



PROCESS EVALUATION REPORT – FINAL DRAFT

Pilots for the Integration of SRHR, Population health and
environment and climate resilience activities in Madagascar

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LIST ACRONYMS

BV	Blue Ventures
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FCDO	UK Foreign Commonwealth and Development Office
KII	Key Informant Interviews
MRC	Medical Research Council
MSI	Marie Stopes International
MSM	Marie Stopes Madagascar
NW	Northwest
PEQ	Process Evaluation Questions
PHE	Population Health Environment
SPO	Single Provider Outreach
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
UK	United Kingdom
UKAC	United Kingdom Aid Connect
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund



EXECUTIVE SUMMARY

Women and girls are disproportionately affected by climate change but improving women's sexual and reproductive health (SRH) is a way to build resilience. This report presents the findings from a process evaluation of the ASPIRE programme pilots for the integration of SRH, population, health and environment (PHE) and climate resilience activities in Madagascar. The process evaluation finds that for organisations to build and implement interventions for climate change resilience and SRH they need to think creatively to respond to the realities of local contexts and work with communities.

The process evaluation identified the following key findings for more effective programme implementation:

Effective coordination between implementing partners based on commitment, strong processes and shared values.

Effective coordination between implementers and communities to build buy-in and the co-creation of solutions.

Working with young people can be an effective 'way in' for messaging in communities.

Innovative thinking facilitated by a high level of expertise and competence in the implementing team as well as a culture of motivation toward a shared goal.

Alignment with national and local priorities to ensure buy-in from local authorities.

Generating short term outcomes by facilitating activities that can achieve quick wins for participants.

A preparedness to tackle challenges associated with basic needs around livelihoods, health, and social cohesion as well as regressive gender norms to ensure engagement with climate change action

Continuity of funding is key to ensure effective implementation and to ensure outcomes are achieved.

The ASPIRE programme; Advancing SRHR through the promotion of Innovation & Resilience, funded by the UK Foreign, Commonwealth and Development Office (FCDO) under UK Aid Connect (UKAC) designed an intervention in Madagascar integrating SRH, PHE programmes and climate change resilience activities. Due to the early termination of the ASPIRE programme, an adapted design was piloted in two geographic areas of Madagascar in 2021 during the programme's close out phase comprising of: a SRH training programme for United Nations Development Programme (UNDP) climate change staff in the drought prone South; and another combining disaster risk management (DRM) activities with awareness-raising activities via radio and youth groups as well as existing SRH and PHE work in an area of high biodiversity and conservation in the northwest.

The process evaluation of the pilots was conducted in October 2021. The evaluation was designed as a reflective exercise to produce learning and analysis to support future activities, to foster adaptive management of ongoing activities and to inspire course correction. At its heart there were two questions: How do the contexts in the region/districts enable or inhibit ASPIRE implementation? And: How do organisations



best partner with communities (from the perspective of implementers) to build interventions for climate change resilience and SRH? The report draws on qualitative data collected via interviews with programme directors, staff and implementers.

The evaluation was subject to a number of limitations: The time frame for the evaluation was short, creating challenges in adequately evidencing evaluation questions. The evidence presented is also solely from a small sample of implementors. Programme beneficiaries could not be included due to ethical review requirements that could not be completed in the time period available. Further to these limitations, the programme activities were also limited by short time frames, preventing extensive adaptation of the programme and the curtailing of activities. Implementation was also affected by contextual factors such as the impacts of Covid-19, insecurity in the South of the country and the remoteness of some of the sites, amongst others.

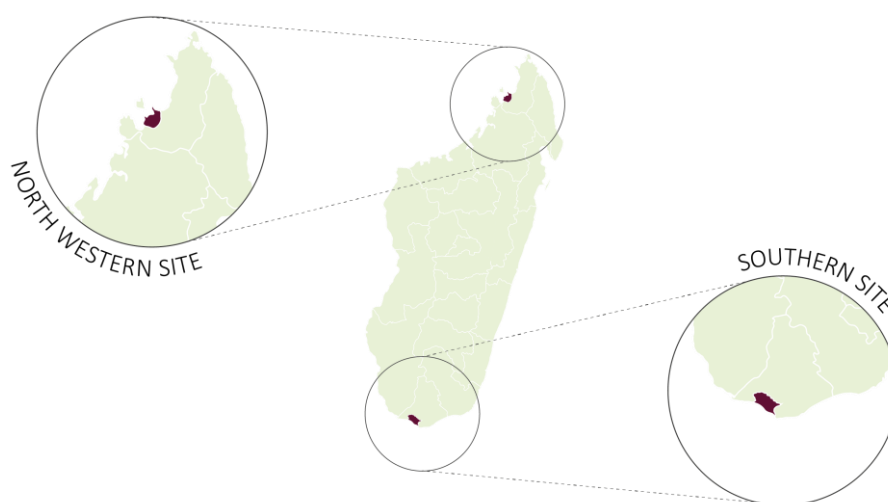
Despite these challenges, the ASPIRE programme has achieved some successes and learnings despite the truncated implementation process as a result of early termination. In addition, the process evaluation has also been able to explore some of the barriers and enablers to the implementation of an innovative integrated SRH and climate crisis intervention. This report evidences a set of learnings valuable to designers and implementers working on ASPIRE and similar interventions. The strengthening of relationships between communities and implementors has been found to be a crucial first step in creating local buy-in for climate action interventions as has the need to think creatively in developing solutions, but more work is needed to create full engagement with SRH awareness activities in communities like the ASPIRE pilot sites in Northern and Southern Madagascar.



