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**The VISA Approach : New
Source of Vitality for the BCC
approach.**

*Child Survival Project - Toliara
Province - Madagascar*



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Plan

- **Child Survival Project in Toliara Province :**
 - Project Areas,
 - Target Population,
 - Interventions, goals and objectives, strategies
- **VISA Approach :**
 - Objectives
 - BCC Component
 - Sustainability components
 - Monitoring and Evaluation
 - Some Results
 - Challenges



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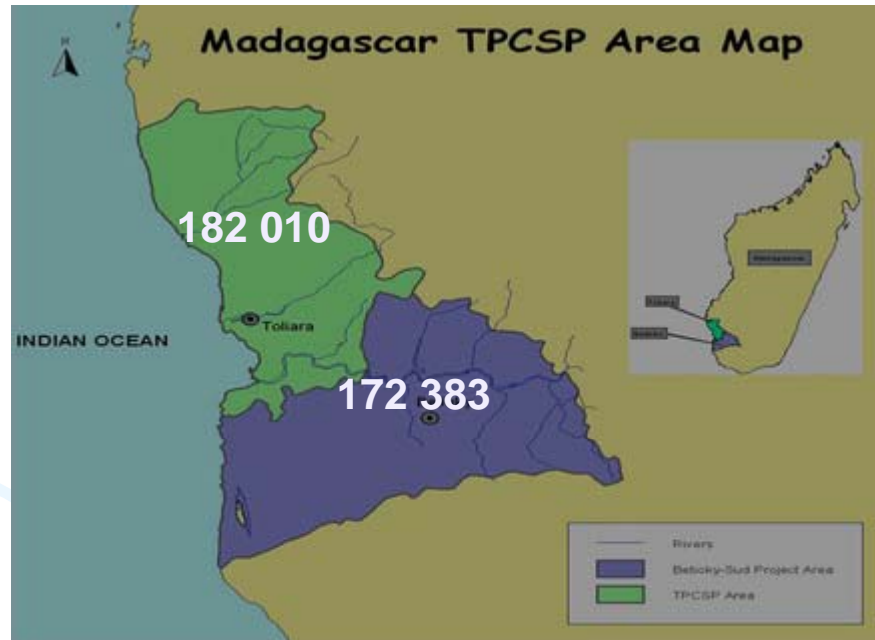
The Child Survival Project – Toliara Province Madagascar



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Project Areas : Districts of Betioky South and Toliara II, South of Madagascar, in Toliara Province.





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Target Populations

Beneficiaries	District of Betioky	District of Toliara II	Total
Children under 5	22,759	22,577	45,325
Women of reproductive age	44,705	42,455	87,160



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Interventions

1. Nutrition/Breast-feeding
2. Vaccination
3. Child Birth Spacing
4. Diarrhea, pneumonia, Malaria (IMCI: Clinic and Community)



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Goals and Objectives

Goal :

Contribute to the reduction of mortality and morbidity in children under 5 and to improve the overall health of women of reproductive age.

General Objectives :

- Increase population access to quality health care
- Increase the use of health care
- Increase the adoption of key behaviors to the family level.



