012 for the third time since the Safidy programme began, with teams from 33 villages attracting over 5,000 spectators. 'FISAbol', which is a play on words of the Vezo word '*mihisa'*, meaning 'to play', and 'FISA', the widely used Malagasy term for family planning ('*fianakaviana sambatra',* meaning 'blessed family'), has been used specifically to target young men, and has also become an avenue for reaching many young women. SRH, MCH and WASH presentations were made by CBDs, peer educators and the Safidy team during half-times and between matches, with theatre sketches and films screenings during the evenings of each tournament.

- *Evaluation and behaviour change strategy development*

The impact of our educational activities has been evaluated through informal quizzes before and after VOTs, head counts at events, monitoring uptake of health services, and formal assessment of changes in knowledge, attitudes and practices through biennial surveys. The most recent KAP survey was conducted from May to June 2013 and showed that our educational activities, primarily the VOTs and FISAbol tournaments, have been highly successful in disseminating information:

- 39% / 28% of all people surveyed reported receiving information about SRH from FISAbol / VOTs.
- Over 80% of men surveyed reported FISAbol as a source of information about family planning.
- FISAbol was the top source of SRH knowledge among 15-34 year olds.

Results indicate that while we have been successful in raising awareness using mass mobilisation events, resulting in consistently high knowledge levels (90% of people surveyed know that STIs and HIV are a risk of unprotected sex, and 88% of people surveyed know that condoms protect against STIs and HIV), this has not yet led to significant behaviour change in certain areas such as condom use (only 15% of people surveyed reported using a condom the last time they had sex). We will therefore be refining our education strategy during year 7 to transition away from mass mobilisations and focus more heavily on behaviour change interventions such as targeted radio campaigns, small group discussions with youth clubs and women's groups, and interpersonal communication to promote the sustained uptake of healthier and safer practices.

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: 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, education and health staff in Andavadoaka 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 an afternoon-long forum about the Safidy programme, critiques of all integrated community presentations and educational materials, and workshops during Blue Ventures' annual conference in Andavadoaka. Health and education staff work together very closely 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 this approach.

Opportunities for integrated programming and resource sharing have been numerous during year 6, and have allowed for productive synergies between our health and conservation work, programme expansion, and equipment acquisition. USAID funding supported a 16-village expansion for the provision of SRH services in areas where conservation work was already under way by other environmental organisations (including the Worldwide Wildlife Fund and the Madagascar National Parks service), allowing us to extend the reach of our integrated health and conservation work without needing to increase our conservation efforts to the same degree. USAID funding has since come to a close, however, SRH services remain in place in this expansion zone.

A new 4x4 (purchased with USAID funding) and a new boat (purchased with funding from the MacArthur Foundation) are currently in use and provide essential transportation for health missions as well as opportunities to “car pool” and “boat pool”, allowing the Safidy team to coordinate and share fuel costs with the aquaculture and fin fish monitoring programmes, or for youth club supervision to be carried out alongside our VOTs. Combined missions not only reduce travel costs, but also enable the sharing of equipment such as generators, speakers and projectors.

Our long-serving clinical technician, Fanjavola Rakotozafy, left the Safidy team in April 2013 to join Blue Ventures’ sustainable fisheries programme as their community liaison officer. In her new role, Fanja works with women’s groups throughout Velondriake to support their involvement in the organisation and management of temporary octopus reserves. She is also able to address their health needs, facilitating discussions about reproductive rights and offering contraceptive options as appropriate, playing an invaluable role in strengthening the integration of our work across sectors.

7. Partnerships

Good communication links continue to be maintained with the Medical Inspector in Morombe and the Regional Health Director in Toliara. Safidy has their full support, and we provide regular reports to them. We also participate in quarterly coordination meetings organised by the Regional Health Director in Toliara, to ensure the coordination of our programme with other health services in the area and collaboration with public health centres.

