



PHE Population
Health
Environment
Madagascar Network

**Celebrating 5 years of the PHE network
Presenting our 2025 strategy**

The approach

Population-Health-Environment or PHE is a holistic approach to sustainable development.

It responds to the multifaceted challenges faced by isolated communities living in areas of high biodiversity who depend on natural resources for their livelihoods.

It combines support for family planning and other health services with community-based natural resource management and livelihood diversification initiatives.

It is a flexible, listening-led, rights-based approach that can be tailored to different social and ecological contexts. Components are selected according to unmet needs and priorities expressed by local communities.



Family planning
Maternal & child health
Water, sanitation & hygiene
Malaria prevention
Nutrition



Biodiversity conservation
Resource management
Livelihood diversification
Fishery reserves
Tree plantations



Health services and environmental initiatives are linked through integrated community outreach activities and cross-referral systems that encourage engagement by men, women and youth.



The rationale

Poor community health, unmet family planning needs, food insecurity, environmental degradation and vulnerability to climate change all interact and compound each other in increasingly negative ways.

PHE is a joined-up approach designed to stop and reverse these vicious cycles through a series of positive chain reactions: enabling couples to plan and better provide for their families, improving their well-being, diversifying their livelihoods and equipping them to manage their natural resources sustainably.

Only by working in such a holistic way can we unlock real change for people, their health and the environment.

And nowhere is this approach more relevant than in Madagascar: one of the world's most important biodiversity hotspots, home to unique marine and terrestrial ecosystems, with isolated communities living on the frontlines of climate change and struggling to access basic services.



Win-win partnerships

The PHE approach is being implemented by numerous health and conservation organisations in Madagascar through win-win partnerships that combine their already funded activities.

Health organisations value these partnerships as a way of reaching hard-to-reach communities: leveraging the transport infrastructure and community relations of conservation organisations to access isolated areas and serve a pre-established client base.

Meanwhile conservation organisations value these partnerships as a way of addressing priority unmet community health needs: removing a barrier to community engagement in natural resource management while building trust in their environmental work.

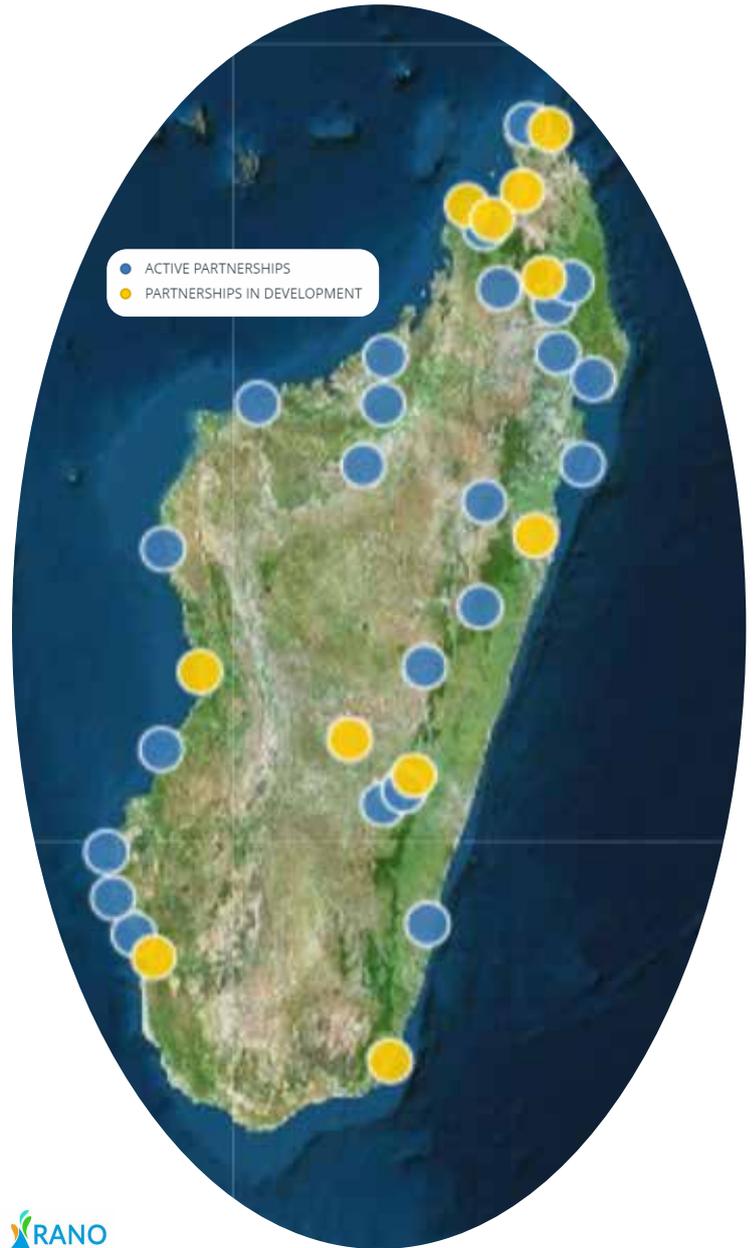
The most effective PHE partnerships are formed by cross-training staff, developing joint work plans and using integrated community outreach materials.