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Strategies

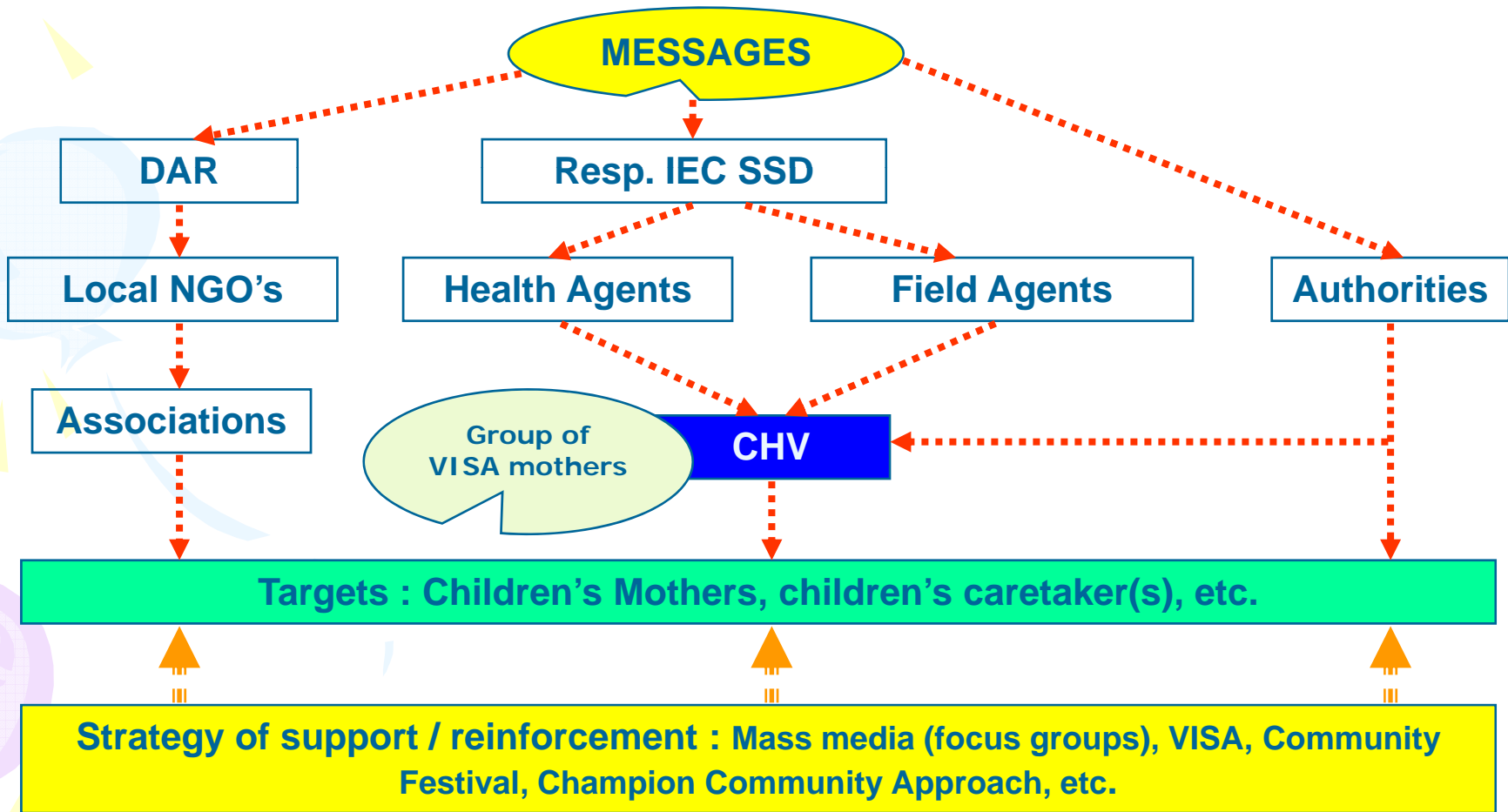
1. **Capacity Reinforcement on the community level** by the development of sustainable community based structures;
2. **Institutional Reinforcement** of the Ministry of Health by improving case management, and strengthening health personnel supervision skills in addition to other management, technical and organizational skills among health district staff ; and
3. **Promotion and facilitation of synergies** with other partners on material support, training modules, equipment etc.



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BCC Strategy : Based on the CHV





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Issues with voluntary-based approaches.

1. Lack of motivation by community volunteers;
2. Lack of negotiation skills,
3. Low retention;
4. Problems with continuity and sustainability of CHV actions;
5. Problems with monitoring of CHV ;
6. Problems with coverage of CHV ;



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VISA Approach

In the context of the Child
Survival Project



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Objectives of the VISA approach

1. **Promote the maximum change in behavior** : by actively implying the CHV and the target mothers in the BCC and the promotion of behaviors / key messages to reinforce the traditional approaches (household visits, mass media, interpersonal communication, etc)
2. **Sustain CHV activities** : by creating a mechanism for autorecruitment, supervision by the CHV's.