We continue to work very hard to strengthen relationships with the state doctors in Tampolove and Befandefa, as well as medical personnel at the private hospital in Andavadoaka. We are able to refer clients to the facility in Andavadoaka, however, poor staffing capacity and frequent stock-outs in Tampolove and Befandefa impede 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 PSI for health product supply chains and CBD training, and with MSM for LARC fitting. We hope to strengthen our partnership with MSM over the coming year by working with their "MS Lady" based in Toliara. Long-term funding from the MacArthur Foundation is enabling us to deliver these wide-reaching health education and services across the Velondriake area, for which we are very grateful.

8. Communications and advocacy

Blue Ventures now has six years of compelling quantitative impact data, which clearly show the progress that the Safidy programme has made in terms of increasing community 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 are being produced to showcase our latest data, and our community health webpage has been thoroughly updated to include a map of our entire service area, details of our programme staff and partners, and more information about how our CBD model works. A short film is due to be produced at the end of 2013, with support from UNFPA Madagascar, to raise awareness about our integrated PHE approach. Data from our three biennial KAP surveys are currently being analysed with the assistance of Dr Kristen Wagner, a social scientist based at the University of Missouri, in order to compare results across years and various demographic sub-groups, and to statistically model factors affecting behaviour change for peer-reviewed publication.

- *Driving adoption*

In February 2013, Blue Ventures' medical director, Dr Vik Mohan, was invited to facilitate a two-day PHE training workshop with DSW (an international reproductive health organisation) in Brussels, covering the

benefits of this integrated approach, implementation through partnerships, monitoring, evaluation, communications and advocacy. We have also been providing informal PHE advice to CHASE Africa and Planet Madagascar as they explore the possibility of integrated programming alongside their existing conservation work. Laura Robson, our UK-based Safidy programme coordinator who joined the team in January 2013, facilitated PHE workshops with students and staff at the Durrell Wildlife Conservation Trust's Conservation Academy on the island of Jersey in April and June 2013, and discussions are on-going with their team in Madagascar regarding the benefits of PHE.

- *International conferences*

In July 2013, Dr Vik Mohan presented the results of our integrated PHE approach at the International Congress for Conservation Biology (ICCB) in Baltimore, enthusing conference participants about the importance of addressing the various drivers of biodiversity loss, including unmet family planning needs, in a holistic way. The congress theme was "Connecting systems, disciplines and stakeholders: the importance of an integrated approach for conserving and restoring earth's biological diversity," so it was an ideal platform for presenting our interdisciplinary work to the conservation community.

Following the ICCB, Vik travelled to Washington DC where he presented at the Woodrow Wilson Center, sharing our experiences of responding to cyclone Haruna, and the value of an integrated PHE approach for building social and ecological resilience to climate change. Exchanges with our PHE friends in Washington DC highlighted that the role that we have to play in supporting the effective evaluation of PHE programmes. The onus falls on us to add to the existing literature on PHE, and it feels more important than ever to produce robust evidence of the value-added benefits of integration.

- *Process evaluation*

In order to assist us in developing our evaluation expertise, and selecting an appropriate methodology for capturing the value-added benefits of our complex and integrated PHE approach, Blue Ventures held an evaluation symposium in collaboration with the University of Exeter's Medical School in June 2013. The meeting was opened by Kristen Stelljes, PHE Advisor to the Packard Foundation and PHE Ethiopia Consortium, who gave an insightful overview of various PHE evaluations conducted to date. These have largely focused on measuring outcomes, with quasi-experimental studies in the Philippines and Ethiopia yielding favourable comparisons between different outcomes achieved by integrated and single-sector programmes.

