The History of PHE in Madagascar

Looking back over the last 25 years and forward to the next chapter
Produced for the Madagascar PHE Network by Laura Robson of Blue Ventures.

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Available to download at phemadagascar.org.

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Introduction

Population-Health-Environment

In remote areas of high biodiversity where communities depend on natural resources for their livelihoods, human well-being and the conservation of ecosystems are closely linked.

Population-Health-Environment (PHE) is a multifaceted approach to sustainable development, combining health education and services with natural resource management and biodiversity conservation.

Enabling couples to plan and care for their families
Advancing community health

Improving food security and livelihoods
Empowering women

Managing forests and fisheries sustainably
Protecting ecosystems

The context for PHE in Madagascar

Madagascar is a global biodiversity hotspot facing interconnected challenges of environmental degradation, unsustainable natural resource use, food insecurity, poor health and inadequate access to family planning services.

As much as half of the island’s most easily identified ‘primary’ forest has been converted to other land cover since 1950.

Food insecurity affects almost 2/3rds of the population.

Madagascar has been ranked among the world’s top 3 most vulnerable countries to climate change.

The island’s population is predicted to double between now and 2040.

80% of Madagascar’s plants and animals are found nowhere else on the planet.

3/4 of a million women in Madagascar have an unmet need for family planning (want to limit or space their pregnancies but are not currently using contraception).

92% of the population live on less than US$2 per day.

3/4 of a million women in Madagascar have an unmet need for family planning (want to limit or space their pregnancies but are not currently using contraception).

The history of PHE in Madagascar

Madagascar has a rich history of integrated conservation and development initiatives.

This report provides an overview of the evolution of the integrated PHE approach in Madagascar from the late 1980s through until the present day, along with a summary of opportunities and challenges relating to the scale up of this approach moving forward. It draws heavily on several excellent reports published during the mid-late 2000s, supplemented by grey literature and personal communications.

This report is organised chronologically, with overlapping phases reflecting key developments in policy and practice. Major projects and players are highlighted at each stage, in addition to important approaches and lessons learned.

1. Dewar et al, 2013
2. Le Manach et al, 2012
3. Maplecroft, 2011
4. UNDESA, 2012
5. McConnell & Kull, 2014
7. UNDESA, 2012
8. McConnell & Kull, 2014
Executive summary

1990
National Environmental Action Plan (NEAP) for protecting threatened forest environments

1995
Integrated Conservation and Development Projects (ICDPs) linking natural resource management and sustainable livelihoods

1999
Environmental Health Project (1999-2004) PHE field programme and large-scale evaluation study funded by USAID/Washington

2000
Voahary Salama platform created (2000) to coordinate the Environmental Health Project in Madagascar

2001-2006
Madagascar Green and Healthy Communities

2003-2008
US legislation supports family planning funding in ecologically sensitive zones

2005
Durban Vision to triple Madagascar’s protected areas by 2008

2005
New system of protected areas (SAPM) emphasising category V and VI community-managed reserves

2006
USAID/Madagascar strategic plan (2003-2008) links bilateral health and environment projects through Eco-Regional Alliances

2010
Libreville Declaration on Health and Environment in Africa

2015
Madagascar PHE Network created following meeting organised by Blue Ventures and Voahary Salama

Voahary Salama + ASOS and MATEZA implement PHE (2003-2008) in the Mantadia-Zahamena forest corridor funded by USAID/Washington

World Wildlife Fund + ASOS (Voahary Salama member) implement PHE (2004-2008) in the Ala Maiky spiny forest funded by USAID/Washington


Conservation International + Ny Tanintsika (Voahary Salama member) implement PHE (2011-2012) in the Ambositra-Vondrozo forest corridor funded by USAID/Madagascar

Conservation International + Marie Stopes Madagascar implement PHE (2007-present) in the Velondriake locally managed marine area funded by UNFPA Madagascar, USAID/Madagascar, the MacArthur Foundation and the Helmsley Charitable Trust

2015
GELOSE law transfers management of natural resources to local communities

2016
Duke Lemur Center + Marie Stopes Madagascar implement PHE (2013-present) around Marojejy national park without dedicated PHE funding

2018
US legislation supports family planning funding in ecologically sensitive zones

2019
USAID/Madagascar strategic plan (2013-2018) links bilateral health and environment projects through Eco-Regional Alliances

2020
Libreville Declaration on Health and Environment in Africa

2021
Madagascar PHE Network created following meeting organised by Blue Ventures and Voahary Salama

Voahary Salama + ASOS and MATEZA implement PHE (2003-2008) in the Mantadia-Zahamena forest corridor funded by USAID/Washington

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Duke Lemur Center + Marie Stopes Madagascar implement PHE (2013-present) around Marojejy national park without dedicated PHE funding
1988-1999: Integrated conservation and development projects

Policy

Madagascar launched its National Environmental Action Plan (NEAP) in 1991, to be implemented in three five-year multilateral funding cycles. The aim was to tackle deforestation threatening biodiverse habitats through the establishment of protected areas, while supporting sustainable natural resource management (NRM) efforts both for conservation purposes and to improve the livelihoods of rural populations.

Practice

As part of Madagascar’s NEAP, a number of Integrated Conservation and Development Projects (ICDPs) were initiated by a consortium of international non-governmental organisations (NGOs) headed by PACT around several protected areas with World Bank and USAID funding, combining socio-economic development interventions with biodiversity conservation activities.

NGOs and partner communities identified unmet family planning (FP) needs as a serious issue so FP services were incorporated into the ICDPs from 1995 with USAID funding, initially as a means of addressing human pressure but benefits were also experienced in terms of building trust with communities and opening the door for other initiatives. In early 1997, a University of Michigan “Population-Environment (PE) Fellow” was placed in Madagascar with USAID funding to support these NGOs to implement FP projects in their respective ICDP communities and to build interest in linking FP with biodiversity conservation.
1997-2003: Broader landscape strategies

Policy
In 1996, the Government of Madagascar (GOM) implemented a contractual policy known as GELOSE (Gestion Locale Sécurisée), which was designed to transfer management of natural resources from central government to local communities. Its rationale can be described as a transfer of the state’s de jure management rights over certain natural resources to local communities who formerly exerted de facto management rights based on customary rules. This paved the way for community-based NRM management initiatives in a variety of terrestrial and marine ecosystems.