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BCC Component of the VISA approach (Stages)

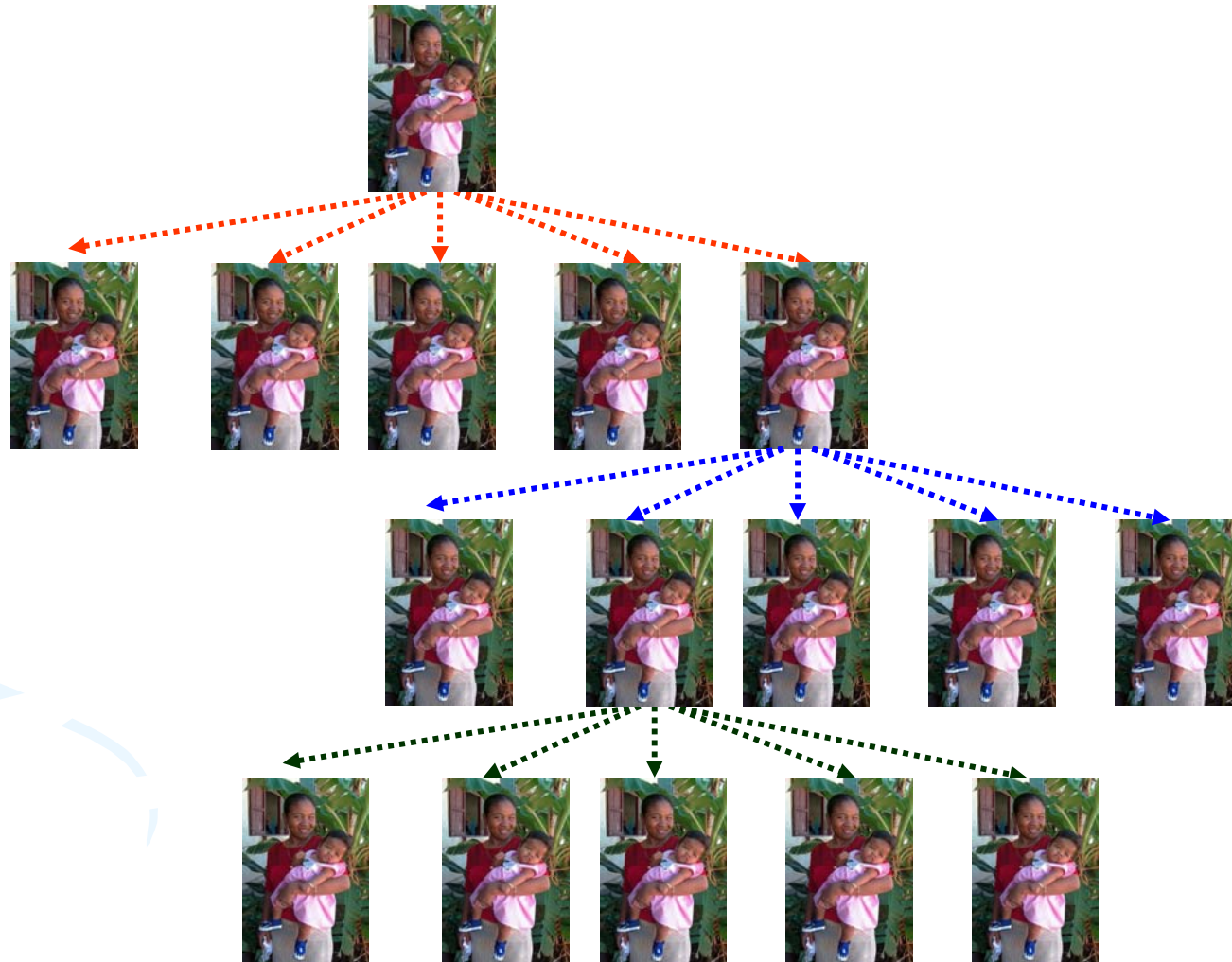
- VISA = Visit, Identify, Sensitize, Accompany
- VISA = Structuring of household visit approach
- Work of the CHV's = Traditional activities (health education in small groups, village drama etc) + monitoring of 5 mothers (=VISA)



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Cycle 1

Cycle 2

Cycle 3



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BCC Component of the VISA approach (Stages)

Stage 1 : Recruitment and training of CHV

- **Recruiting criteria for CHV** : Not too strict (may be male or female, illiterate or literate, young or old, etc.) but essential to have a starting point for the cycle.
- **Training of CHV** : Thematic (Exclusive Breastfeeding, FP, etc.)
Communication techniques, negotiation skills, managing the VISA approach and household visits.