Although these evaluations provide strong evidence that PHE results in better outcomes than single-sector approaches, they do not explain how this happens; this was the main challenge discussed by the panel. Dr Vik Mohan grounded the subsequent discussions by presenting details of Blue Ventures' integrated PHE approach in the Velondriake area of southwest Madagascar, including current monitoring efforts and available datasets. Presentations from Dr Robin Durie, Professor Laurence Moore, Dr Katrina Wyatt, Dr Oonagh Corrigan and Professor Rob Anderson stimulated an enlightening debate about different ways of evaluating complex systems such as integrated PHE programmes. Qualitative methods including case studies were highlighted as appropriate tools for describing the transformational changes that PHE produces in people's lives. Realist evaluation was identified as a particularly relevant theory-driven approach for exploring and explaining how integrated PHE programmes work. By focusing on the processes through which outcomes are produced in specific contexts, realist evaluation offers a refreshingly different way of capturing the value-added benefits of PHE. Rather than simply focusing on the end results, it provides a framework for developing and refining theories of how PHE works in particular contexts.

This was an extremely valuable meeting for Blue Ventures, as it enabled us to deepen our understanding of evaluation and take the important first steps towards developing the terms of reference for a qualitative process evaluation of our PHE activities in southwest Madagascar, with on-going support from Professor Paul Dieppe and Professor Rob Anderson. Insights from this evaluation symposium, along with the quantitative results of our PHE approach, will be presented by Laura Robson and Caroline Savitzky, our UK-based and Velondriake-based Safidy programme coordinators, at the International PHE Conference and International Conference on Family Planning (ICFP) in Addis Ababa, Ethiopia, in November 2013.

9. Belo sur Mer expansion

Blue Ventures first started working with communities in the Belo sur Mer area (some 160 kilometres north of Velondriake) from late 2009, focusing on marine protected area establishment in partnership with the Madagascar National Parks service, and locally managed mangrove reserves for mud crab fisheries in partnership with ARDA. It quickly became apparent that addressing unmet family planning needs would be key to supporting these conservation efforts, with the local population set to double every 10-15 years. Following initial consultations in 2010 and 2012, we therefore conducted a thorough reproductive health needs assessment in the Belo sur Mer area in March 2013, involving more than 250 people through surveys with community members and key informant interviews with health agencies, service providers and village leaders.

The study, led by Lison Garrel, a French nurse with experience working in Reunion and Madagascar, yielded an in-depth understanding of local needs, highlighting important issues including limited sexual health knowledge as well as poor access to and uptake of family planning services. Widespread fears about contraception were evident, with 40% of people believing that contraceptives can cause disease, and 42% of men not supporting the use of contraceptives due to concerns that they can be harmful to women or cause sterility. Knowledge of long-acting reversible contraceptive methods such as implants was very limited at around 10%, although 50% of people were aware of contraceptive pills and injections. Youth were identified as a particularly vulnerable group, with the average age of sexual debut reported as 15-16 years and only 3% of people using contraceptives the first time they have sex, resulting in the vast majority of young women becoming pregnant by the age of 18. The area's three public health centres are located up to 15 kilometres away from some villages, and the baseline CPR was just 15%.

All of these findings pointed to significant unmet reproductive health needs in the Belo sur Mer area, and so we decided to expand the Safidy programme in this region, integrating closely with our existing conservation activities in order to maximise synergies and cost effectiveness. Lison returned to Belo sur Mer in June 2013, and set about establishing the Safidy programme with support from Blue Ventures' conservation team. She has secured authorisation for our work from the Medical Inspector in Morondava, and developed promising partnerships with MAHEFA (the Malagasy Healthy Family initiative funded by USAID), PSI and MSM as well as the local public health centre staff, village leaders, mayor and pastor in Belo sur Mer. In August 2013 she will attend the annual Blue Ventures conference in Andavadoaka, and take this opportunity to learn from the extensive experience of the Safidy team in Velondriake, before returning to Belo sur Mer and overseeing the training of 8 local women as CBDs in collaboration with MAHEFA. Educational activities such as VOTs including small group sessions with women and interactive community presentations will raise awareness about health and environmental issues, encouraging the uptake of family planning services and sustained adoption of healthier practices.

This exciting development represents the first replication of Blue Ventures' integrated PHE approach beyond the Velondriake area, and brings the total number of people served by the Safidy programme to 20,000 across 50 remote coastal communities.