1. INTRODUCTION

1.1 OVERVIEW OF PROGRAMME

The ASPIRE programme *Advancing SRHR through the promotion of Innovation & Resilience*, funded by the UK Foreign, Commonwealth and Development Office (FCDO) under UK Aid Connect (UKAC), has been designed to address the challenges of improving sexual and reproductive health (SRH) in post-conflict and fragile settings, and areas vulnerable to the impacts of climate change. These contexts are susceptible to disruption and uncertainty, which create challenges for women and their ability to deploy measures to improve both their SRHR and broader well-being. The implementation phase of the programme was originally scheduled to run from October 2020 to December 2023. However, the recent UK government Official Development Assistance cut has had a direct impact on the programme and has unfortunately led to its closure from April 2021. In the close-out period April to December 2021 the programme in Madagascar has implemented two pilot activities and this process evaluation captures learning that the implementing partners can take forward into future programming.



The ASPIRE project in Madagascar had two components, both serving marginalised communities impacted by climate change: i) developing a model to integrate climate change into SRHR and Population Health Environment (PHE) programmes; and ii) leveraging existing conservation efforts to strengthen resilience through deepening the SRH and conservation integration of ongoing PHE approaches, whilst adding a climate change resilience component to the existing PHE model.

The components of the programme were designed to support resilience via SRHR and FP programming by combining it with PHE and conservation models. This goes some way to understanding the ASPIRE hypothesis that resilience to climate change and other shocks can be built via multi-disciplinary programming. It also contributes furthering evidence on how integration between SRHR, climate change and conservation can form the foundations for achieving SRH and resilience outcomes:

- SRHR services improved by linkage to environmental / risk activities
- Climate change activities improved by linkage to SRHR
- Collaboration with local leaders to improve women's participation



1.2 INTEGRATION OF SRHR, CLIMATE CHANGE AND PHE PILOTS

Original design: Originally, an integrated model of SRHR, climate change and PHE in two locations in Madagascar was designed to be piloted and rolled out during the full implementation phase of the programme. Climate change resilience programmes require implementation of four to six interventions such as climate smart agriculture, disaster risk planning and management (DRM), and alternative livelihoods. Consortium partners planned to combine and test integration of these interventions with SRHR in the southern site, and PHE and SRHR to the northern site. In North-west Madagascar, Blue Ventures is implementing PHE programming including conservation and alternative livelihoods and Marie Stopes Madagascar (MSM) is providing SRH services. Two climate change interventions including DRM and setting up of savings and loans groups would have been added to test integration in this location.

Amended design: In the close-out period, the following interventions were piloted to generate learning for future funding:

- In the southern site, MSM train United Nations Development Programme (UNDP) climate change resilience staff in SRHR as an introduction to the integration of SRHR and climate change resilience, and provide SRH information, awareness and services in the UNDP project sites.
- In the North-western pilot site, DRM activities are combined with awareness-raising through radio and youth groups and added to existing PHE and SRH activities.

1.2.1 INTEGRATING CLIMATE CHANGE RESILIENCE INTO EXISTING FAMILY PLANNING AND PHE INTERVENTIONS IN NORTH-WEST MADAGASCAR

In the North-west Madagascar pilot, the DRM intervention included several planned activities:

- Partner with Helvetas, a local implementing partner with expertise in supporting community level DRM. Helvetas will use their own funding to work with communities in the intervention area to develop an early warning system for extreme weather events, and to develop community level action plans to respond to the risks posed by these events.
- Train DRM committees (one representative per village). These committees will be established and trained on the management of risk associated with extreme weather events, using well established tools and processes.
- Support DRM committees to develop early warning systems for extreme weather events and develop community level action plans to guide the local response to the risks associated with these events.
- Broadcast information on local DRM plans through radio stations.
- Develop community education and outreach tools and materials on climate change and DRM.
- Train local youth groups on climate change. Youth groups in the area of intervention, with whom Blue Ventures has strong relationships and ongoing engagement, will be trained on all aspects of the risks associated with climate change for their communities.
- Youth group awareness-raising activities about climate change. Once trained, youth groups will be supported to raise awareness among young people, and communities in general, about the risks associated with climate change.