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BCC Component of the VISA approach (Stages)

Stage 2 : Link each CHV to 5 mothers

- **Choice of 5 mothers** : CHVs are free to choose mothers, but preference is given to close family members and friends (close-knitted society)
- **Why VISA** : Visit the mothers, Identify jointly the behavior problems of the mother/family, CHVs will **Sensitize** mothers i.e. identify and advise the key behavior to be adopted and will **Accompany** i.e. support mothers and encourage adoption of key behaviors
- **Continuous Process based on the principle of negotiation rather than prescription**



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BCC Component of the VISA approach (Stages)

Stage 3 : Invite mothers to become members of VISA groups

- Among the mothers who've adopted key behaviors, ie. having changed their behavior.
- Testimonies in favor of these key behaviors by the mothers
- Acquisition phase of the techniques of communication and VISA



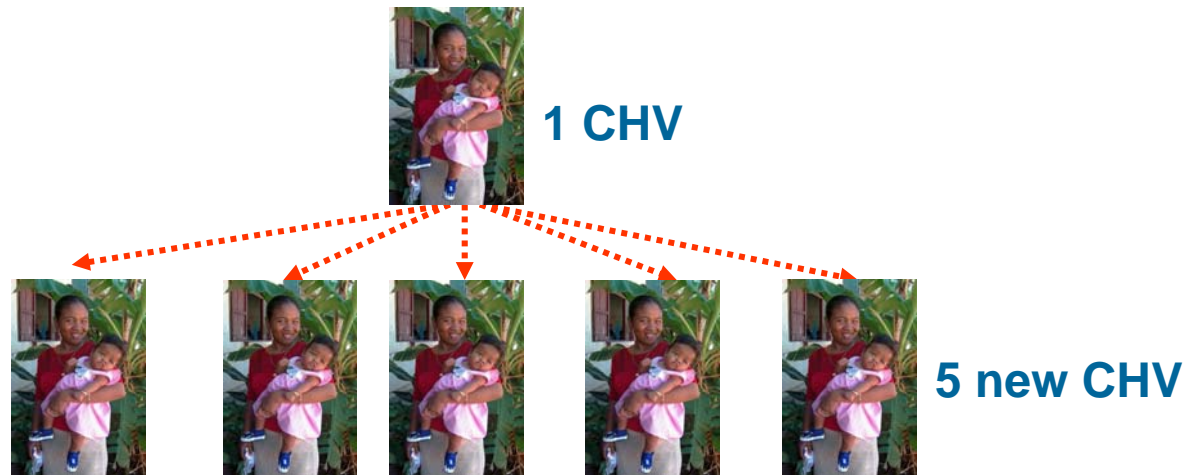
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BCC Component of the VISA approach (Stages)

Stage 4 : Invite the 5 VISA mothers to become CHV



And so on, the story continues...



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BCC Component of the VISA approach (Stages)