Practice
Following the NEAP’s first programme cycle and experience with the ICDPs, and with scientific guidance from the World Wildlife Fund (WWF), conservation and development efforts in Madagascar shifted to focus on larger eco-regions surrounding protected areas rather than just national parks and communities immediately adjacent to them. Appreciation of this broader landscape perspective was critical to embracing a multi-sectoral, multi-level approach to biodiversity conservation.

Implementation experiences during the NEAP’s second programme cycle also highlighted the importance of health promotion beyond FP, resulting in the widespread adoption of the term “Population-Health-Environment” (PHE), which had previously been referred to as PE in Madagascar and other countries. During this period, donor-funded projects supporting national FP efforts began expanding into rural areas in order to more rapidly achieve national health objectives, although geographic priorities were not necessarily near biodiversity hotspots where absolute population sizes may be lower than other rural centres.
1999-2006: Large-scale PHE projects

Policy

Thanks to effective PHE advocacy by US-based organisation Population Action International (PAI), the US Congress added language to the Foreign Operations Bill in 2001 which mandated for $368.5 million to be allocated for FP "in areas where population growth threatens biodiversity or endangered species" in 2002. This directive was renewed in subsequent financial years.

Practice

Madagascar experienced a difficult political crisis in 2001-2 following contested presidential elections. This led to the suspension of many conservation and development initiatives, a severe hike in fuel and staple food prices due to blockades between the port city of Toamasina and the capital of Antananarivo, and the destruction of key bridges over major rivers in several parts of the country.

Nevertheless, two large-scale PHE projects were carried out in Madagascar during this period: the Environmental Health Project (EHP) and Madagascar Green and Healthy Communities (MGHC). These are discussed in detail below. There were also two bilateral projects funded by USAID/Madagascar: Jereo Salama Isika (JSI) was the health project (1999-2003) managed by JSI Research & Training Institute, Inc. supporting 17,000 community health volunteers to offer FP and other health services in 20 districts in the provinces of Fianarantsoa and Antananarivo, in collaboration with the Ministry of Public Health and local implementing NGOs.

Landscape Development Interventions (LDI) was the environmental project (1999-2003) managed by Chemonics International in four geographic areas (Fianarantsoa, Moramanga, Mahajanga and Antsiranana), focusing on holistic farming systems and also encompassing FP services through partnering with the JSI project.

JSI and LDI worked in Fianarantsoa simultaneously, and in conjunction with a University of Michigan "PE Fellow", began to identify opportunities for working together to create PHE activity zones. JSI and LDI also worked together to develop some of the first PHE education materials for use at the community level.

Environmental Health Project (EHP)

The Environmental Health Project (EHP) was funded by USAID/Washington’s Global Health Bureau and originally focused on water, sanitation and hygiene (WASH) and malaria, but EHP II (1999-2004) called for the programme to demonstrate "in several rural settings, the effectiveness of linking community-based NRM with interventions to improve FP, and the potential for scale up".

With funds to implement linked activities in the field available through other sources, including the JSI and LDI projects, Madagascar was an ideal candidate for EHP II in terms of evaluating the effectiveness and potential for scale up of integrated PHE activities, so the USAID mission invited EHP II to undertake such an evaluation in Madagascar. It focused on three geographic areas (Fianarantsoa, Moramanga and Tolagnaro) where biodiversity-rich forest corridors were under threat from human pressure, where health conditions were poor, and where various linked PHE efforts had been undertaken with USAID and other support. Implementation of EHP II in Madagascar was coordinated by the Voahary Salama (VS) platform (see below for more details), with JSI Research & Training Institute, Inc. also providing technical support and oversight.
Madagascar Green and Healthy Communities (MGHC)

In tandem with the EHP II project and with encouragement from USAID, JSI Research & Training Institute, Inc. (managing the JSI project) and Chemonics International (managing the LDI project) jointly developed a successful proposal for PHE funding from the Packard Foundation. The resultant project, entitled Madagascar Green and Healthy Communities (MGHC), was managed by JSI Research & Training Institute, Inc. and operated primarily in communities around the forest corridors of Ranomafana-Andringitra in Fianarantsoa and Mantadia-Zahamena in Toamasina, around Andohahela Park and the dry spiny forest in the southeastern Anosy region, and in coastal areas in the northern Diana region (2001-2006).

MGHC served a total of 100 communities across 33 communes with 88,000 people, and was implemented by a consortium of agencies including VS members and local community groups. A key objective of MGHC, in common with the EHP II project, was to help strengthen VS as an association and to help build the capacity of local VS members to carry out linked PHE activities in the field.

MGHC gradually scaled up from working in select villages across a few communes to operating in many villages across numerous communes by the end of the project period, with a focus on supporting community health volunteers and farming collectives, including educational tools such as integrated health-environment radio shows. MGHC provided sites to test expanding the use of the “champion community” approach (described on the next page) from a health/FP-focused exercise to a broader tool for encouraging communities to make progress in other sectors (environment, livelihoods and, eventually, governance and education), eventually at the commune level.

Voahary Salama

During one of their early visits to Madagascar in early 2000, EHP representatives organised a workshop to bring together the many players involved in or supporting linked PHE efforts to explain the underlying EHP evaluation hypothesis, and to agree on how the initiative would unfold over the following four years (this being the minimum time period considered necessary for “synergies” resulting from linked FP and NRM activities to measurably occur).

It was at this workshop that participating organisations decided to form a consortium of agencies called Voahary Salama (VS), which means “human health and all that is natural” in Malagasy. This consortium included funding, technical and implementing partners, all unified in their dedication to improving NRM, food security, nutrition and health (especially reproductive health/FP) in communities around biodiversity-rich forested areas in Madagascar, particularly the forest corridors near Fianarantsoa, Moramanga and Tolagnaro. Several of these partners were USAID-funded projects with a more limited duration in Madagascar (including JSI and LDI), while others have a long-term presence in the country or are Malagasy institutions (like Association Santé Organisation Secours and Ny Tanintsika).