This simple implementation model is proving to be highly adaptable, replicable and sustainable: the longest-running PHE partnership in Madagascar has been active for more than a decade and now there are more than 20 such partnerships in marine and terrestrial biodiversity hotspots throughout the country.

Our national learning network

The Madagascar PHE Network is a national learning network established in 2014 with the purpose of bringing together health and conservation organisations, relevant government ministries and funders to support the uptake of PHE partnerships.

Today its members are reaching more than 350,000 people across the country:



24 active partnerships
 12 partnerships in development
 350,000 people reached to date
 Aiming for 750,000 people by 2025

Celebrating 5 years of progress

100,000 people reached by PHE network members



Madagascar PHE Network is established



PHE network outreach officer (now coordinator) is recruited



PHE network present at MIHARI (Locally Managed Marine Areas) network regional forums

2014

2015

2016

Madagascar is represented at a meeting with PHE leaders from Ethiopia, Kenya, Uganda, Tanzania, Rwanda, Burundi



Four-day training and experience sharing workshop in Antananarivo sparks new PHE partnerships



First regional PHE learning exchange: Blue Ventures, WWF, WCS & SEED Madagascar in the southwest





PHE resources launched



Roundtable discussion about cross-sector responses to mosquito net fishing

200,000 people reached by PHE network members



Thematic working groups established for policy engagement, community outreach materials and national visibility

300,000 people reached by PHE network members

350,000 people reached by PHE network members

2017

Start of PHE regional coordination meetings, training workshops, learning exchanges (continued to this day)



2018

JSI's PHE project supports redynamisation of the Interministerial Health-Environment Working Group (GTSE)



PHE quality charter & portal launched - supporting data sharing & quality assurance