Stage 1 : Recruit and train the CHV

Cycle 1

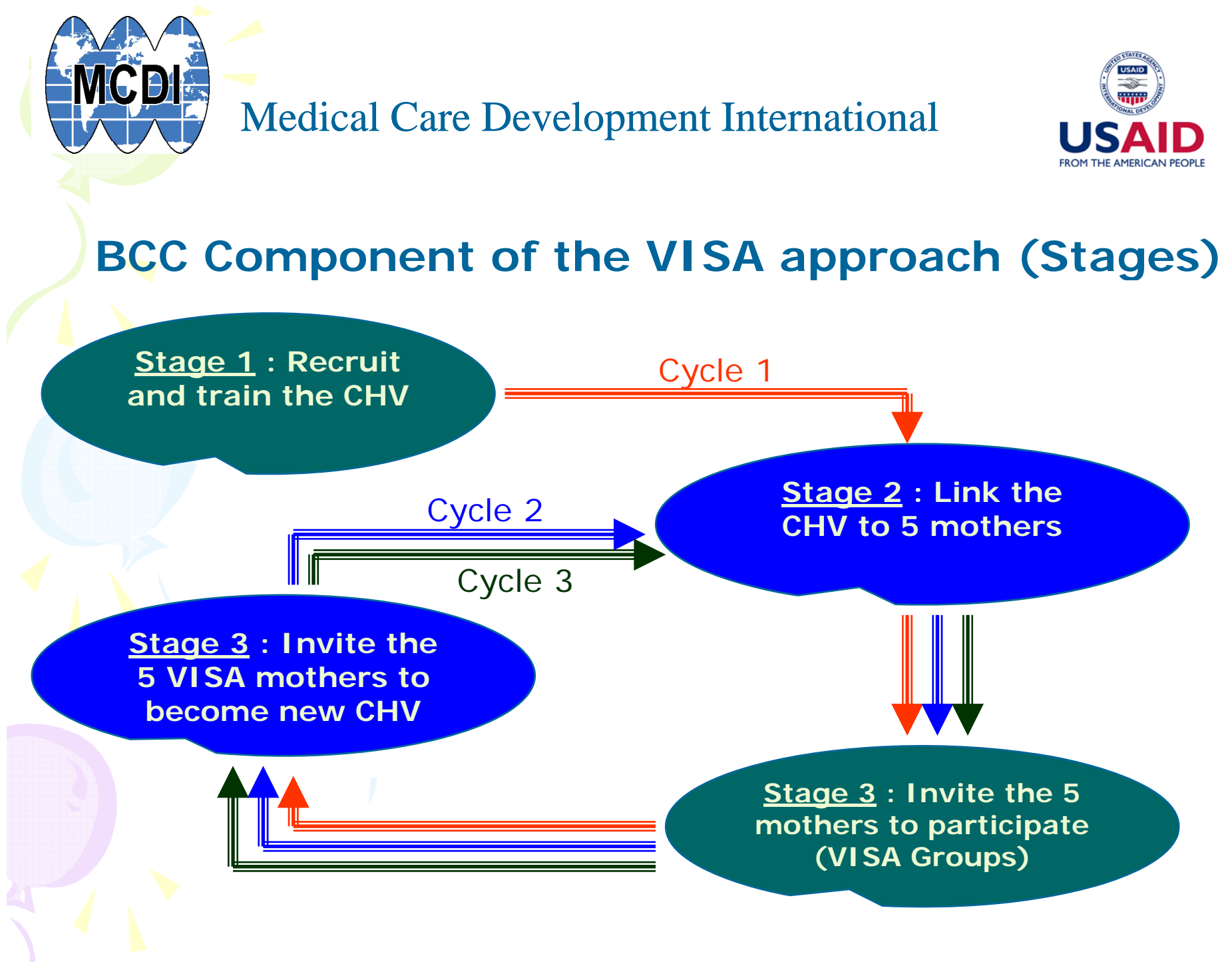
Stage 2 : Link the CHV to 5 mothers

Cycle 2

Cycle 3

Stage 3 : Invite the 5 VISA mothers to become new CHV

Stage 3 : Invite the 5 mothers to participate (VISA Groups)