Organisational structure and focus

As originally conceived within the EHP project, VS focused mainly on financial and administrative functions: managing sub-grants for field-based PHE activities, and providing technical support to member NGOs.

EHP funded five full-time Malagasy staff for VS, office rent and associated costs, the development of community-based PHE approaches, and training and technical assistance. The five full-time staff consisted of an executive director, a monitoring and evaluation specialist, an education and communications specialist, a family planning coordinator, and a programme assistant. Each year, VS developed an annual work plan for the partnership as a whole, and provided ongoing coordination among EHP partners through regular meetings with various technical committees and an annual general assembly each July.

Implementation strategies

VS members in 2000 were collectively working in over 120 communities across 35 communes with a population of 120,000. Some members had funding to implement linked PHE projects (for example, through EHP II or the MGHC project), while others obtained funding from different sources which they themselves brought together (for example, through the JSI and LDI projects).
Through their projects, VS members were involved in adapting the “champion community” approach, originally developed by JSI Research & Training Institute, Inc. and its partner AED for the health sector through the JSI project, to include some environmental components. The approach includes participatory exercises to identify community needs, agree on feasible targets and activities to undertake within a specified timeframe, monitor progress, conduct a transparent evaluation, and celebrate achievements with a public ceremony.

**Additional support for Voahary Salama**

A second University of Michigan “PE fellow” posted to Madagascar in 2000 helped to link activities between the LDI project and health-specialised VS members around the Mantadia-Zahamena forest corridor, served as liaison between USAID and local implementing partners, and helped to strengthen the VS association.

The Population Reference Bureau (PRB), a US-based organisation supported by USAID to offer PHE technical assistance and training, ran two training sessions for VS members in 2004, focusing on communicating about PHE issues.

USAID/Washington channelled additional funds (from the Office of Population and Reproductive Health’s Flexible Fund) to VS members for FP activities in order to supplement the EHP II project. In late 2004, more funds were made available at a critical time when EHP II had ended, and when funding for VS members implementing health or environment activities (in association with the JSI, LDI or MGHC projects) was also winding down or had ended. These funds, extended until *early 2006*, aimed to provide additional capacity building to the VS platform for organisational development and strategic planning as it transferred from a USAID-funded consortium to an independent Malagasy association.

**Long-term sustainability**

When USAID support (through EHP II and the Flexible Fund) ended, it was not clear how the VS consortium would survive financially and continue to function as it had before. Recommendations at the time included strengthening its environmental competency (as it was historically more health-focused), restructuring to have a smaller core staff team with a wider network of consultants known for the quality of their work, and developing a stronger identity relating to its ability to programmatically link PHE interventions (Pielemeier, 2007).

In order to continue functioning after USAID support had ended, VS partially reinvented itself as a locus for donor funds to be used by Malagasy member NGOs working on community-based health programmes, and as a more general national representative of civil society in various forums (Pielemeier, 2007). Some of its members also continued to receive USAID (and other) funds to continue their PHE field programmes.

**EHP’s quasi-experimental study**

Funded by USAID/Washington, the EHP II project included an operational research component to test whether linked PHE interventions were more effective than single-sector programmes, and to gauge the effectiveness of different implementation models. The research in Madagascar used a quasi-experimental design that was very similar to the PATH Foundation’s Integrated Population and Coastal Resource Management (IPOPCORM) study in the Philippines, which was also funded under the EHP II project.

The PHE interventions included in the EHP II study in Madagascar encompassed a variety of locally adapted activities that led to improved health (including access to FP services), agricultural production, nutrition and household income.
Three approaches based on an “early adopter” or “innovator” model played a central role in these PHE interventions:

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

A group of 56 “integration (intervention) communities” where a variety of PHE activities were carried out were compared to 29 “non-integration (control) communities” that either had no support or single-sector programmes.

A baseline survey in March/April 2001 and a follow-up survey in March/April 2004 were conducted in three zones – Fianarantsoa, Moramanga and Tolagnaro – by INSTAT, the government institution that carries out Madagascar’s Demographic and Health Surveys, under contract with EHP II and VS.

It was difficult to compare survey data across such different contexts because conditions (for example, the type and intensity of PHE activities, the capacities of implementing organisations, community dynamics, environmental contexts, public service provision, etc) affecting outcomes could not be rigorously controlled between sites. The study did not therefore provide definitive evidence regarding the value of integrating health and environmental activities, although it did yield findings that supported conclusions in favour of the PHE approach.

Two important PHE questions were addressed by the study:

1+1=3?

Is an integrated approach (combining health and environment) more effective than single-sector interventions?

Over the study’s three-year period, greater levels of positive change were observed for 29 out of 44 key PHE indicators among those communities considered “integration sites” than among those communities considered “non-integration sites”.

It was also found that there were higher levels of community participation at the end of the study period, particularly by women, in communities constituting “integration sites”. Women in these “integration sites” were more engaged in community groups, especially those involved in NRM activities - such as farmers’ associations - which are traditionally dominated by men in Madagascar. Women’s participation in community groups in general increased by four percentage points (to 33%) in “integration communities” between the baseline and follow-up surveys, but conversely decreased by five percentage points (to 26%) among women in “non-integration communities”.

Better results were also observed in areas where government services were stronger, such as health clinics that were adequately staffed and receiving regular provisions of contraceptives and immunisations.

Different implementation models

What is the most effective model to implement multi-sector programmes that include health and environment components?

To address this second question, three organisational structures (or “types”) were compared:

Type 1: multidisciplinary teams within the same organisation
Type 2: sector-specific teams within the same organisation
Type 3: two or more specialised (e.g. health and environment) organisations that collaborate in the same community

While the study results highlighted clear differences among the three implementation models in relation to PHE indicators, positive outcomes were observed for all models, although not necessarily for the same indicators across all three models.
Factors that could explain these differences include available resources, organisational capacity and commitment, and the socioeconomic and cultural contexts in various regions.

The study authors concluded that organisational structure (for example, two NGOs from different sectors collaborating versus one NGO training their staff in multiple areas) is less important than their capacity and commitment.

