seed madagascar
sustainable environment, education & development

A final report on

Project Votsira (Phase 2): improving women's health practices by increasing access to sexual, reproductive, maternal and child health information

Activities from December 2014 – May 2015

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'Ny fahasalamana no voalohan-karena' – 'Health is our most important possession'

- Local saying

1. Project Summary

Women in Madagascar have a 1 in 81 chance of dying from causes related to maternity and childbirth and infant mortality rates are 41 per 1,000 live births (UNICEF, 2012). The Malagasy health system is chronically under-resourced and government expenditure on health services, at $22 per person, is amongst the lowest in the world (WHO, 2014). As a result, the quality and quantity of health services offered at free, state-funded clinics is severely limited. With the majority of people unable to afford private alternatives, many are left with no viable healthcare options, making them vulnerable to chronic ill health, diminishing their chances to earn a sufficient income and trapping them further in poverty.

Project Votsira Phase 2 (V2) worked to improve the health of women and children under one by educating women of reproductive age about issues surrounding sexual, reproductive, maternal, and child health. The project ran in Fort Dauphin for two years and proved extremely popular. In January 2015, the second group of beneficiaries completed V2's eight month healthy pregnancy course and between February and May 2015 the course was run in a different form, focusing on delivering the most important topics to community elders. Since the last report in December 2014, the project has progressed well, bringing V2 to a successful conclusion. This report details activities carried out between December 2014 and May 2015, as well as presenting an analysis of the monitoring data collected throughout the project and making suggestions for how Project Votsira could develop in the future.

2. Project activities

2.1 Focus groups & household visits

Between December 2014 and January 2015, V2-trained government agents (GAs) continued to deliver series two (V2:2) of the healthy pregnancy course. During this time, 22 focus groups (FGs) were delivered: one per month in each of Fort Dauphin's 11 fokontany [neighbourhood administrative units], covering syphilis and HIV awareness, birth spacing and contraceptives. These final V2:2 FGs brought the total number of FGs delivered since the start of the project to 176.

Women of all ages participate in a mixed focus group on self-medication and malaria

GAs also conducted regular household visits during the last months of V2:2, supporting course participants to develop their knowledge in a personal setting. In December 2014 and January 2015, 495 household visits were carried out across Fort Dauphin, bringing the project total to 3,680.

Following the completion of V2:2 and with 5 months remaining in the project, it was decided to trial elder-focused FG rather than running another, shortened cycle of the healthy pregnancy course.

As no research had previously been conducted on whether elder-focused FGs were best delivered to groups of just elders or a mixture of elders and women of reproductive age, the Votsira team decided to trial both. Research from Votsira 1 and feedback collected during V2 suggested that, as influential members of the community, particularly where health and childcare are concerned, the beliefs and understandings of female elders are likely to have a significant impact on the behaviour of women of reproductive age. From this, it was anticipated that educating both younger women and elders would increase the likelihood of producing sustainable, culturally embedded results.

Following experiences from V2:1 and V2:2, V2's CLOs (Community Liaison Officer) and GAs identified certain topics as particularly open to the influence of elders and therefore more in need of further attention. These were: breastfeeding; birth preparedness; self-medication and malaria; and HIV and syphilis. Between February and May, GAs delivered FGs to groups of elders and mixed groups of elders and younger women. One FG on each topic was held in each of Fort Dauphin's fokontany on these four subjects – a total of 44 FGs – with groups alternating in their composition between exclusively elders and mixed.

2.2 Antenatal visits

Antenatal Visits (ANVs) continued to be held at Fort Dauphin's two public health centres (Centre de Santé de Base, CSB) until the end of May. Every week, four information sessions were delivered by GAs to pregnant women waiting for their antenatal appointment. A total of 81 such sessions were held between December 2014 and the project's end, bringing the total conducted throughout the project to 316.

2.3 GA support and training

SEED Madagascar's CLOs delivered monthly supervision and top-up training sessions to the GAs. This additional support enabled GAs to better deliver the various FGs and ANV as they were provided with tailored teaching advice for each topic and regularly refreshed on course content. With the development of a mini-series of FGs for community elders in the final months of the project, GAs were encouraged to contribute their ideas to the course content, further involving them in the project and making optimal use of their local knowledge and expertise.

