



# THE ACCESS PROGRAM FOSTERING SOCIAL AND BEHAVIOR CHANGE

## PROJECT OVERVIEW

The Accessible Continuum of Care and Essential Services Sustained (ACCESS) program is a five-year (2018-2023) integrated health project funded by the United States Agency for International Development (USAID) and led by Management Sciences for Health (MSH). By working in close collaboration with the Ministry of Public Health (MOPH), the goal of the program is to accelerate sustainable health impacts for the Malagasy population through three primary objectives:

- Quality health services are sustainably available and accessible to all Malagasy communities in the program's target regions
- Health systems function effectively to support quality service delivery
- The Malagasy people sustainably adopt healthy behaviors and social norms

There is great variation between and within the ACCESS target regions in terms of geography and infrastructure, epidemiology, demography, economic and socio-cultural factors, health sector performance, and level of organizational capacity within the MOPH and in communities. Consequently, the program's strategic approach requires tailored and decentralized implementation, building on what exists and responding to the needs and opportunities specific to each region and district.

## SOCIAL AND BEHAVIOR CHANGE APPROACH

The ACCESS social and behavior change (SBC) strategy focuses on (1) increasing the adoption of healthy behaviors and appropriate care-seeking behaviors across the continuum of care; (2) generating increased demand for quality health services at the community, district, and regional levels; and (3) building the capacity of the MOPH's health promotion department (DPS). It provides an overarching framework for SBC across all health areas, tailored to each audience according to their stage in USAID's Integrated Life Cycle And Continuum Of Care, and informed by Human Centered Design, behavioral science, program learning and research, and revitalization of locally identified best practices. ACCESS's gender approach underpins the strategy and is woven into all activities to address gender inequities in health care access and to promote the mainstreaming of gender considerations within health services delivery and health promotion. ACCESS also aims to strengthen SBC capacity in Madagascar through a variety of partners, and is supporting the creation of a national network of SBC experts. Furthermore, ACCESS is consistently working to ensure that government counterparts take leadership roles in the design and implementation of SBC activities and approaches.



## MALAGASY PEOPLE DEMONSTRATE KNOWLEDGE AND PRACTICE OF HEALTHY BEHAVIORS

ACCESS supports regional and district management teams (EMAR, EMAD) and decentralized local authorities - the health committees (COSANs) and communal health development commissions (CCDS) -- in bringing together beneficiaries, community health volunteers (CHVs), and basic health center (CSB) staff to jointly identify bottlenecks and opportunities for access to services, and to conceptualize interventions for better use - an approach that has been proven to increase the adoption of healthy behaviors and health service utilization.



ACCESS collaborates with the private sector to conduct multi-channel and strategic media campaigns focused on key health interventions. This broadens the scope of the messages that the MOPH and ACCESS support, while enhancing the visibility of corporate social responsibility activities. To promote 20 priority behaviors, ACCESS implements the Champion of Change Approach, which allows each household, Fokontany, commune, CHV, and CSB to adopt behaviors and receive recognition at the community level.

The role of gender norms in maternal and child health, family planning, and reproductive health, as well as in other areas of Malagasy everyday life has brought gender to the front and center of ACCESS's overall strategy. National SBC strategies and tools are being designed through a gender lens to make sure that men and women explore how gender norms impact their lives, assist them in overcoming those gender barriers, and find ways to work together as a community to address those issues.

## COMMUNITIES AND INSTITUTIONS PROMOTE AND SUPPORT HEALTHY BEHAVIORS

ACCESS provides support to the MOPH and other actors involved in SBC activities to help clarify their roles and raise their profile as leaders of SBC efforts in the country while increasing their capacity to actually take the lead in driving SBC activities and approaches at all levels.

In addition, ACCESS, EMADs, and opinion leaders mobilize communities to become agents of change and encourage greater engagement through the proven participatory methodology of the Community Action Cycle. This methodology introduces a community-led approach to setting health priorities and acting collectively for change. As open defecation is an ongoing problem, ACCESS will implement the Community-Led Total Sanitation Approach to enable communities to sustainably achieve open defecation free community status through their commitment to build and maintain latrines and WASH infrastructure.

Finally, to improve nutrition, ACCESS uses the Intensive Community Nutrition approach, which integrates the MOPH's essential nutrition action package to promote the healthy growth of children under five.



## BARRIERS TO HEALTHY AND HEALTH-SEEKING BEHAVIORS FOR THE POOR AND UNDERSERVED ARE REDUCED

ACCESS contributes to Madagascar's progress towards Universal Health Coverage by helping communities identify and eliminate the main financial and geographic barriers to health services, especially among the poor. In addition, Savings and Internal Lending Communities (SILC) will be scaled up to help improve family access to health care.



### KEY INDICATORS

- Percent of infants 0-5 months exclusively breastfed
- Percent of children under five with pneumonia, diarrhea, or malaria symptoms taken to a health facility or provider
- Number of youth who participate in designing youth programs
- Percent of households using insecticide-treated bednets
- Number of communities verified as open defecation free
- Number of SILC groups established at the community level
- Percent of communities with an established emergency transport system
- Percent of households with soap and water at a handwashing station
- Percent of households practicing correct use of water treatment technologies
- Percent of women of reproductive age who can name at least two modern contraceptive methods