**Value-added benefits**

“Value-added” benefits of PHE (above and beyond those generated by single-sector interventions) were also observed as follows:

a) **Value-added for health**

- A food security focus allows for greater engagement with men and adolescent boys on FP and other health issues compared to approaches that focus only on FP.

b) **Value-added for natural resource management**

- Linking health issues such as FP with NRM provides a useful entry point for encouraging greater female involvement in NRM efforts.

c) **Programmatic value-added (conceptual logic and cost efficiency)**

- Community members saying “this is how we live; we don’t think of our lives as separated into health or the environment” is evidence of the perceived value of the integrated PHE approach to them. Increased community participation in the full breadth of programme activities is an observed positive result.

- Opportunities for sharing costs and resources across projects is a specific example of how integration allows for greater cost-efficiency than single-sector interventions.

**Conclusion**

The large-scale PHE projects carried out during this period were impressive and showcased internationally, including by the Woodrow Wilson Center in Washington DC and through a documentary video produced by PAI.

The “champion community” approach was particularly highlighted as an excellent model that has proven ability to mobilise strong community participation to achieve clearly defined, multi-sectoral targets within short time periods, while the results of the EHP II operational research supported the views of practitioners that integrated projects can generate more positive outcomes in some areas than single-sector FP/NRM programmes. By the end of this phase, the international development community saw Madagascar as a leader in the emerging PHE field.

However, the global stock market decline in 2001 led the Packard Foundation to phase out their dedicated PHE funding programme, preferring instead to focus remaining resources on FP activities (some as part of wider PHE initiatives) that could provide clearer benchmarks for monitoring and evaluation. Dedicated funding for PHE in Madagascar during the next phase was therefore effectively limited to and dependent on USAID/ Washington and USAID/ Madagascar, in the absence of other donors.
2003-2008: USAID/Madagascar provides direct support to PHE, and international conservation NGOs begin to implement PHE projects

**Practice**

During this period, USAID/Madagascar’s strategic plan (2003-2008) focused on integrating the efforts of its two main bilateral projects through “Eco-Regional Alliances” in the Fianarantsoa, Toamasina and Tolagnaro areas. These alliances brought together SantÉNet (which followed on from the JSI project and focused on achieving commune-level FP and MCH results as per the GOM’s decentralisation strategies), managed by Chemonics International, and Eco-Regional Initiatives (which followed on from the LDI project and focused on NRM, rural livelihoods and forest conservation), managed by DAI.

Together, in a select number of integrated PHE sites, these two bilateral projects used a “champion commune” model (Kamaominina Mendrika in Malagasy) scaled up from the “champion community” approach (described above), in order to support communes to work towards achieving their own health and environment objectives. USAID/Madagascar’s strategic commitment to such integration across sectors was quite remarkable both within the country and internationally. The Eco-Regional Alliances drew upon a USAID/Washington-developed framework called “Nature, Wealth and Power” which was adapted to the Malagasy context in 2005 by adding health, for a framework called “Nature, Health, Wealth and Power” (NHWP). Through the Eco-Regional Alliances, the NHWP framework drew attention to where bilateral interventions could be more effective if coordinated in time and space.

**Policy**

Initiatives to decentralise planning to district and commune levels by the GOM gained momentum during this phase, and were seen as providing an opportunity for institutional PHE scale up. Communal development plans were being developed for the first time in line with the country’s Poverty Reduction Strategy Paper (PSRP), and communes were the target for flows of World Bank and European Union poverty alleviation funding.

Meanwhile, President Ravalomanana’s Durban Vision, announced at the World Parks Congress in 2003, aimed to triple Madagascar’s protected areas to cover 10% of the island by 2008. The GOM introduced a new System of Protected Areas in Madagascar (SAPM) in 2006, with a special emphasis on community-managed International Union for Conservation of Nature (IUCN) category V and VI reserves. This system was designed to simplify the legal process of creating new protected areas, and support community-based NRM in ways that would contribute to sustainable development and poverty reduction. Also in 2006, the GOM established a Madagascar Action Plan (MAP) which included targets for environmental protection and community health relating to the Millennium Development Goals, thus ensuring that these sectors continued to be recognised as national priorities.

Madagascar was a signatory of the Libreville Declaration Health and Environment in Africa in 2008, which outlines the commitment of African ministers responsible for health and environment to act together to implement priority multi-sector programmes at all levels.

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International conservation NGOs engage in PHE

This phase was also characterised by a series of PHE grants from USAID/ Washington’s Office of Population and Reproductive Health to large international conservation NGOs in Madagascar, who were encouraged to deliver integrated projects in partnership with local health-specialised VS members or large international health agencies. These initiatives were an opportunity to increase experience among key conservation actors in Madagascar regarding what effective partnerships with the health/FP sector could look like on the ground, and to develop strategies for overcoming logistical challenges associated with linking interventions in time and space.

Conservation International

Conservation International partnered with VS members ASOS and MATEZA, both local health NGOs, in the Mantadia-Zahamena forest corridor in east Madagascar on their “Healthy Families, Healthy Forests” initiative in 2003-2008. This aimed to deliver FP services, improve nutrition, educate farmers on sustainable agricultural practices, and establish systems for community-based NRM which would contribute to biodiversity conservation in key areas.

The project used the “champion community” approach: working with communities to identify and set basic development goals, agree on realistic targets within certain timeframes, implement achievable activities given limited resources, measure progress in an open and participatory way, and celebrate successful results achieved. This initiative resulted in the contraceptive prevalence rate (CPR) increasing from 17% to 30% between 2005 and 2008.

World Wildlife Fund (WWF)

WWF partnered with VS member ASOS in the Ala Maiky spiny forest ecosystem in southern Madagascar on their “Successful Communities from Ridge to Reef” project in 2004-2008. It encompassed the provision of health services including FP services, basic education and adult literacy activities (to increase community capacity to understand and share health and environment messages), and integrated health-environment radio shows. The approach focused on mobilising various field agents to coordinate health, livelihood and environment activities with target populations.