1.2.2 INTEGRATING SRHR AND CLIMATE CHANGE RESILIENCE IN SOUTHERN MADAGASCAR

In the Southern Madagascar sites, Marie Stopes Madagascar (MSM) employed a dedicated local coordinator to oversee the proposed pilot integrated activities including:

Providing SRH services at UNDP sites through five SRH service providers known as single provider outreach (SPO), one public sector provider/site and one mobile outreach team of SRH providers; and two SPOs in Blue Ventures sites. In preparation for these activities, partners refreshed training materials, purchased materials and equipment for data collection (laptops and smartphones) and rented vehicles to be used for clinical services.

- Conducting climate change resilience related activities (e.g. mangrove cultivation) during World Contraception Day in September;
- Designing and producing SRH materials for UNDP animators to use during climate change awareness-raising sessions;
- Regional exchange visits (South to South/ North to South) for experience-sharing involving stakeholders working on climate change and SRHR integration;
- Monthly coordination of local partners (health and environment sector) for sites and service delivery planning;
- Capacity building for local government clinical supervisors who are likely to assume MSM's role of SRH services and clinical quality provision when pilot project has closed;
- Training of UNDP climate change resilience mobilisers in SRHR as an introduction to the integration of SRHR and climate change resilience at the community level;
 - Since August, more than 10,000 people were sensitised by UNDP mobilisers.

Coordinating five single SRH providers, one public sector site and one mobile SRH outreach team offered voluntary family planning services from August to November to 4,346 clients comprising:

- 84% family planning services;
- 16% other SRH services (sexually transmitted infection, post abortion care (PAC), and cervical cancer screening).

1.3 PROCESS EVALUATION OVERVIEW

Process evaluation (PE) allows monitoring, evaluation, accountability and learning to inform efforts to improve interventions and to confirm the validity of the programme theory on which the programme is based. It does this by examining the degree to which the programme was implemented and utilised as planned, largely focused on internal processes.

The process evaluation was carried out in October 2021. Its main focus is on implementation through partnerships of the two pilot activities in North-Western and Southern Madagascar respectively.

1.4 STRUCTURE OF REPORT

This report is structured as follows: Section 2 describes the process evaluation approach including the conceptual framework that guides the enquiry, process evaluation questions and methods. Key findings are set out in Section 3. Section 4 focuses on conclusions and lessons learned.



2. EVALUATION APPROACH

2.1 PROCESS EVALUATION OBJECTIVES

The primary objective of this process evaluation is to provide analysis and learning from the pilots to inform future programming including supporting adaptive management and course correction of activities continued by the implementing partners beyond the life of the ASPIRE programme. This report presents a descriptive and analytical account of how the implementation of the ASPIRE pilots in Madagascar has played out in practice, with the aim of improving understanding of how and why the implemented activities make a difference. Additionally, this process evaluation has generated lessons for future programme design, policy and practice.

The specific process evaluation objectives were to:

- Evaluate how the climate pilot has been implemented and how interventions have been operationalised, focusing on partnerships;
- Investigate how the climate pilot has interacted with and responded to the different contexts in which it has been implemented.

2.2 CONCEPTUAL FRAMEWORK

Drawing on the UK Medical Research Council (MRC) guidelines for process evaluations (Moore et al 2015, see Figure 1 below), the ASPIRE climate change pilots process evaluation has three inter-related aspects:

