

# Strengthening Communities' Response to COVID-19 in Madagascar

For years, [MCD International \(MCDI\)](#) has worked to improve sanitation and hand-washing practices throughout Madagascar using an effective, advanced [Community-Led Total Sanitation \(CLTS\)](#) approach through its [Fonds d'Appui pour l'Assainissement \(FAA\) program](#), funded by the Water Supply and Sanitation Collaborative Council's Global Sanitation Fund (WSSCC/GSF).

During the onset of the COVID-19 pandemic in 2020, measures taken by the government to prevent the spread of the virus made it challenging for the FAA program to reach communities, which impacted progress. Despite the spread of COVID-19 in Madagascar, MCDI and its implementing partners quickly adapted their approach to, not only respect public health measures necessary in curbing the pandemic, but also leverage the program's strengths.

These partners adapted to the circumstances and restrictions, such as on travel and gatherings, and used communities' additional interest in hand-washing to prevent COVID-19 as an entry point for other program activities while reinforcing the government's response to COVID-19.

## Background

From 2010 through 2020, MCDI's FAA program in Madagascar succeeded in eliminating open defecation in 23,947 villages, benefiting approximately 2.8 million inhabitants who lived in open defecation free (ODF) environments and had access to hand-washing facilities. About 5 million people gained access to and were using hygienic sanitation facilities with hand-washing stations.

The foundation of the FAA program's CLTS approach relied on building and empowering a national movement to eliminate open defecation and positively change behaviors and social norms surrounding hygiene. Evaluations of the FAA project assess its efforts as highly effective in eliminating open defecation and persuading

people to wash their hands at critical moments.

By using the CLTS approach to respond to the rising threat of COVID-19, interventions were strengthened at the institutional level (schools and health centers) and other public places. Such interventions included distributing WASH kits (e.g., soap, hydroalcoholic gels) supplied by UNICEF, triggering hand-washing with soap, sanitizing latrines, implementing disinfection campaigns, and other activities with the ultimate goal of mitigating the spread of COVID-19 while also promoting good hand-washing practices and social measures.



*Promoting COVID-19 prevention measures in Madagascar.*

## Network Mobilization

The FAA program harnessed its existing network of 100,000 local leaders and 18 implementing partners across 21 regions in Madagascar to rapidly mobilize and strengthen the country's COVID-19 response.

Three tenets – inform, train, and support – helped focus these partners' activities to better prepare their communities for COVID-19 preventive actions, with thorough training on measures people can take to interrupt transmission of COVID-19.

Examples of such efforts by partners include:

- Miarintsoa, an NGO in the Haute Matsiatra region, launched a mass hand-washing

campaign and established health vigilance committees in the five communes it serves. This NGO also broadcasted weekly special awareness messages about COVID-19.

- The NGO SPM in the Ihorombe region supported the Regional Directorate of Health (DRS) by preparing and distributing hand-washing stations with soap to health centers and other public places. SPM also publicly promoted and demonstrated hand-washing when installing the stations and trained staff of basic health centers to fabricate hand-washing stations.
- ASOS, an NGO in the Analanjirofo region, used its institutional networking to disinfect schools and educate Service Autonome de Maintenance de la Ville d' Antananarivo staff (Municipality Sanitation staff).

As they strengthened community pandemic resilience, MCDI's implementing partners' efforts resulted in unexpected benefits. For example, trainings resulted in a financial benefit for many community members who discovered new revenue streams from constructing hand-washing devices and sewing face masks.

### **Leveraging Experience**

MCDI and implementing partners strengthened Madagascar's COVID-19 response by building on the established relationships and skills developed from the years of experience with the FAA program.

Before COVID-19, MCDI had already implemented social behavior change activities to improve hygiene and sanitation practices in 21 of Madagascar's 22 regions. Local partners were able to leverage established trust from previous successful hygiene and sanitation efforts to quickly focus on their communities' social behaviors regarding COVID-19 preventive measures. These implementing partners used CLTS to trigger communities and persuade them to adopt healthy behaviors, like washing hands with soap and eradicating open defecation.

### **Changing Behavior**

MCDI's implementing partners allied with local authorities to help sustain and maintain positive social behavior changes to mitigate the spread of the coronavirus. For example, Miarintsoa consulted with the Regional Directorate of Water, Sanitation and Hygiene immediately after the first positive cases of COVID-19 surfaced in Madagascar to alert all new mayors about COVID-19 security measures.

While the NGOs Miarintsoa and Caritas Antsirabe met with the Vakinankaratra regional mayor to promote anti-COVID-19 measures, Miarintsoa also accelerated the capacity building of natural leader groups. With natural leaders, they established committees that were critical in promoting measures that improved sanitation and hygiene while mitigating the spread of COVID-19.

Despite the negative impacts of COVID-19, it proved to be an opportunity for the WASH sector to further strengthen the collaboration, coordination, synergy, and complementarity of local leaders and partners. This is especially true in promoting hand-washing at the community level as well as in health centers and other public places. The pandemic influenced community members to change how they practice hand-washing and other hygiene-related behaviors in a significant way.

MCDI has ensured the sustainability of sanitation and hygiene improvements by building the capacity of local NGOs to create a community-based CLTS movement and helping to reform public sector WASH policies and supportive institutions.

MCDI and local partners were able to quickly adapt to public health measures regarding COVID-19 while also simultaneously implementing the FAA program, resulting in the improvement of the well-being of communities in Madagascar.

**Contact:**  
[mcdi@mcd.org](mailto:mcdi@mcd.org)  
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**MCDI**  
MEDICAL CARE DEVELOPMENT INTERNATIONAL