The project met some of the more immediate demands of local communities surrounding formally established protected areas as well as other ecologically sensitive zones, proving to be an effective “door-opening” strategy, with health services as a lead-in to build trust and longer-term relationships with local communities for work on environmental initiatives.

However, aspects of this cross-sector partnership proved difficult owing to mismatches between the organisations’ operational capacities (USAID, 2008).
Wildlife Conservation Society (WCS)

WCS partnered with Population Services International (PSI) and CARE on a “Conservation and Human Welfare” project in the Makira natural park in north Madagascar in 2005-2008. This was funded through USAID/Madagascar’s “Extra Mile Initiative”, which aimed to increase access to FP services for remote rural communities, including those around threatened forests.

The three partners worked collaboratively to integrate FP (and other health) interventions into an already-established environment and development programme supported by WCS in communities bordering the Makira forest. This included PSI-led training to build the health outreach capacity of the WCS and CARE teams. WCS and CARE staff then collaborated to launch an environment and health education programme in the project site, with CARE’s community-based health outreach agents supported by WCS to sell health and family planning products from PSI in their zone.

Lessons learned

One of the key lessons learned during this period was that in order to support FP initiatives, conservation NGOs did not need to be FP experts but they did need enough knowledge to be effective advocates and to ensure effective FP programming when funded to support PHE projects. Given high demands on their time, it could be difficult to find the appropriate means through which to strengthen their FP knowledge base.

Highlighting the various benefits of FP for NRM efforts was also found to be important for donors such as USAID to engage conservation NGOs: benefits such as health services building trust with communities and opening doors for biodiversity conservation, empowered women and healthier families better able to engage in sustainable NRM, and a more balanced equilibrium between people and the environment.

A challenge for health partners was that while methods for evaluating FP results were well established using standard indicators such as CPR, monitoring frameworks for conservation outcomes are less developed and results generally take longer to occur, making it difficult for them to report on the value-added impact of their linked efforts.

By the end of this phase, there was a wide base of PHE experiences in Madagascar including a number of locally tested approaches and partnership models, as well as strong commitment from USAID/Madagascar and the GOM.

However, progress at the field level had been inconsistent with intermittent activity starts and stops, as well as periodic changes in geographical focus, implementing agencies and/or programming strategies in line with different funding cycles. A key recommendation was therefore for PHE projects limited in time and space to be reconceptualised as more integrated programmes with longer-term horizons and more consistent funding. Although there was some interest in PHE among other donors, it was anticipated that USAID would need to play a leading role in expanding PHE activities in Madagascar moving forward, building on their past investments and leveraging further support to scale up efforts.

Conclusion

USAID/Madagascar’s strategic plan during this period was outstanding for its focus on integrating the efforts of its two main bilateral projects through “Eco-Regional Alliances” structured around a NHWP framework. Further USAID-funded projects enabled CI, WWF and WCS to test PHE for the first time in Madagascar. Each of the national offices of these international conservation NGOs indicated a desire to continue and expand their PHE projects in the late 2000s; particularly as a way of gaining the trust and support of local communities around protected areas, ideally as part of a broader package of health and livelihood activities, and preferably sequenced so that short-term visible results occur and trust is gradually developed as new elements are added. Marketing PHE or FP as one of their community conservation priorities was not, however, among the strategies employed by these organisations as they searched for funds at this time.
2009-2013: Political crisis and development of smaller PHE initiatives

Policy

Madagascar’s unconstitutional change of government in early 2009 led many donors including the United States to suspend all direct assistance to the GOM, including USAID funding for environmental projects.

Conservation challenges intensified during this period, with frequent reshuffling of environment ministry and protection agency staff, and alarming increases in illegal hardwood logging and smuggling of endangered species.

A large-scale Managed Resources Protected Area (MRPA) programme initiated by UNDP in 2011 aimed to promote IUCN category V and VI protected areas, with a focus on social safeguards and community needs. However, environmental protection laws stalled during the political impasse, with the CoAP (Code des Aires Protégées) never approved despite more and more NGOs supporting community-managed protected areas. Other key trends included the emergence of a national Locally Managed Marine Area (LMMA) network, and growing interest in Reducing Emissions from Deforestation and Forest Degradation (REDD) and other Payment for Ecosystem Services (PES) as funding mechanisms for conservation.

As state spending on public health services (previously supported by bilateral and multilateral aid) plummeted, USAID funding was channelled towards increasing access to community-based health services. The SantéNet 2 project operated in 12 regions in 2008-2013, managed by RTI International and implemented by a number of health NGOs including PSI, CARE and ASOS. Another project called MAHEFA started in 2011 (funding will run until 2016), targeting 24 of the most under-served districts across 6 regions, implemented by a number of local health NGOs and managed by JSI Research & Training Institute, Inc. The MIKOLO project, which follows on from SantéNet 2, started in 2013 (funding will run until 2018), targeting 506 communes in 6 regions, and coordinated by Management Sciences for Health.

Collectively MAHEFA and MIKOLO are training and supporting over 14,000 community health workers in under-served rural areas throughout the country, many of whom are well-placed to collaborate with conservation organisations present in the same remote areas.

Marie Stopes Madagascar (MSM) also started trialling and implementing community-based models of FP service delivery from 2009 with their Marie Stopes Ladies initiative (in addition to their Blue Star clinic franchise and mobile outreach teams), while PSI continues to offer a wide range of health products and services through its Top Réseau clinic franchise and community health workers.

BALANCED project in the Philippines and Tanzania

Dedicated funds for PHE from USAID/Washington were directed outside of Madagascar during this period; the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) project was a five-year PHE initiative (2008-2013) led by the Coastal Resources Center at the University of Rhode Island with the PATH Foundation Philippines Inc. It focused on building the capacity of local NGOs and governments to plan, implement and deliver PHE activities through training, peer-to-peer mentoring and south-to-south exchanges, as well as scaling up and supporting implementation of PHE field initiatives in biodiversity-rich areas in East Africa and Asia with an initial focus on Tanzania and the Philippines.