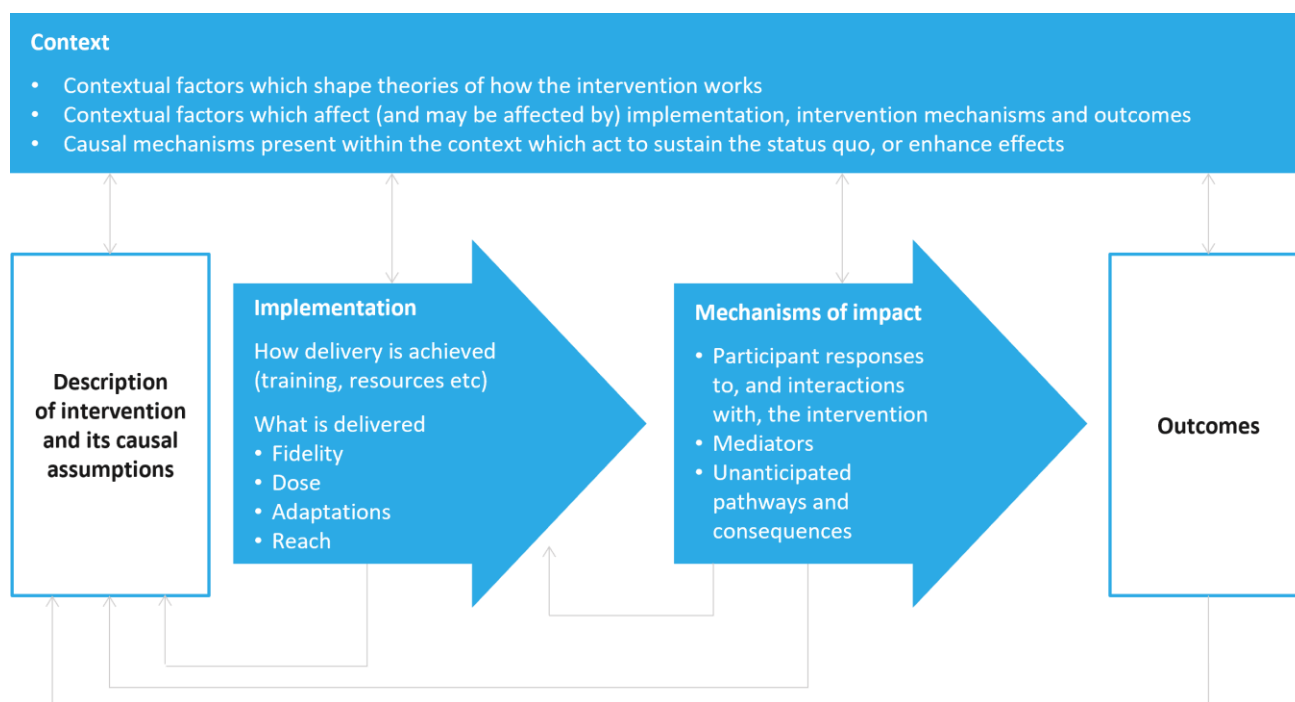
1. Implementation: what is implemented, and how?
2. Mechanisms of impact: how does the delivered intervention produce change?
3. Context: how does context affect implementation and outcomes?

In line with the MRC guidance, this process evaluation embodies realist thinking. Given the short time frame for the project delivery, this evaluation has focused on two of the three components listed above: Context and Implementation process. The evaluation did not cover the third component (Mechanisms of Impact) because so little time elapsed between project delivery and evaluation research. Therefore, it was unlikely any change that occurred due to the pilot activities could be observed nor could the evaluation gather evidence on change pathways. In addition, there was not enough time available to undertake the ethical review process needed to interview programme beneficiaries. For this reason, the main stakeholders included in this evaluation were programme implementers with a focus on intervention design and on the activities-to-outputs part of the theory of change (Annex 1).



FIGURE 1: KEY FUNCTIONS OF PROCESS EVALUATION AND HOW THEY ARE INTERRELATED.

Blue boxes represent components of process evaluation, which are informed by the causal assumptions of the intervention, and inform the interpretations of outcomes



(Source: Moore et al 2015: 11)¹

¹ Moore Graham F, Suzanne Audrey, Mary Barker, Lyndal Bond, Chris Bonell, Wendy Hardeman, Laurence Moore, Alicia O’Cathain, Tannaze Tinati, Daniel Wight, Janis Baird (2015) Process evaluation of complex interventions: Medical Research Council guidance. *British Medical Journal* [BMJ 2015;350:h1258](https://doi.org/10.1136/bmj.h1258) doi:10.1136/bmj.h1258



2.3 PROCESS EVALUATION QUESTIONS

The overarching Process Evaluation Questions (PEQ) fall under Context and Implementation. **Context questions** considered the contexts in which ASPIRE operates, including the enablers and barriers to implementation:

PEQ1: How do the contexts in the region/districts enable or inhibit ASPIRE implementation?

Further sub-questions used to guide inquiry were:

- 1.1 How have implementers responded to current crises? Can it be harnessed for future disaster risk reduction (DRR)?
- 1.2 What is the nature of existing relationships between implementers and communities? Is it based on partnership, shared vision, or focused on enabling and empowering communities?

Implementation process questions explored how the pilot approach and its governance operate in practice during implementation, focusing on how the programme was delivered through partnerships.

PEQ2: How do organisations best partner with communities (from the perspective of implementers) to build interventions for climate change resilience and SRH?

Sub-questions to help guide inquiry included:

- 2.1 What is the influence of: the programme design; internal coordination; and partnerships at all levels, including community relationships from the perspective of the implementers?
- 2.2 What are the implementers' perspectives on the influence on partnerships of: community structure (including natural resources and its users); community perceptions, attitude, and awareness; and gender norms (specifically women's roles)?

The full topic guide and the process evaluation protocol are available in Annex 2.

2.4 DATA COLLECTION METHODS

Given the explorative nature of the PEQs, we used qualitative data collection methods to generate evidence on the context and implementation of the pilots. Four trained researchers conducted key informant interviews (KII) over the telephone or online in English, French or Malagasy, dependent on participants' preferences. KII took place between 4 October 2021 and 17 November 2021 and were conducted using a semi-structured interview topic guide. Where possible KII were audio recorded, and detailed notes written up from the audio recordings.

