



## Sexual and Reproductive Health Knowledge Sharing Fund

### Application format

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#### What knowledge do you want to share?

CARE Madagascar's Extra Mile Initiative (EMI) is a S/RH project that aims to improve the access of geographically isolated communities to family planning (FP) services by strengthening the FP provision capacity of the healthcare system at the village, commune (municipality), and district levels. After its pilot year, the project's zone of intervention saw an increase of over 100% in use of FP methods among women of reproductive age, raising the area's contraceptive prevalence rate<sup>i</sup> from 11% to 24%. EMI has secured funds from USAID to continue a second year of operation until December 2007.

One of EMI's main objectives is to develop a replicable model of healthcare system capacity-building for FP provision that can be utilized by new communities with only initial support from CARE or other NGOs, or other partners. This model will be based upon the EMI experience, but requires the input of local actors to ensure the model's long-term sustainability after the removal of external support.

Thus, the KS Initiative will have two purposes: 1) To develop this model through collaborative workshops with community health providers and representatives, national and local authorities, and development project personnel—both internal to CARE Madagascar and other in-country organizations—who have experience in community capacity-building and health service implementation; and 2) To share the positive EMI experience with these actors.

Specifically, the KS Initiative will promote the sharing and use of knowledge regarding:

1. Strengthening the management capacity of commune health committees to oversee the delivery of FP and basic health services from commune health clinics and community health distribution agents.
2. Strengthening the institutional structure among these commune and community health providers by better defining their roles and responsibilities in delivering FP and basic health services.
3. Strengthening the supply and distribution system of FP products at the, district, commune, and village levels.

#### Why is this knowledge relevant to CARE?

This KS Initiative seeks to produce a model that tackles the structural causes of a weak FP service delivery system in Madagascar's poorest communities. This knowledge directly addresses CARE's vision to target the underlying structural causes of poor reproductive health, and the S/RH program's focus on health sector reform at lower levels. The Initiative supports the S/RH program's third strategic direction by engaging community health providers, health officials, and government authorities in the model creation, with the chance to influence national and regional policy and elicit their commitment to FP resource mobilization. Further, the Initiative contributes to the programmatic goal of incorporating the current best practices of FP service delivery into this CARE intervention by creating this forum of knowledge exchange.

#### How do you intend to share the knowledge?

The learning process will occur in three successive workshops, each lasting two to three

days and held at one-month intervals to allow time to modify the model between workshops.

The first workshop will occur in March. Participants will include: commune health committee representatives, community-based health distribution agents, and local health clinic personnel from EMI intervention communities and new communities expressing interest in the model; and representatives from other CARE Madagascar projects and development organizations with field-based experience in FP. After the EMI team and the community share their experience and the initial model, discussion about the model's feasibility will be broken down into each of the three knowledge areas outlined above. Participants, including the EMI team, will utilize the methods of story-telling and after-action reviews to discuss their experiences accordingly. Afterwards, all actors will identify the model's problems and suggest possible solutions.

The second workshop will occur in April, and will address the model's integration with the national health and FP strategies and programs. Participants will include those from Workshop I as well as MoH representatives at the national, regional, district and levels. (USAID and technical partners may also attend, to be determined). The process will mirror Workshop I, and will allow participants to identify the MoH's appropriate role in the model.

The third workshop will occur in June, and will seek to engage participation of the Ministry of Decentralization in the model. Participants include: those from Workshops I and II; village and commune mayors; and MoD authorities at the district, regional, and national levels; and possibly donor and technical partners. The workshop will include one visit to an EMI-intervention site. Participants will reflect on the strengths and weaknesses of the model they observe. The remainder of the workshop will mirror the process of the previous ones.

In December, a meeting already budgeted in EMI funds will be held to conclude EMI activity and present the final version of the model. Workshop participants will be invited to attend and offer final feedback on the model.

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#### Who will benefit from this knowledge?

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First, community health actors will learn from EMI staff and current EMI communes about the implementation of model activities. Second, government officials will and help generate and understand their appropriate roles for facilitating the process of FP service mobilization and interventions in other sectors. Third, CARE internal staff and other organizations' personnel will learn best practices for community capacity-building and sustainable health service delivery. Fourth, other CARE Country Offices will find the generated knowledge and participatory process helpful to improve the efficiency of projects, whether related to health or capacity-building in general.

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#### How will you measure success?

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The main learning objective will be measured by the production of a series of evidence-based guidelines, lessons learned, and summation of proven tools and practices in reference to the three knowledge areas. These lessons will then be integrated into a new model. The success of this new model will be indicated in the short-term by feedback from participants in the December meeting, and in the long-term by the sustainability of the project in implementing communities. The workshops will also help CARE's EMI team refine their phase-out plan, and identify appropriate indicators for predicting and measuring sustainability.

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#### What are the associated costs of your KS initiative?

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5000 USD. Budget attached.

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#### Do you require any assistance?

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No, but as one of CARE's S/RH Focus Countries, CARE Madagascar can capitalize on the opportunity of bringing a Technical Advisor to one of the workshops (particularly the last) in an effort to advance our thinking and strategy on improving FP service delivery at the community level.

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<sup>i</sup> Contraceptive prevalence rate refers to women of the reproductive ages 15-49 who use both modern and traditional contraceptive methods.