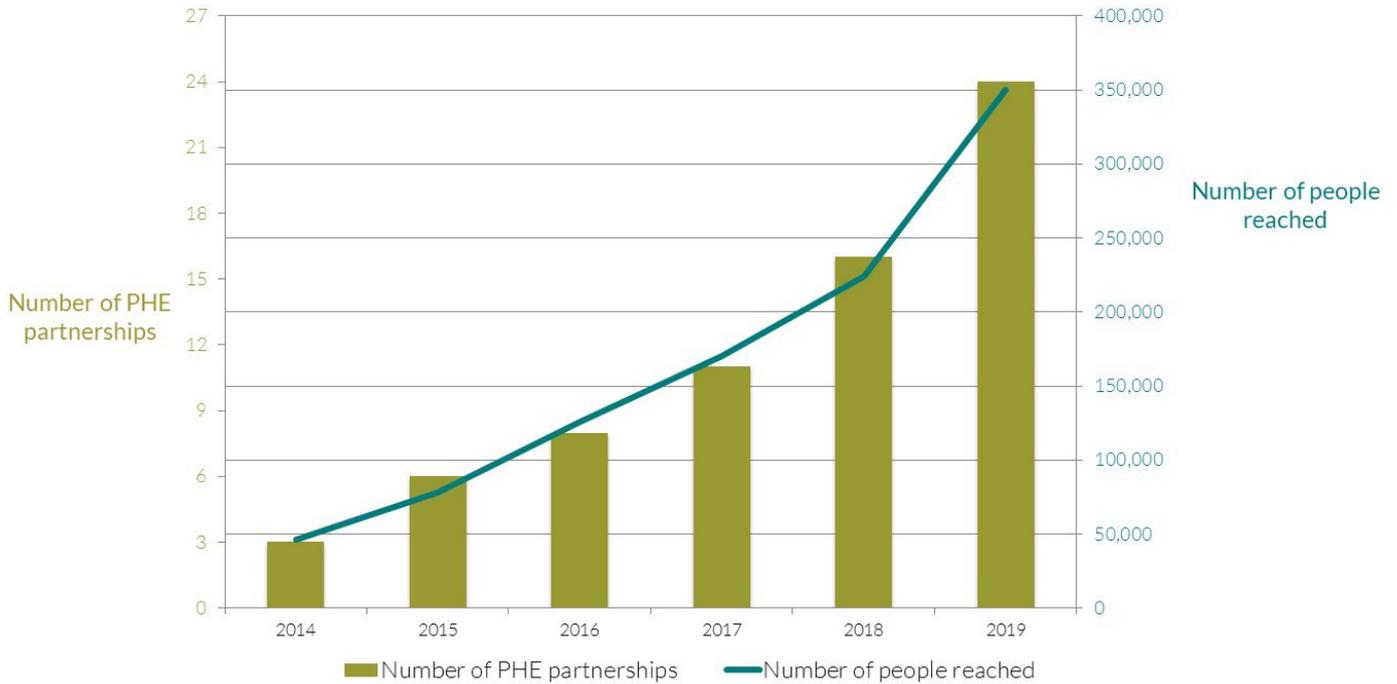


New PHE network office & staff



Key results

Growth of PHE partnerships and reach in Madagascar since the Madagascar PHE Network was established



33,000
 Couple Years
 of Protection
 (CYPs) provided



1 CYP = 1 year of protection from unintended pregnancy for 1 couple

13,000 CYPs
 from implants



10,000 CYPs
 from intra-uterine
 devices



"I started using contraception after my second child and following four miscarriages. I decided to use it to create a little space in my life. It's better when you have more freedom. When children are raised well, you don't have to take so much care of them any more. You can go to the fields and do the usual work. I feel good. I am healthy."

Mino, farmer





“When we talk about health, we must keep in mind that people go out to the sea to work. When people are in good health, they can protect the reserve. We created the reserve to increase our catches. If the reserve is weak then catches decline and there are problems: scarcity of seafood leads to poverty and malnutrition.”

Bruno, fisher and president of the local marine management association

“The link? We can’t be healthy if we don’t have enough food. There are no longer enough crabs. Giving birth all of the time is also difficult. The quantity of crabs must be greater than or equal to the number of mouths to feed.”

Selinatiny, artisan



Spotlight: Blue Ventures & Marie Stopes

Marine conservation organisation Blue Ventures has been collaborating with family planning service provider Marie Stopes Madagascar for more than 10 years. This cross-sector partnership enables Marie Stopes Madagascar to reach isolated coastal communities and offer them access to long-acting reversible contraception. Blue Ventures helps with community mobilisation and transport infrastructure including boats. This initiative complements the local marine management and coastal livelihood diversification efforts supported by Blue Ventures. The partnership is based on in-kind contributions in the form of expertise, activities and services. Integrated community outreach engages men, women and youth in discussions about health-environment linkages.



“Let’s talk about the spacing of births so that we don’t destroy things. Otherwise we may adopt bad practices to take care of our children. We may disregard customary ways of caring for the environment in order to feed our little ones.”

Pascal, village elder



“Before, I struggled to make ends meet to take care of my household. By using contraception, I’m able to take care of my children and to feed them well. I would like them to have a better future. That’s why there are fewer of them.”