2.5 SAMPLING

KIIs were conducted with a purposive sample of programme directors and staff and implementing partners at programme and local level. We asked local staff to provide a list of individuals who had been involved with the pilot implementation in both sites. We interviewed all from the combined lists who were reachable. The Table in Annex 3 shows the full list of respondents.



2.6 ANALYTICAL APPROACH

Coding of transcripts and detailed notes using a deductive and inductive approach. Data has been analysed thematically using qualitative data analysis software MAXQDA, along the themes determined by the PEQs and the coding system.

2.7 RESEARCH ETHICS AND SAFEGUARDING

The evaluation approach was guided by MSI ethics guidelines, Development Assistance Committee principles, and by FCDO Evaluation Policy and ethics principles.

2.8 LIMITATIONS

The process evaluation faced the following limitations, mitigated where relevant and possible by the evaluation team:

Time frames are short, which restricts the extent of implementation which in turn restricted the availability of evidence and not all of the (sub-) PEQs could be adequately addressed. We are unable to explore in detail the implementer perspectives on the influence on partnerships on community structure, perceptions, attitude and awareness or the influence of gender norms (specifically women's roles).

Sampling frame: because of the short time frame available for completing the process evaluation there was not enough time to complete the ethics process necessary for working with programme beneficiaries. This means the process evaluation focuses solely on implementer perspectives and does not include perspectives of programme participants.

In addition, due to time constraints the sample for the Southern Madagascar pilot is small (three key informants) and does not include key informants from MSM staff based in the pilot sites with first-hand experience of delivering interventions in the field.



3. KEY FINDINGS

3.1 HOW DO THE CONTEXTS IN THE REGION/DISTRICTS ENABLE OR INHIBIT ASPIRE IMPLEMENTATION?

3.1.1 CONTEXTUAL FACTORS AFFECTING THE PILOTS

Several contextual factors affected pilot implementation, with some implications for future programming and continuation of the pilot activities.

Covid-19 has impacted widely on the pilot communities, on their livelihoods as well as overall well-being. Restrictions imposed by government to deal with the pandemic and protect communities affected pilot implementation, including restricting the size of gatherings. Interviewees described overall increased human hardship and rising cost of living for all, during and continuing beyond the onset of the Covid-19 pandemic. Others related this to increased crime due to hardship:

*“Insecurity , many dahalos or robbers from Ambanja town increased due to the Covid”.
(KII 6, NW Madagascar).*

Impacts of Covid-19 measures on fisheries and mangroves included closure of fishing sessions which led to job losses:

*“Many people lost their jobs and it was necessary to respect the barrier measures the closure for example of the fishing sessions. But we could not respect this closure.”
(KII 2, NW Madagascar).*

The impact of job losses appears to particularly affect young people, exacerbated by a lack of alternative employment and government support. Restrictions introduced by the state in response to the Covid-19 pandemic have affected pilot implementation, including the state of emergency and social distancing rules. One interviewee mentioned that Mangroves were particularly difficult to travel in (KII 3, NW Madagascar). Social distancing measures taken include the numbers of people involved in focus groups kept to a maximum of 10, with mask wearing and other protection measures implemented. (KII 1, NW Madagascar; KII 3, NW Madagascar)

“Yes, we first carried out Covid prevention activities. There are activities to protect vulnerable people, vaccination campaigns. We took advantage of Marie Stope's actions to test the people who made the planning. We also raised awareness about Covid and it worked. We collected data with community tracking reports for rapid response in case of contamination.” (KII 3, NW Madagascar)



Implementation in the South was affected by insecurity there. Logistically it is difficult to access the region, travel is challenging, which also makes it more expensive to get an SRH service provider to the South. This has implications for continuation beyond the pilot:

“That will be harder to continue funding for, but it really just depends on the donor landscape and if MSM can get that funding to continue. And then if UNDP are receptive to continuing a partnership, then hopefully that will continue as well.” (KII 12, Cross site)

Remoteness of villages affected engagement and participation by community members in the pilot activities, specifically the awareness-raising sessions:

“The remoteness of the villages meant that people came less to awareness-raising sensitisation.” (KII 2, NW Madagascar)

Low education levels, lack of knowledge and lack of leisure activities are associated with early pregnancy:

“...youngsters don’t care or have less knowledge in unwanted pregnancies.” (KII 6, NW Madagascar)

“The problem is also the lack of leisure for young people. There is also accountability for parental responsibility because we do not yet have a special session for mothers. For example, on how to raise children? I can touch the culture on these observations the absence of leisure on others. People almost live in the bushes. There is also a lack of means to go to school since they go on foot and lack of supervision of parents. Even the sensitisation of young people on reproductive health through the media is not frequent. There are not also jobs because there are young people who had ambitions, but there are girls who ended up dating married men. So, we really need to create activities related to health and resource conservation. With the dwindling natural resources, girls are forced to look for other sources of income.” (KII 1, NW Madagascar)



3.1.2. RESPONDING TO CONTEXT: PILOT ACTIVITIES AND ADAPTATIONS

MSM has taken a leading role implementing the project in Southern Madagascar, having appointed two staff dedicated to developing the programme and determining the most effective ways of integrating SRHR (with an emphasis on family planning) with climate change adaptation and mitigation programmes delivered by UNDP. Initial activities in the Southern site have focused on training UNDP staff in family planning methods with the aim of ensuring that family planning messaging and activities are delivered alongside climate change resilience building initiatives around livestock and fisheries management, water and sanitation, and agriculture. Additional SRHR-climate change integration activities were planned, but not developed in detail due to the premature cessation of the ASPIRE programme.