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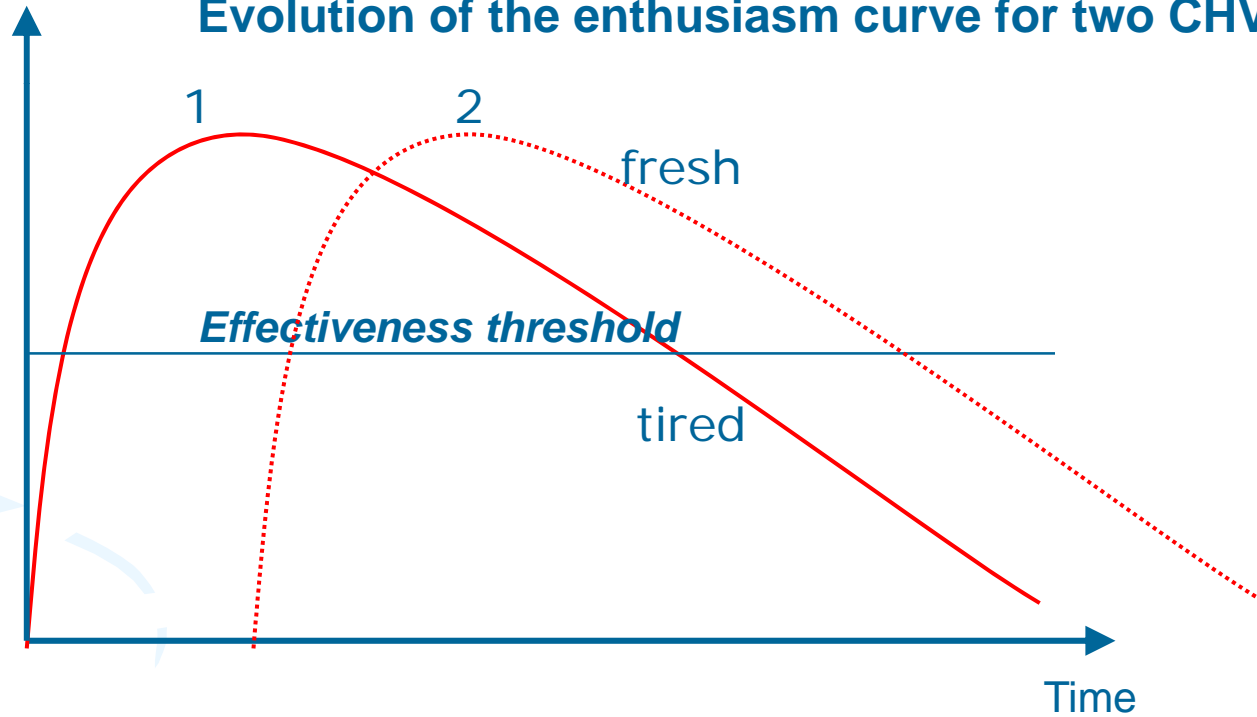