Mariette, 48 years



Spotlight: Lemur Conservation Foundation & Marie Stopes

The Lemur Conservation Foundation is collaborating with Marie Stopes Madagascar in and around the Anjanaharibe-Sud Reserve in northeast Madagascar in order to integrate family planning services into local conservation initiatives. Marie Stopes ladies visit regularly to offer long-acting contraception, sometimes travelling by motorbike and foot to reach the most isolated villages, while Lemur Conservation Foundation staff inform communities of these services through integrated outreach addressing health and environmental topics. This partnership started in 2016.

“For the environment to support health, it depends on how we act with it. In this way, we take responsibility for the health of our community. If the heart of the forest is destroyed, there’s less water available, our air becomes impure, diseases and different viruses may come.”

Fortinée, community health worker



“We’re on the right path. We’re noticing changes in the environment. Mangroves are beginning to be restored. We’re breathing clean air. Illnesses are becoming less frequent - health is in top form. If the partnership linking health and environment continues, we’ll return to a state of equilibrium: health from the environment.”

Masindraza, 50 years

Spotlight: Wildlife Conservation Society (WCS) & Mahefa Miaraka

Wildlife Conservation Society is collaborating with the Ministry of Public Health and JSI Mahefa Miaraka in the MaMaBaie (Makira, Masoala & Baie d’Antongil) area in order to integrate family planning and other basic community-based health services into local marine and terrestrial conservation efforts. JSI Mahefa Miaraka supports community health workers in the region. WCS has cross-trained these community health workers so that they can facilitate health-environment discussions within their communities. For example, provoking reflections about the links between family planning, food security and ecosystem health.



“When people choose to use contraception, environmental protection goes well. If I have 10 children while my land yields only two sacks of rice, I will not be able to feed them. My children might be tempted to enter protected areas during the lean season. They would destroy not only our own life, but the life of a whole community.”

Totoasimpa Noel, cook in the Marojejy National Park



“A healthy population, a community {fokontany} in development, a protected environment - this is the winning trio for me.”

Justin, village leader and farmer

“PHE partnerships have allowed us to access new clients and provide services where they are needed - where there were never services being provided before. It has opened new doors for us. By working together in an integrated way we can achieve great results.

There's no perfect or standard formula, you need to adapt to the local context until you find the right model. My advice to others? Don't hesitate to try this approach. You're not wasting time nor money. It's always for the good of the community.”

Eugène Andriamasy, partnerships manager for Marie Stopes Madagascar



2025 strategy

Our **vision** is for PHE to become the default model for conservation programming in Madagascar, leading to healthy communities living in healthy environments with resilient and sustainable livelihoods.

Our **mission** is to connect, support and inspire our members to implement cross-sector initiatives that improve the health of both people and the environment. We also seek to build policy and donor support for holistic ways of working.

Our **2025 strategy** aims to embed PHE in Madagascar's conservation and health sectors: reaching more than 750,000 people through PHE partnerships, with robust learning systems and a national PHE policy framework in place.



Strategic axes

We have defined five strategic axes to guide our work over the coming five years. Each one seeks to strengthen an aspect of the PHE network's functioning or impact.

Implementation

Supporting the growth & quality (depth of integration) of PHE partnerships in Madagascar

- Coordination between NGOs to enable new PHE partnerships
- Connection with funding opportunities where possible
- Facilitation of cross-training workshops
- Development of integrated community outreach materials, strategies and cross-referral systems
- Peer accreditation of adherence to the PHE quality charter

Evidence

Strengthening the evidence base for PHE & informing refinements in programme design

- Online portal for results data (common indicators), effective practices and lessons learned
- Ongoing collection of community testimonies
- Mixed methods evaluation of multiple PHE partnership sites

Policy

Creating an enabling environment for PHE uptake & institutionalisation

- Further collaboration with the Interministerial Health-Environment Working Group (GTSE)
- Creation of a national PHE policy framework

Outreach

Enlarging the PHE network & increasing its visibility

- New members - particularly those from the WASH, nutrition, education & climate resilience sectors
- National and international communications
- Funder engagement

Operations

Building a sustainable organisational structure with strong member ownership & participation

- Strategic steering group
- Regional focal points
- Thematic working groups



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www.phemadagascar.org