"Right, so it's more the detail of actually how it's going to be integrated and how to do it. That is, I think the challenge, because I think in theory it sounds good. It sounds like it could work and, we've put that together and it looks like, yes, that you know this makes sense on the ground and the detail... I think that's where we're going to learn. [...] And I think it's unfortunate that we're getting cut off this project because, as you know, we're having to do the best we can and a limited amount of time to figure out what that looks like. [...] I envisioned the field teams would come up with a way that was, you know, that wasn't working and then we could change it. Or we could keep trying different things and adjusting things over the course of the project, but since we can't do that, we will have to do the best we can ..." (KII 12, Cross site)

Similarly, in the North-western Madagascar site, new initiatives led by Blue Ventures that sought to integrate SRHR with conservation and DRR programmes were curtailed. While Blue Ventures have successfully incorporated DRM activities into their existing work (by establishing DRM committees at the village and commune level through partnership with Helvetas), they have been unable to further develop SRHR integration beyond existing collaborations with MSM.

"So, we originally explored integrating both of these inside a programme of activities in the North-west. When we realised we had a very limited amount of time to actually implement, we had to focus on the things that were deliverable within the time frame and that turned out to be integrating disaster risk management activities into our existing work. And yeah, just to stress the existing work included access so sexual and reproductive health services." (KII 13, Cross site)

The shortened programme delivery time prevented ASPIRE implementing partners from extensively adapting the interventions and partners, as one interviewee put it, "kept the intervention fairly straightforward". In the North-western site, Blue Ventures utilised an existing relationship with Helvetas and adopted the latter organisation's community mobilisation and engagement formula. Working with existing community contacts, the partners collaborated with authorities in villages and communes about when, where, and how to provide training and equipment and raise awareness about climate change. As a result, interviewees mostly reported minor adaptations to the project implementation plan including, providing personal objectives to facilitators, travelling to remote villages to deliver the training when facilitators could not be deployed, and selecting new villages to avoid duplicating training, as well as ensuring the programme was delivered to the beneficiaries most in need.



We asked the authorities for their opinions, and they suggested other villages. The villages we proposed were not vulnerable to cyclones and floods. And to take these suggestions into account we have changed villages." (KII 2, NW Madagascar)

One relatively large adaptation to the project in the North-western site involved delivering focus groups instead of going door-to-door to inform villagers and raise awareness of the programme activities. This change was implemented following discussions with Helvetas, whose previous community mobilisation programming had been validated by the government. Using focus groups allowed the implementing partners to reach more people in the shortened programme time frame, facilitated evaluation of the awareness-raising activities, and reportedly, generated greater interest in the programme among villagers.

"To have a lot of targets in less time, we have changed to a focus group which will facilitate the evaluation of awareness in one go, directly. While with the door-to-door it will be necessary to evaluate one-by-one each member of the community." (KII 1, NW Madagascar)

"Yes, the change had a great impact, because the focus group allows people in the village who were not informed to be more interested in meetings. When there are focus groups, they are curious to see others come together. So, they are also willing to join to get informed. So [this] was beneficial." (KII 1, NW Madagascar)

Across both sites, interviewees indicated that had the programme been fully implemented across three years, this flexibility and willingness to adapt the programme by drawing on the experience of other actors and stakeholders would have continued. Already, ASPIRE implementers have been refining the awareness-raising activities by using evidence from facilitators in the field, discussions with actors external to the programme and making changes to project plans based on monitoring data.

"For the changes of approaches, we have already done at the beginning the implementation of the activities of the ASPIRE project, for us, we give it a try first and if it does not work, we change approach." (KII 1, NW Madagascar)

"We collaborated with UNICEF to also bring some knowledge and awareness-raising tools. So there are comprehensive actions that can be implemented. For example, in our municipalities where the project and drinking water infrastructure have been set up, awareness-raising actions carried out by relay facilitators have also been included as specific objectives." (KII 10, S Madagascar)

Although most of the reported adaptations related to the operational side of programme delivery, there were also detailed descriptions of changes to the programme content. One interviewee, in the Southern site described providing facilitators with specific objectives related to lake restoration which involved facilitating community legislation to limit illegal over-fishing and establishing local committees to ensure that legislative regulations are being followed. In the North-western site interviewees reported mangrove cultivation and preservation initiatives, reducing charcoal and forest fires, solar panel distribution and cyclone warning systems.



