

HEALTH EDUCATION

Awareness and Behavior Change - Madagascar

 **Confidential Document** - General program presentation. For detailed training modules, educational tools and evaluation protocols, please contact the author.

Program Overview

The **Health Education Program** aims to improve community knowledge, attitudes and practices (KAP) regarding public health. Through participatory, creative and culturally adapted approaches, the program promotes the adoption of healthy and sustainable behaviors that reduce preventable diseases and improve quality of life.

Challenge and Issues

Many diseases in Madagascar are linked to preventable behaviors: diarrheal diseases, respiratory infections, malaria, malnutrition, STI/HIV. Lack of information, unfounded traditional beliefs and limited access to health services perpetuate these problems. Health education is essential to break these cycles and promote prevention.

25,000

PEOPLE REACHED

50

TARGET COMMUNITIES

300

AGENTS TRAINED

24 months

PROGRAM DURATION

Innovative Pedagogical Approaches



COMMUNITY THEATER

Interactive plays on healthy behaviors



DIGITAL & RADIO

Audio messages, SMS, radio broadcasts



PEER-TO-PEER

Trusted community educators



VISUAL ARTS

Posters, comics, murals



SONGS & DANCES

Health messages integrated into local culture



SCHOOL CLUBS

Young health ambassadors



Priority Themes

💡 Health Topics Addressed

- **Hand hygiene:** Handwashing at critical times (before eating, after toilet, etc.)
- **Safe water:** Treatment, storage, safe sources
- **Sanitation:** Latrine use, excreta management
- **Nutrition:** Breastfeeding, dietary diversification, supplementation
- **Communicable diseases:** Prevention of malaria, tuberculosis, cholera, COVID-19
- **Reproductive health:** Family planning, antenatal care, STI/HIV
- **Vaccination:** Importance of complete immunization schedule
- **Chronic diseases:** Hypertension, diabetes, prevention and management



Program Objectives

- Reach 25,000 people in 50 rural and urban communities
- Increase health knowledge by 60% (pre/post KAP score)
- Achieve 75% adoption of handwashing with soap
- Train 300 community health workers and peer educators

- Reduce diarrheal disease incidence by 40%
- Increase vaccination coverage to 90%
- Improve health service utilization by 50%
- Establish 50 active community health committees

Behavior Change Model

Stages of Change (Prochaska's Transtheoretical Model):

- **1. Precontemplation:** Awareness of health problem
- **2. Contemplation:** Reflection on necessary change
- **3. Preparation:** Planning and commitment to change
- **4. Action:** Implementation of new behavior
- **5. Maintenance:** Support to sustain change long-term

The program adapts messages and activities to each stage to maximize impact.

Multi-Level Intervention Strategies

1. Individual Level

- Personalized counseling
- Practical demonstrations
- Home visits
- Targeted SMS messages
- Distribution of visual aids

2. Family Level

- Group sessions for parents
- Family nutrition education
- Home improvement (latrines, kitchen)
- Follow-up of at-risk children
- Intergenerational dialogues

3. Community Level

- Mass campaigns (health days)
- Participatory forum theater
- Mobilization of opinion leaders
- Community discussion groups

4. Institutional Level

- Health staff training
- School health clubs
- Partnerships with local authorities
- Integration into policies

- Community radio

- Advocacy for resources

Educational Tools and Materials

- **Visual aids:** Illustrated flipcharts, colorful posters adapted to local context
- **Demonstration materials:** Handwashing devices (Tippy-tap), water filters
- **Educational games:** Quizzes, role plays, health snakes and ladders
- **Audio materials:** Songs in local languages, recorded testimonials
- **Videos:** Short films, testimonials, practical tutorials
- **Comic strips:** Illustrated stories on healthy practices
- **Mobile applications:** Health reminders, interactive quizzes

Community Change Agents

Educator Training and Roles

- **Recruitment:** Selection of respected and motivated community members
- **Initial training:** 5 days on health topics and communication techniques
- **Supervision:** Monthly visits, quarterly refresher training
- **Key roles:** Door-to-door awareness, group facilitation, referral to services
- **Motivation:** Community recognition, work kit, per diem for activities
- **Monitoring:** Monthly reports, experience-sharing meetings

Participatory Monitoring-Evaluation Approach

- **Baseline KAP:** Pre-intervention survey (knowledge, attitudes, practices)
- **Activity monitoring:** Attendance registers, observation sheets
- **Spot evaluations:** Knowledge tests, direct observations
- **Most Significant Change (MSC):** Collection of change stories
- **Endline KAP:** Post-intervention survey to measure changes
- **Behavioral indicators:** Presence of soap, latrine use, water treatment
- **Health data:** Disease reduction, nutritional status improvement

Cultural Adaptation of Messages

The program recognizes that cultural beliefs and social norms profoundly influence health behaviors. Messages are co-created with communities, using their languages, metaphors and preferred communication channels. Traditional and religious leaders are mobilized as allies to strengthen message acceptability.

Barriers to Change and Solutions

Identified Barriers

- Lack of resources (water, soap, latrines)
- Cultural beliefs and taboos
- Low health literacy
- Distance from health services
- Cost of care and products

Proposed Solutions

- Distribution of basic hygiene kits
- Dialogue with traditional leaders
- Simple and visual messages
- Mobile community health workers
- Subsidies for essential products

Expected Impact

- Significant reduction in preventable diseases (diarrhea, respiratory infections)
- Improvement in nutritional indicators (malnutrition reduction)
- Increased vaccination coverage and antenatal care
- Sustainable changes in hygiene and sanitation practices
- Better utilization of available health services
- Community empowerment in health management
- Reduction of HIV-related stigma and other diseases
- Improved quality of life and productivity

Sustainability and Continuity

The program aims for sustainability through strengthening community health systems, training pools of local agents, integration into existing health structures, and

creation of autonomous health committees. Educational materials remain in communities and acquired skills continue to spread after program completion.

 Interested in This Program?

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Contact me for training modules, educational tools and KAP evaluation protocols

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Presentation document - Public version

Detailed training modules and educational tools available upon request

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