2.4 IEC materials

The final 3,937 illustrated flashcards were given to course participants and women attending ANVs between December and March, bringing the total number of flashcards distributed during V2 to 29,250. No flashcards were distributed in April and May. Whilst this did not affect GAs' ability to deliver information, it remains to be seen whether the lack of flashcards will affect long term retention of new information amongst course participants or reduce the spread of information as beneficiaries previously reported using the cards to remember their lessons and show friends and family members.

In addition to the popular flashcards, 100 health posters featuring advice on how to address and prevent birth complications were printed in January and were given to the District Ministry of Health to display in the

CSBs throughout the District of Fort Dauphin (of which Fort Dauphin town is only the urban centre). Although the impact of these has not been assessed through V2, it is expected that these will increase the reach of the key project message beyond the lifespan of the initiative.

2.5 Monitoring and evaluation operations

Monitoring, evaluation and learning (MEL) for V2:1, V2:2 and for the short course of elders' FGs was carried out throughout the project. SEED Madagascar's Project Development team and Community Health team designed surveys to investigate changes amongst the project's target beneficiaries, specifically with relation to: colostrum dumping and breastfeeding practices; HIV awareness; syphilis awareness; and self-medication. A survey was conducted in January 2015 to assess the impact of V2:2 on the knowledge, attitude and practice (KAP) on the beneficiaries. 176 course participants were interviewed by SEED Madagascar's Votsira CLOs and their responses were analysed by Project Development team members using EpiInfo (a public domain statistical software for epidemiology). Following endline research in January, a short course of elders FG's were held in the final months of the project, and monitoring was conducted with participating elders in May 2015. As no research had previously been conducted specifically on this target group, Votsira trialled elder-only and mixed sessions to assess whether inclusive sessions with elders would have a positive impact on the behaviour change in women of reproductive age. The following section of this report gives an analysis of the data from both V2:1 and V2:2, and from the final series of elders FGs which took place at the end of phase 2.

3. Monitoring and Evaluation

A rigorous approach to data collection has been pursued throughout Project Votsira Phase 2 (V2) to ensure the effective assessment of activities and to allow the project development team to feedback findings in support of improvements throughout the project. This section details the success and remaining challenges of V2 as identified through Knowledge, Attitude and Practice (KAP) surveys collected from FG and household visit participants at the start and end of the courses, and includes key findings from the short course of elders-only and mixed FGs held at the end of V2.

There were a number of key successes from V2 relating to behaviour change, and also a number of indicators delineating the need for continued involvement in the region, which future Votsira phases will continue to address. Monitoring surveys covered course topics to assess knowledge, attitudes and practices on the course topics, and through comparing data from V2:1, V2:2 and elders sessions, a number of significant improvements could be identified; key results are as follows:

- Greatly reduced incidence of colostrum dumping: V2 participants with babies under 6 months old who are exclusively breastfeeding, report that only 16% and 2% (V2:1 and V2:2 respectively) dumped colostrum at the time of the endline survey, compared to an average of 51% and 35% amongst all other V2:1 and V2:2 attendees who had older babies born prior to the project.
- Increased number of women practicing exclusive breastfeeding: by the end of each V2 series, both knowledge and self-reported practice of exclusive breastfeeding had more than doubled, 76% (84/110) and 82% (149/176) of V2:1 and V2:2 women respectively were aware of the importance of exclusive breastfeeding, and 97% (171/176) elders would recommend exclusive breastfeeding to a female relative.
- Increased awareness of HIV/syphilis prevention methods: by the end of each series, 86% (95/110) and 86% (152/176) of V2:1 and V2:2 respondents respectively were aware that HIV can be sexually transmitted and 84% (92/110) and 91% (160/176) respectively identified condoms as an effective method of HIV prevention, which marked a slight increase from knowledge at baseline. Of all

participating elders, only a small number had misconceptions about how HIV and syphilis are transmitted, 3% (5/176) and 2% (4/176) believed urine and saliva to be HIV transmission methods, and only 1% (2/176) identified dirty toilets as a method of syphilis transmission. A total of 97% (170/176) of elders indicated that they were aware of the existence of HIV in Fort Dauphin, showing high levels of overall awareness.