"There have been a lot of experiments after the training: for example, the colour of the flags, how to mobilise in case of disaster, we have clearly done the responsibilities of each: mobile district, mayor..." (KII 4, NW Madagascar)

"After the trainings and practice, we adopted a new rule of social pact called 'dina' to sanction people who cut down the mangrove. Now people are not allowed to cut down mangroves and create river, other example, an endowment of solar panels to three fokontany; We did the same in the education and on wildfires, natural disasters, The evidence is there [in] the number of people making coal, the number of people burning forests. The method is determined during the meeting gathering a crowd, but the paperwork or communal decree has not yet been finalised." (KII 7, NW Madagascar)

3.2 IMPLEMENTATION PROCESS – HOW DO ORGANISATIONS BEST PARTNER WITH COMMUNITIES (FROM THE PERSPECTIVE OF IMPLEMENTERS) TO BUILD INTERVENTIONS FOR CLIMATE CHANGE RESILIENCE AND SRH?

Focusing on how the programme is implemented/ delivered through partnerships, the Process Evaluation Questions explored how the pilot approach and its governance played out in practice during implementation.

3.2.1 COORDINATION BETWEEN PARTNERS

The implementing partners have established an effective collaboration based on shared values and a shared understanding of roles and responsibilities. Blue Ventures and MSI Choices' long working relationship in Madagascar facilitated the design and rapid implementation of the ASPIRE pilot activities. The organisations had been working together for 10 years, and as a result had established a relationship of trust based on mutual respect, and a shared understanding of each organisation's capabilities. Consequently, the organisations developed a shared vision of the ASPIRE pilot objectives and were able to use existing mechanisms for coordinating staff and activities to deliver the ASPIRE pilot programme. Blue Ventures existing relationship with Helvetas also facilitated programme delivery, particularly about awareness-raising activities; interviewees reported that pilots relied heavily on Helvetas' community mobilisation and engagement approach because they trusted the organisation's expertise based on previous experiences.

A new partnership between MSM and UNDP has been formalised with a memorandum of understanding which sets out the roles and responsibilities of each organisation. While UNDP does not receive any funding and is not a formal ASPIRE partner, as a collaborating partner UNDP have been integral in delivering climate change programming in the Southern site.

The informal partnership on DRM with Helvetas has needed slightly more complex coordination because of the layers of activity involved, encompassing training and facilitation of the groups to provide DRM kits, as well as the community mobilisation component. Mapping out who exactly is going to do what given the complexity is part of the Memorandum of Understanding (MOU) with Helvetas, as well as some funding of Helvetas activities by Blue Ventures.



Interviewees suggested that the way processes for coordination were designed, including standard operating procedures and coordinating bodies set up at the same time, supported ease of cooperation between partners. Staff were committed to the project and motivated to carry out their responsibilities, following the plan and reporting on time (KII 3, NW Madagascar KII 1, S Madagascar). Implementers were also able to make sure there were enough people on the ground at the right time who had experience in implementing these kinds of interventions (purposefully selected because they had experience), who knew their roles and were motivated – with their travel costs covered by the programme. This supported cooperation and implementation, despite the challenges posed by such tight time frames (KII 1, NW Madagascar).

3.2.2 COORDINATION BETWEEN IMPLEMENTERS AND COMMUNITIES

Overall, the ASPIRE programme has helped to strengthen relationships between the implementing partners and communities. The ASPIRE pilots built on existing relationships with community groups already actively engaged in community mobilisation. In the North-western site, Blue Ventures and Helvetas worked exclusively with youth groups, providing education on all aspects of climate change and DRM. The partners supported the youth groups in developing awareness-raising activities that were subsequently rolled out to the entire community. In so doing, the programme facilitated the development of a shared vision of how to protect natural resources and prepare for disasters. Similarly in the Southern site, UNDP and MSM worked with community leaders and volunteers to define project targets and objectives and create a 'common thread' to programme activities.

"So far [the partnership between communities and organisations] works very well because we have done the planning together. At the village level, see how to access [communities] it is a little new for our partners. So, to introduce them in these villages we anticipate providing information, inform the mayors about the activities and ensure that everything is clear at the level of the authorities." (KII 1, NW Madagascar)

"Now it is the communities themselves that take care of the activities. They are aware and are engaged in disaster management such as protecting mangroves, coping with cyclones. We have seen that these are impacts of ASPIRE." (KII 3, NW Madagascar)

Communities were engaged with the ASPIRE programme and have been supported by the implementing partners to take responsibility for raising awareness of climate change and DRM. Interviewees reported that the process of co-designing the pilot activities and encouraging communities to define targets and objectives led to an increased sense of ownership among authorities and villagers. The interventions were also credited with improving cohesion within and across villages because of coordinated action and messaging.