Tokantrano Salama (Conservation International & Ny Tanintsika)

USAID/Madagascar funded a small PHE project during this phase; supporting CI to partner with VS members including Ny Tanintsika on a PHE project called "Tokantrano Salama" in the Ambositra-Vondrozo forest corridor in 2011-2012, with the aim of increasing demand for and access to FP services and WASH (water, sanitation and hygiene) products through training and supporting community health volunteers.
Blue Ventures emerges as a PHE implementer and promoter

Marine conservation organisation Blue Ventures (BV) also started integrating health education and services with its NRM initiatives in the Velondriake LMMA on the southwest coast of Madagascar during this period. The health programme, called Safidy, meaning “the freedom to choose” or “choice” in Malagasy, was established in 2007, initially just as a weekly FP clinic in the central village of Andavadoaka, funded by unrestricted income generated through ecotourism expeditions and run by medical staff who were already there to serve expedition volunteers.

A small grant was secured from UNFPA Madagascar in 2010 to develop the programme, with satellite clinics opening in other villages and 33 local women trained as community-based distributors of contraceptives in partnership with PSI. MSM’s regional mobile outreach team and community health workers offer long-acting reversible contraceptives on a quarterly basis.

Larger multi-year grants were received from the MacArthur Foundation in 2011 and the Helmsley Charitable Trust in 2014, both of whom were already funding BV’s conservation work in the region and understanding of the concomitant importance of addressing the unmet health needs of local communities. A small grant from USAID/Madagascar in 2011 supported the incorporation of WASH work into the programme, and the expansion of health services to other communities bordering the LMMA.

Health education and services are integrated with marine conservation and sustainable livelihood activities through coordination between sector-specific teams living and working closely together in the field.

Development of the approach

Key internal factors supporting the development of BV’s integrated PHE approach include:

- The interdisciplinary team supporting marine research and conservation programmes (including staff and volunteers with medical expertise).
- BV’s capacity to trial small-scale projects with unrestricted funds generated through ecotourism expeditions.
- The enthusiastic attitude of field staff as well as technical support (community health worker training) and services (fitting and removal of long-acting reversible contraceptives) received from PSI and MSM.
- Clear recognition of the links between unmet FP needs and marine environmental degradation so that offering health services was viewed by senior managers as a strategically coherent move rather than mission drift.

Impact and communications

BV is currently managing the longest-running PHE programme in Madagascar, which has resulted in a more than fivefold increase in the Velondriake LMMA’s CPR between 2007 and 2013 from 10% to 55%; it now stands at almost double the national average of 29%. The general fertility rate declined by over a third during the same period, through the estimated prevention of over 800 unintended pregnancies among a population of 15,000.

BV has published two peer-reviewed papers about its integrated PHE work, one in a conservation journal (Oryx) and one in a health journal (Reproductive Health Matters), and has produced a short film featuring programme staff and community members. It is conducting a realist evaluation of its PHE approach in collaboration with academics from the University of Exeter in the United Kingdom, with the aim of systematically describing the processes through which PHE generates the various outcomes that can be observed in Velondriake, in addition to measuring these results quantitatively. BV has received international recognition for its integrated PHE model; regularly featuring in the Woodrow Wilson Center’s online communications and events, and presenting its results at conferences including the International Congress for Conservation Biology and the International Conference on Family Planning.
**Replication and driving adoption**

BV expanded the Safidy programme to its second conservation site in **Belo sur Mer** from 2013, in partnership with **JSI/MAHEFA** as well as PSI and MSM, and may further replicate it in the Barren Isles LMMA from 2015. In line with its strategy to drive the adoption of effective conservation models (including PHE) throughout Madagascar and neighbouring tropical coastal developing countries, BV has recently started focusing efforts on encouraging other conservation NGOs to address the unmet FP needs of their partner communities, especially through highlighting opportunities for collaboration with health agencies such as MSM and PSI, and supporting the development of the Madagascar PHE Network of practitioners, policy makers and donors (details on the next page).

This collaboration was established rapidly without the need for dedicated PHE funding, and functions as a **skills/infrastructure-sharing partnership** that enables MSM to reach these isolated communities with contraceptive services, while allowing the Duke Lemur Center to address their unmet FP needs, thereby bolstering community engagement and long-term sustainability of local conservation efforts. It represents a promising cross-sectoral model for expanding the geographical coverage of PHE in Madagascar, particularly in areas where the funded work of health and conservation NGOs already overlap, and effective partnerships can be established rapidly.

**Conclusion**

Despite changes in political and donor support for PHE during recent years, several smaller PHE initiatives have recently emerged in Madagascar with implementation models ranging from coordinated programme delivery by interdisciplinary teams within a single organisation to cross-sector partnerships between different specialised agencies. These experiences are demonstrating how PHE can be implemented at relatively low cost in a variety of ways, with significant co-benefits for human and ecosystem health.

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**Duke Lemur Center & Marie Stopes Madagascar**

With technical advice and facilitation from BV, the Duke Lemur Center started partnering with MSM in 2013, enabling access to FP services offered by MSM’s **Marie Stopes Ladies** (community health workers trained to offer a variety of short-term and long-acting contraceptives) for remote communities around the Marojejy national park in northeastern Madagascar.
2014 and beyond: PHE renewal and scale up?

Policy

With the democratic election of a new GOM at the end of 2013, strong political support for biodiversity conservation and improving access to health services, increased engagement by international donors, and the recent formation of a vibrant national PHE network, it appears that conditions may be emerging and aligning to support the renewal and scale up of PHE in Madagascar.

Madagascar PHE Network

A meeting was organised in Antananarivo on 30-31 July 2014 by Blue Ventures and Voahary Salama under the patronage of his Excellency the Prime Minister of Madagascar who is also the Minister of Public Health, and the Minister of Environment, Ecology and Forests. It brought together health and conservation practitioners, donors and policy makers representing 35 different organisations around the theme of "reinforcing the integrated PHE approach in Madagascar through effective partnerships". It aimed to:

- Raise awareness, deepen understanding and share experiences of PHE
- Strengthen political and donor support for PHE
- Facilitate the wider adoption of PHE among conservation and health organisations through effective partnerships

Blue Ventures and Voahary Salama presented an overview of the history of PHE in Madagascar based on the research that was conducted to produce this report. Marie Stopes Madagascar, the Duke Lemur Center and Ny Tanintsika shared their experiences of PHE including different models for implementation, and in particular highlighting the mutual benefits resulting from cross-sector partnerships. Participants then divided into small groups to further share experiences and identify advantages, challenges and lessons learned in relation to PHE.