- Reduced numbers of women self-medicating themselves and their babies: Self-medication rates dropped from 90% (V2:1) and 76% (V2:2) to 27% self-medicating themselves or their children in the last 6 months, and participating elders reported a reduction in use of informal vendors.
- Increased numbers of women giving birth in safer conditions, i.e. at a hospital or with a skilled birth attendant at home: women who gave birth during V2:2 and who had been exposed to course messages before the birth were more likely to give birth in one of the recommended settings, i.e. at home with a skilled birth attendant (46% (23/50)) or at the hospital (42% (21/50)). Only 12% (6/50) gave birth at home without professional medical care but with a traditional midwife or a family member, compared to 32% (16/50) of women prior to the course.
- The vast majority of women disseminating course subjects to their neighbours, friends and elders: course participants are spreading the V2 messages throughout their communities through word of mouth and with the support of the educational flashcards distributed through the project. 94% (166/176) of V2:2 participants reported feeling confident talking to neighbours or friends about pregnancy and health issues following the course, and 98% (173/176) elders who participated in FGs towards the latter end of V2 reported discussing course topics with relatives.

3.1 Elders focus groups

A Community Liaison Officer supports a Government Agent in the delivery of a focus group

Whilst further work is still required to improve specific areas of project delivery and evaluation, V2 has achieved high levels of understanding in what is a highly challenging environment. The V2 educational approach involved not only introducing new information and ideas, but also overcoming traditional ideas that have been deeply embedded in Malagasy culture, and breaking cultural *fady* (taboos). Trialling elder-only and mixed FGs gave GAs and participants the opportunity to discuss potentially taboo subjects in a secure setting, and meant that new ideas could be discussed alongside traditional ideas. This format proved to be both popular and effective and CLOs reported that elders were motivated to attend as many sessions as possible, even if they were not scheduled to participate. In an end of project summary, Votsira staff reported that elders-only and mixed FGs were equally effective, giving all participants the opportunity to voice their opinion and share experiences or concerns in a choice of settings. Evaluation suggested that a combination of both courses was most effective, and monitoring data shows that there is no conclusive evidence that one course format was better than the other in terms of improving knowledge, attitude and practice - as such this will be considered when structuring V3 activities. Participating elders showed high levels of understanding on course topics, as well as a willingness to discuss issues with family members and encourage good practice. It is hoped that through involvement in course activities, elders will be equipped with the knowledge

necessary to support positive behavioural change throughout the community, and reinforce important course messages.

4. Conclusion

V2 has proved to be both a popular and a successful project, directly benefitting the most vulnerable women in Fort Dauphin. Beneficiaries' knowledge, attitudes and practices on important issues such as breastfeeding, colostrum dumping and self-medication have seen significant improvements during the course of the project. Information delivery on other areas including HIV and syphilis prevention was less successful, however, suggesting a need for further refinement of these areas of activity. It was noted in the project evaluation that there is a lack of connection between theoretical knowledge and practice, with some discrepancies occurring in monitoring between what was self-reported and what was reflected in data figures. Open discussion between men and women on sexual health matters can be taboo in Malagasy culture, and consequently new information can be difficult to put into practice. This has been a challenging element of project monitoring and evaluation, as well as a barrier to achieving improved knowledge and practice in certain sexual health areas. Future phases will increase the focus on how to address *fady* subjects to successfully deliver sexual health messages, and will look at potential approaches such as awareness campaigns and targeting male partners and influential family members - as well as women of reproductive age - to encourage sustainable behaviour change.

Whilst V2 has substantially improved the understanding of vulnerable women about issues of maternal and child health, there is still so much to be done in Fort Dauphin. Access to reliable and affordable healthcare remains extremely limited and many people have yet to be reached by Votsira messages. To meet some of the ongoing needs and to further improve MCH in Fort Dauphin, SEED Madagascar's Project Development team has developed Votsira 3 (V3). V3 will deliver 'Healthy Pregnancy and Birth Preparedness' and 'Child Health' courses based on learning from V2 activities to women across Fort Dauphin, and will continue antenatal visit support to the CSBs. In addition, V3 will support the refurbishment, repair and equipping of Fort-Dauphin's two CSBs with vital facilities such as clean running water and weighing scales, enabling the midwives to significantly improve the quality of the care and antenatal visits they deliver. Through V3, the CSB, Regional Ministry of Health, and other local health providers will also be supported to develop an antenatal visit protocol based on international best practice and local realities.

Project Votsira 3 is soon to begin with the delivery of 'Healthy Pregnancy and Birth Preparedness' activities that have been developed based on learning from V2, and will continue in a similar outreach format: Focus Groups, Household Visits and Antenatal waiting sessions. Continuation of project activities will allow the project to maintain momentum, trained staff to be retained, and ensure the delivery of vital information to more women of Fort Dauphin. When further funding is secured, V3 will advance with further modules - 'Child Health' courses and CSBs refurbishment and repair.