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TECHNICAL HIGHLIGHT EMPOWERING WOMEN WITH ACCESS TO SAVINGS, CREDIT, AND HEALTH MESSAGES

THE USAID MIKOLO PROJECT

Photo: MSH/Samy Rakotoniana



PROJECT OVERVIEW

The USAID Mikolo Project increased access to and availability of community-based primary health care services, especially for women of reproductive age, children under age five, and infants living in remote areas in Madagascar. Implemented by Management Sciences for Health (MSH), with partners *Action Socio-sanitaire Organisation Secours*, Catholic Relief Services, *Institut Technologique de l'Education et du Management*, Dimagi, and Overseas Strategic Consulting, Ltd., the project was aligned with Madagascar's national community health policy and specifically focused on reproductive health; family planning; maternal, newborn, and child health; and malaria prevention and care. The five-year project (2013-2018) served an estimated 4.6 million people living more than five kilometers from a health facility throughout 506 communes in 42 districts across 8 of Madagascar's 22 regions.

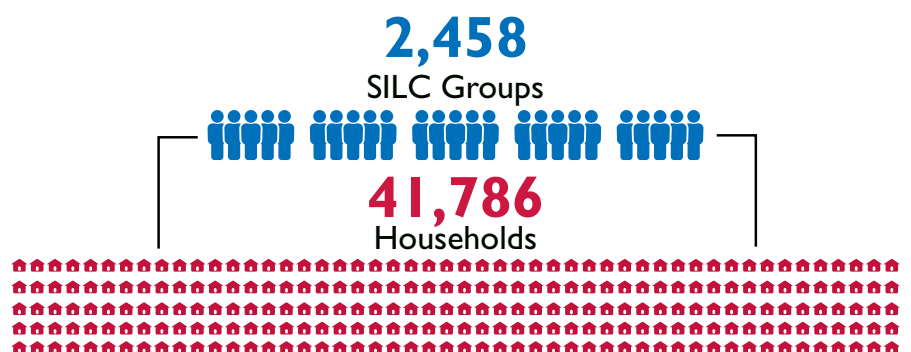
The USAID Mikolo Project supported the Ministry of Public Health by training and supporting 7,591 community health volunteers and mobilizing communities to strengthen the continuum of care. The community-based delivery of the service package the volunteers offer is endorsed by the World Health Organization and has been shown to be an effective way to address shortages of human resources without compromising the quality of care.

STRATEGY

In rural communities across Madagascar, access to formal financial services is limited or nonexistent. This challenge impacts community health when people cannot afford to pay for preventive or curative health services. In collaboration with partner Catholic Relief Services (CRS), the USAID Mikolo Project promoted the creation of savings and internal lending communities (SILCs) at the Fokontany (village) level to encourage individuals and families to regularly save income and to provide them with access to credit on favorable terms.

Community health volunteers (CHVs) provide primary health care services to isolated populations and are members of community-level health committees (COSANs). To help motivate CHVs to actively carry out activities to increase the use of community-based primary health care services, the USAID Mikolo Project implemented the COSAN Savings and Loan Funds (CSLF) approach, in which savings and credit groups were created specifically for COSAN members.

RESULTS



A total of 2,458 SILC groups were established, reaching 41,786 households. They accrued the equivalent of USD\$650,000 in savings. Seventy-four percent of the members were women and 639 of the groups had CHV members.

In addition, 89 CSLF groups were established, and they accrued \$14,000 in savings.

*All data as of April 19, 2018

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“We always had financial difficulties during the hunger season, even for the purchase of our daily meal. Now, the SILC group allows me to take out a loan to buy rice to ensure that the whole family is well fed.”

- Felistine, member of a SILC group in Vohipeno District, Madagascar



Photo: MSH/Samy Rakotoniaina

“As a PSP, I earn 90,000 to 100,000 Ariary (\$30-35) per month as additional income. It’s a great personal achievement to see that I contribute to the improvement of living conditions in my communities.”

- Jean Lardo, SILC PSP in Vohipeno District, Madagascar

APPROACH



Photo: MSH/Samy Rakotoniaina

The SILC approach was first developed by CRS for general community development, and implemented for the first time in the field of public health by the USAID Mikolo Project. SILCs offer easy access to financial services for households and health care providers, especially women, as

well as social capital. The main objective of SILCs is to provide funding, borrowing, and savings opportunities for community members.

Promoting SILCs

Private Service Providers (PSPs) establish and support SILC groups. PSPs are initially recruited as field agents within the community, according to certain criteria. Field agents are then trained on SILC methodology and supervised for one year, at which point they take an assessment exam. After passing this assessment, they are certified and formally become PSPs. These PSPs are then deployed throughout the project’s eight regions to promote SILCs, and they receive a small fee from communities for providing training and guidance to new SILC members. This PSP model was a central component of ensuring the continued sustainability and expansion of community savings and credit groups after the end of USAID Mikolo.

Educating members

The USAID Mikolo Project encouraged CHVs to join SILC groups in their respective communities. CHVs use SILC meetings as an opportunity to educate members about health-promotion activities, answer questions related to health, and disseminate health messages. Health topics include antenatal care visits, vaccinations for newborns, hygiene and sanitation, family planning, and nutrition, among others.

CHVs who were part of a SILC group for one year were eligible to join a CSLF group at the commune level, which helped expand the CHVs’ access to credit. CSLFs enabled CHV COSAN members to have access to credit and savings opportunities. COSANs guide the implementation of all health activities in each village.

Additional information can be obtained from:

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This publication was made possible by the generous support of the United States Agency for International Development (USAID) under contract number AID-687-C-13-00001. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.