A number of needs and priorities for support emerged, along with strong consensus for the creation of a national network to advance PHE in Madagascar. This network aims to connect, inspire and support a diverse range of actors to address Madagascar’s social and environmental challenges in a holistic way.

Objectives for the network include facilitating the development of new partnerships and the effective coordination of PHE activities between members, building technical capacity by sharing resources and organising training, demonstrating and communicating the impact of PHE, engaging with donors and policy makers, and coordinating with other networks at national and international levels.

Further details about the meeting can be found in the proceedings report, and more information about the network can be found online at phemadagascar.org.
Opportunities

- A rich history of 25 years of PHE activity in Madagascar to learn from, including experience with a variety of implementation and partnership models, collaboration between numerous health and conservation NGOs, locally adapted strategies such as the “champion community” approach, and integrated educational resources such as health-environment radio shows.

- Strong political support from Madagascar’s new democratically elected government, including the Ministry of Public Health and the Ministry of Environment, Ecology and Forests.

- Support from a range of donors including UNFPA Madagascar, the MacArthur Foundation and the Helmsley Charitable Trust, and renewed interest from USAID/Madagascar and USAID/Washington; a more diverse PHE funding base than in the 2000s.

- Creation of the Madagascar PHE Network uniting a wide range of practitioners, donors and policy makers engaged in PHE in Madagascar; exciting opportunities for developing new partnerships and sharing learning.

- Interest from health agencies such as MSM, PSI and JSI Research & Training Institute, Inc. who have experience partnering with conservation NGOs.

- Large community-based health initiatives (including MAHEFA and MIKOLO) operating in remote rural areas that conservation NGOs could link up with in order to increase access to FP services for their partner communities.

- Engagement of conservation organisations such as the Duke Lemur Center; their experience has demonstrated how partnerships with health agencies can be established rapidly to implement linked interventions where funded FP/NRM activities already overlap.

- Interest from large international conservation NGOs such as CI, WCS and WWF; they have had experience implementing PHE projects in Madagascar and the inclusion of PHE in their conservation strategies could support wider scale up (geographical expansion) of this integrated approach.

- Emergence of REDD+ and PES as funding mechanisms for conservation, with potential to be applied to support community health promotion as part of integrated PHE programmes.

- BV’s realist evaluation may provide further evidence of the value-added benefits of PHE, which could be used as an advocacy tool for potential PHE implementers and donors.

- Growing relevance of PHE concepts internationally, with post-2015 Sustainable Development Goal discussions.

- Opportunity to learn from PHE implementation experiences in other countries with various resources available via K4Health, and from national PHE networking experiences in other countries including Ethiopia and Uganda.
Challenges

- Relative lack of integrated PHE funding for Madagascar at present.
- FP/PHE still seen as mission drift, or too difficult to implement by some conservation organisations due to the perception that PHE requires an advanced level of technical health expertise and dedicated funding.
- More effort is required to achieve FP impact in remote rural areas so the absolute return on PHE programming investment may be less for health agencies if measured using standard FP indicators such as number of new FP adopters or overall CPR; measures of proportional reduction in unmet FP needs or overall increase in FP service coverage (including through community-based distributors of contraceptives) may better reflect the value of allocating FP funds to remote rural areas.
- Quantitative evidence of the value-added benefits of PHE is still relatively weak (difficult to generate and only attempted in Madagascar to date through the EHP II study), leaving some donors and NGOs unconvinced about its advantages over single-sector interventions.
- Lack of indicators that measure “integration”; it is unclear whether indicators are needed to represent the means by which integration may be promoted in a field setting, e.g. cross-sector training of community-based workers, or alternatively to measure the point in a causal chain where different health and environment efforts converge conceptually to measure a higher-level outcome such as food security apart from sector-specific objectives such as reduced malnutrition or increased fish biomass.
- Well-developed PHE projects and networks in East Africa and Asia are likely to be strong contenders for any future USAID/Washington PHE funds.

Conclusion

An unprecedented number of diverse opportunities are emerging to support the renewal of PHE in Madagascar at this point in time, including the creation of a vibrant national PHE network, strong support from national policy makers and a variety of donors, and engagement by numerous NGOs. The key will be to build on past experiences of PHE in Madagascar, and to scale up with a broader funding base and perhaps a wider range of locally adaptable implementation or partnership models than before.

Major challenges include demonstrating to conservation NGOs that they do not necessarily require an advanced level of technical health expertise or dedicated funding to do PHE, tackling the way that standard FP indicators make it harder for health agencies to achieve return on FP investments in remote rural areas, and addressing a desire to provide quantitative evidence of the value-added benefits of PHE for potential implementers and donors.

Looking back over the last 25 years, Madagascar is recognised internationally as one of the birthplaces of the integrated PHE approach. Looking forward to the next chapter, it certainly has the potential to become a leader in this field once again, for the benefit of its people and environment, particularly through the connections and mutual support that can be nurtured within the nascent Madagascar PHE Network.
Key references


A detailed 100-page overview of the history of PHE in Madagascar, moving through different temporal and institutional phases with a focus on USAID support; Lynne Gaffikin was a PHE fellow in Madagascar in 2004-2006.


A 12-page brief about the development of PHE work in Fianarantsoa; Kristen Patterson was a PHE fellow in Madagascar in 2005-2007.


A 75-page review of a number of PHE programmes, including the MGHC project in Madagascar, by independent consultant John Pielemeier.


A 85-page review of USAID’s PHE projects (particularly those in Madagascar and the Philippines) since the congressional directive supporting FP in biodiversity hotspots.