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Sustainability Component

Evolution of the enthusiasm curve for two CHVs

Enthusiasm
level





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Sustainability Component

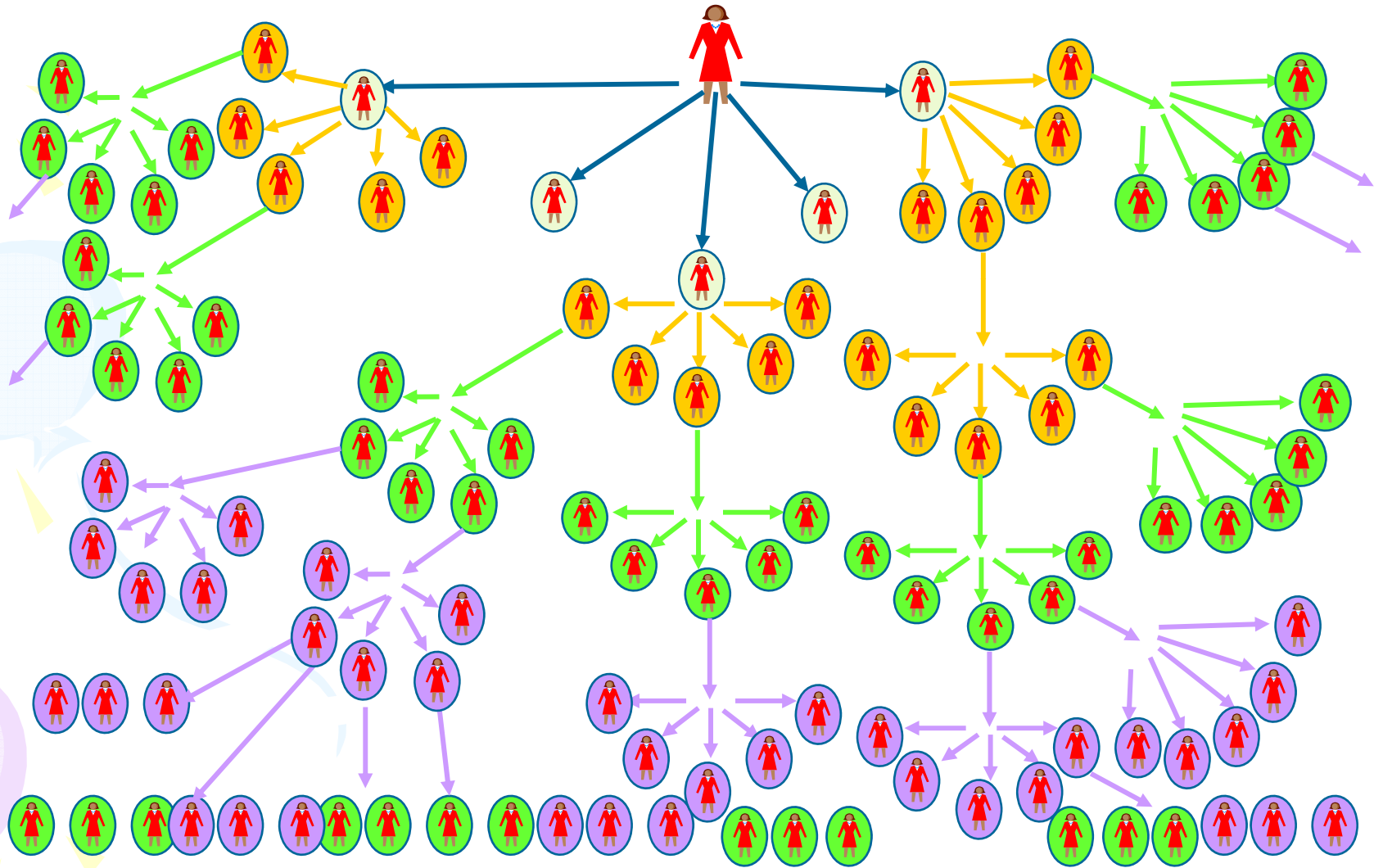
- **Optimize the phase where the level of enthusiasm is acceptable** (above the effectiveness threshold)
- **Seek to maintain the CHV indefinitely** (freedom of choice in withdrawing)
- **Aim to prioritize the entourages, close relations or families**
- **Mechanism for automatic recruiting:** bring new blood, fresh air, and respond to low retention problems
- **Autocontrol** : mitigate the problems of cost and withdrawal
- **Individual responsibility:** involve a better appropriation of the program



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Monitoring and Evaluation Approach

Individual periodic monitoring :

- Monitoring at the level of each CHV Zone
- Training and evolution of the approach
- Especially include the health personnel but also supervisors of the CHVs
- Quarterly meetings

Group periodic monitoring :

- Training
- Include the health personnel and other trainers
- Quarterly, in each training activity

Impact and Process Evaluations :

- KPC survey every 2 years based on the LQAS methodology.



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Results (2002 to 2006)

- **Dropout rate of the CHV:** about 10% (41/420 CHV).
- **Recruitment rate of new CHV :** More than 125% (Total number of CHV has gone from 420 to 950).
- **Number of mothers who are members of the VISA group :** 4,300 (or 5% of target population) was reached DIRECTLY through the VISA approach.
- **More than 13,000 mothers** were reached by the VISA approach (about 15% of the target population).
- **Adaptability:** the VISA approach is currently being implemented in MCDI's Benin Child Survival Project. Similar convincing results to our Madagascar experience are also being observed in Benin.



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Results (KPC 2002-2004)

Indicator	2002 Baseline	2004 MTE	2006 (target)
Uses a modern PF method	9%	22%	25%
Complete immunization	30%	52%	60%
Exclusive breastfeeding (0-6m)	2%	34%	35%
More fluids during diarrhea	34%	58%	65%



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Challenges

- **Rapid rollout in a vast intervention zone:** With the rate of 5 mothers per CHV per period, it is necessary to recruit a rather large number of CHV at the beginning to cover the whole zone quickly
- **Monitoring efforts from a certain number of CHV:** (workload increases proportionally to the number of new mothers recruited)



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MISAOTRA TOMPOKO!