



Healthy People in a Healthy Environment: Integrating Population, Health and the Environment in Madagascar

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Recognizing the nexus between population and the environment as a crucial element for achieving sustainable development and the conservation of biodiversity, USAID supported the Voahary Salama Association, an NGO umbrella organization that implements the integrated population, health and environment (PHE) program along three major forest corridors and other threatened ecosystems in Madagascar.



Understanding your community: drawing of a village map as part of participatory appraisal

Voahary Salama

Voahary Salama (VS), a key mechanism for planning and implementation of integrated PHE activities in Madagascar, began as a partnership and later became a legally registered Malagasy association. Twenty-nine partner organizations are included in VS, nine of which are local NGOs implementing field activities. Over a four-year period, EHP in collaboration with other partners, played a major role in supporting VS and developing institutional and technical capacity of local NGOs to implement integrated activities in 160 Malagasy communities covering a population of 120,000. VS acts as an umbrella organization that: provides training, technical and financial assistance to member NGOs; coordinates efforts among its members;

plays a monitoring and evaluation role; and disseminates information and lessons learned. Before the formation of the VS, individual organizations in Madagascar were implementing PHE projects but independently and on a small scale with ad-hoc and limited coordination. The establishment of a visible partnership through VS resulted in significantly improved coordination and enhanced technical capacity among the local NGOs. In addition, VS had the potential to attract funds more easily than individual and small NGOs would be able to do.

Activities

The goal of PHE integration was to link interventions in natural resource management with health and family planning activities in order to increase the effectiveness and sustainability of these activities, compared to their implementation through separate sector programs. Three different integration models were used:

- Multi-disciplinary teams within one organization (the gold standard)
- Different health and environment teams within the same organization
- Field agents from different sector specific organizations—health, agriculture, environment

Although PHE integration covered a broad range of interventions, the focus was on the following eight:

1. Family planning
2. Immunization
3. Maternal and child nutrition
4. Diarrheal disease prevention through hygiene improvement, i.e., improved water supply, sanitation and hygiene
5. Malaria and other infectious diseases prevention and treatment
6. Reduction of slash and burn practices and improved agriculture
7. Re-forestation
8. Income generation



Strategy

Activities in the above eight areas relied on social marketing, cross-training of field agents in both population and environment, and working with schools to educate students on the environment and reproductive health. Related to social marketing, three social marketing and social mobilization approaches played a central role in PHE integration:

- Champion community (community target setting, monitoring and celebration)
- Child-to-community (increasing life-skills, school enrolment and attendance through PHE themes)
- Farmer-to-farmer (model farmers teaching others improved agricultural techniques)

These three approaches were based on an early adopter or innovator model that had proven its value for changing people's attitudes and practices related to many behaviors in the PHE context. Where these approaches were used, they were associated with larger improvements of key indicators. For example, in areas where the champion community approach was implemented, communities were motivated by setting targets themselves, monitoring these targets, and celebrating their successful achievement with the help of NGOs. In the child-to-community approach, long term effects of this intensive collaboration with primary schools are expected to result in significant behavior change as children grow up, learning about sanitation, hygiene, nutrition, and non-destructive and improved agricultural practices.

Integration Benefits

The integrated PHE program built on existing program resources and amplified the impact by supporting communities, linking different partners' messages and services, sharing resources for fieldwork and evaluation, and cross-training field agents from different sectors.

Systematic monitoring and evaluation showed that integrated programs can be very effective at relatively low costs. Substantial improvements of key PHE indicators showed increases in contraceptive prevalence rates (from 12% to 17%), immunization coverage (from 48% to 68%), access to safe water (from 19% to 24%) and basic sanitation (from 52% to 55%). On the contrary, the practice of destructive natural resource management methods (slash and burn) decreased from 55% to 25%.

Health indicators such as malnutrition and diarrhea prevalence, however, remained high with poverty and natural disasters from cyclones as important contributing factors.

Conclusion

The Madagascar program succeeded because a diverse set of development actors and sectors came together under a common umbrella (Voahary Salama) that allowed them to buy into, and implement, a common vision and development objectives with benefits for all sectors involved. For example, food insecurity is one of Madagascar's biggest development problems causing malnutrition in one of every two children. An important objective of the agriculture sector was to increase production of rice and other food staples. However, rapid population growth meant more mouths to feed with more people trying to cultivate fertile land that was in limited supply. Therefore, small family size became a strong motivator for the agriculture sector to participate in family planning promotion. The health sector, on the other hand, had a keen interest in improving the nutritional status of women and children, and this needed a close collaboration with the agriculture sector to promote market gardens for growing Vitamin A-rich vegetables.

The integrated PHE program also showed that NGOs can play a significant role in improving family planning and maternal and child health services and making improvements in agriculture and natural resource management for populations that are inaccessible. Their support by other donors and projects in the form of direct funding and technical capacity building was critical to their success.

For further reading:

1. Activity Report 115, *Integration of Health, Population and Environmental Programs in Madagascar. Midterm Progress Report*, can be downloaded from the EHP website:
<http://www.ehproject.org>.

2. Activity Report. *Integration of Population, Health and Environment in Madagascar. Summary Report* (forthcoming).

To request a hard copy, please email:
info@ehproject.org.