An 8-page brief summarising some results and lessons learned from the MGHC project; Elaine Rossi is now overseeing the JSI/MAHEFA project in Madagascar.
### Annex I: Summary of key projects mentioned in this report

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th>IMPLEMENTERS</th>
<th>FUNDER(S)</th>
<th>DATES</th>
<th>GEOGRAPHIC ZONES</th>
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<tr>
<td>Jereo Salama Isika (JSI)</td>
<td>JSI Research &amp; Training Institute Inc. + partners</td>
<td>USAID/Madagascar</td>
<td>1999-2003</td>
<td>Fianarantsoa, Antananarivo</td>
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<td>Landscape Development Interventions (LDI)</td>
<td>Chemonics International + partners</td>
<td>USAID/Madagascar</td>
<td>1999-2003</td>
<td>Fianarantsoa, Moramanga, Mahajunga, Antsiranana</td>
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<td>Environmental Health Project (EHP II)</td>
<td>Voahary Salama members</td>
<td>USAID/Washington</td>
<td>1999-2004</td>
<td>Fianarantsoa, Moramanga, Tolagnaro</td>
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<td>Madagascar Green and Healthy Communities (MGHC)</td>
<td>JSI Research &amp; Training Institute Inc. + partners</td>
<td>Packard Foundation</td>
<td>2001-2006</td>
<td>Ranomafana-Andringitra, Mantadia-Zahamena, Andohahela, Diana</td>
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<td>SantèNet</td>
<td>Chemonics International + partners (including VS members)</td>
<td>USAID/Madagascar</td>
<td>2003-2008</td>
<td>Fianarantsoa, Toamasina, Tolagnaro</td>
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<tr>
<td>Eco-Regional Initiatives</td>
<td>DAI + partners (including VS members)</td>
<td>USAID/Madagascar</td>
<td>2003-2008</td>
<td>Fianarantsoa, Toamasina, Tolagnaro</td>
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<tr>
<td>Healthy Families, Healthy Forests</td>
<td>CI + ASOS &amp; MATEZA</td>
<td>USAID/Washington</td>
<td>2003-2008</td>
<td>Mantadia-Zahamena forest corridor</td>
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<tr>
<td>Successful Communities from Ridge to Reef</td>
<td>WWF + ASOS</td>
<td>USAID/Washington</td>
<td>2005-2008</td>
<td>Ala Maiky spiny forest</td>
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<tr>
<td>Conservation and Human Welfare</td>
<td>WCS + PSI &amp; CARE</td>
<td>USAID/Madagascar</td>
<td>2005-2008</td>
<td>Makira natural park</td>
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<td>Tokantrano Salama</td>
<td>CI + Ny Tanintsika</td>
<td>USAID/Madagascar</td>
<td>2011-2012</td>
<td>Ambositra-Vendrozo forest corridor</td>
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<td>Safidy</td>
<td>Blue Ventures + PSI &amp; MSM &amp; JSI/MAHEFA</td>
<td>UNFPA Madagascar</td>
<td>2007-present</td>
<td>Velondriake locally managed marine area</td>
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<td></td>
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<td>MacArthur Foundation</td>
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<td>Belo sur Mer</td>
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<td></td>
<td>USAID/Madagascar</td>
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<td></td>
<td></td>
<td>Helmsley Charitable Trust</td>
<td></td>
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<tr>
<td>None (informal partnership)</td>
<td>Duke Lemur Center + MSM</td>
<td>Own funding sources</td>
<td>2013-present</td>
<td>Marojejy national park</td>
</tr>
</tbody>
</table>
Annex II: Abbreviations used in this report

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AED</td>
<td>Academy for Educational Development</td>
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<tr>
<td>ASOS</td>
<td>Association Santé Organisation Secours</td>
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<td>BALANCED</td>
<td>Building Actors and Leaders for Advancing Community Excellence in Development</td>
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<tr>
<td>BV</td>
<td>Blue Ventures</td>
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<td>CI</td>
<td>Conservation International</td>
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<td>CoAP</td>
<td>Code des Aires Protégées</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive prevalence rate</td>
</tr>
<tr>
<td>EHP</td>
<td>Environmental Health Project</td>
</tr>
<tr>
<td>FP</td>
<td>Family planning</td>
</tr>
<tr>
<td>GELOSE</td>
<td>Gestion Locale Sécurisée</td>
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<tr>
<td>GOM</td>
<td>Government of Madagascar</td>
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<td>ICDP</td>
<td>Integrated and Conservation Development Project</td>
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<tr>
<td>IPOPCORM</td>
<td>Integrated Population and Coastal Resource Management</td>
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<tr>
<td>INSTAT</td>
<td>Institut National de la Statistique de Madagascar</td>
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<td>IUCN</td>
<td>International Union for Conservation of Nature</td>
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<td>JSI</td>
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<td>KM</td>
<td>Kaominina Mendrika</td>
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<td>LDI</td>
<td>Landscape Development Interventions</td>
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<tr>
<td>LMMA</td>
<td>Locally Managed Marine Area</td>
</tr>
<tr>
<td>MAP</td>
<td>Madagascar Action Plan</td>
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<td>MGHC</td>
<td>Madagascar Green and Healthy Communities</td>
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<tr>
<td>MRPA</td>
<td>Managed Resources Protected Area</td>
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<td>MSM</td>
<td>Marie Stopes Madagascar</td>
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<td>NHWP</td>
<td>Nature, Health, Wealth and Power</td>
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<tr>
<td>NEAP</td>
<td>National Environmental Action Plan</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NRM</td>
<td>Natural resource management</td>
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<td>PAI</td>
<td>Population Action International</td>
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<td>PE</td>
<td>Population-Environment</td>
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<td>PES</td>
<td>Payment for Ecosystem Services</td>
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<tr>
<td>PHE</td>
<td>Population-Health-Environment</td>
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<td>PRB</td>
<td>Population Reference Bureau</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
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<td>REDD</td>
<td>Reducing Emissions from Deforestation and Forest Degradation</td>
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<td>SAPM</td>
<td>Système des Aires Protégées de Madagascar (System of Protected Areas in Madagascar)</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VS</td>
<td>Voahary Salama</td>
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<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<td>WCS</td>
<td>Wildlife Conservation Society</td>
</tr>
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<td>WWF</td>
<td>World Wildlife Fund</td>
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THE HISTORY OF PHE IN MADAGASCAR

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