"I think [the ASPIRE programme] will have an influence on the empowerment of communities. For example, if before the communities were only simple fishers or farmers, thanks to the creation of committees they become responsible in these committees. And the members on the committees have responsibilities, which means that there are responsibilities managed by women as well. So, they are becoming more and more engaged and that's thanks to awareness. And it creates an awareness of communities about climate change and the relationship with the exploitation of natural resources and natural disasters, floods, cyclones. It will have an impact on their knowledge of these things." (KII 1, NW Madagascar)

"These interventions will also create integration between villages, and village cohesion. Each community has its reality, and everyone takes care of what happens at their level. Established representatives circulate information, they are responsible for alerting entire villages about disasters. They are the representatives of the communities, and they are the focal points of the village. Of course, there are members of these communities and the ones who provide committees with information on the weather. Especially those who do not have a radio and equipment for monitoring the cyclone position. These actions will really limit the damage to community members who are impacted by the cyclone." (KII 1, NW Madagascar)

Interviewees stressed the value of maintaining ongoing relationships with authorities and communities, emphasising the importance of collaborative working over time. Once the activities were in place, all implementing partners maintained relationships with communities - particularly authorities - to ensure that activities continued. Follow-up after initial training activities, through calls or site visit was crucial to strengthen community commitments to the project aims and objectives. Some interviewees devoted significant time working directly with communities, while others adopted a more distanced approach, returning to villages with less frequency (every three months) but maintaining communication with facilitators and trainers.

"And we no longer need to go down to the site but to ensure follow-up of the work because there is already the distribution of tasks between the members of the community." (KII 1, NW Madagascar)

"I think it depends a little bit on the behaviour of the project managers. For example, even if I work a lot at the office level, if I must devote time with the communities on the ground to see the evolution of the actions that are implemented, I devote a large part of my time with the communities. [...] This is a key factor, but if the manager doesn't really build a relationship with the community, it can hinder collaboration." (KII 10, S Madagascar)

Communities have yet to fully engage in family planning and other SRHR awareness activities, in part because these elements have not been extensively integrated into programming. Conservation, natural resource management and DRR are issues that communities, in partnership with UNDP and BV, identified as having great importance on their everyday lives. Far less emphasis has been placed on SRHR and family planning because there is insufficient awareness-raising and training among both facilitators and the implementing partners. While MSM has provided some training to other implementing partners, at the time interviews were conducted training and information dissemination to communities had only recently started.



Interviewees suggested that community cultural beliefs that having many children is a blessing may act as a barrier to improving SRHR. Additionally, more training and tools are needed from MSM so that volunteer facilitators feel confident when delivering SRHR awareness training (KII 10, S Madagascar).

3.3 REFLECTIONS ON IMPLEMENTATION

Although the project delivery and process evaluation occurred within a very narrow time frame, interviewees had many reflections on how the project was delivered. In this section we summarise the enablers and barriers to implementation.

3.3.1 ENABLERS

Receptiveness and credibility of partners: The long-established working relationships between partners, particularly in the North-western site, allowed partners to rapidly adopt their roles and responsibilities. Interviewees attribute the success of the new partnership with UNDP to a degree of receptiveness and motivation from UNDP because the organisation saw the value of collaboratively working to bridge the gaps in SRHR service delivery. This receptiveness also relates to partners finding each other credible (KII 4, NW Madagascar). Across both sites, strong partner support has enabled implementation, especially in sharing expertise across thematic areas, for example SRHR actors supporting DRR and vice-versa.

"What has enabled the implementation of this project, I would say [is] the presence of the partners who have supported the implementation of the activities. It's an asset for us since we didn't have any expertise in relation to that." (KII 1, NW Madagascar)

Ability and willingness to think holistically and 'outside the box': this has been a strength of the partners as it has enabled innovative thinking that allows for integration. The pilot activities were designed and delivered by implementing partners who were thinking at the systems level about the problems the programme is trying to solve. This "systems thinking" approach is enabled partly through having expertise across all sectors, but also by fostering the right kind of culture and mindset within implementing teams. Consequently, the pilot design is rooted in strong case studies and proof of concept for what the programme is trying to achieve:

"For me, a key strength of both of ours is that [we] were willing to think holistically. You know, willing to think outside the box a little bit...to achieve some of our complex long-term goals and that willingness [and] expertise [from] a variety of sectors has made it easier for us to think [and] to flex like this has made it easier for [us] to say, OK. Well, let's build the climate resilience programme. If we were [to] focus purely on fisheries.... if that's all we did, then I think it would have been much more difficult for us to do this work." (KII 13, Cross site)

Capitalising on existing expertise: Across the implementing partner organisations, the delivery teams were able to draw on - and share - expertise in generic practices such as awareness-raising and facilitator training as well as expertise in specific topic areas (for example, climate change or DRM).



"What has enabled the implementation of this project, I would say the presence of the partners who have supported the implementation of the activities. It's an asset for us since we didn't have any expertise in relation to that." (KII 1, NW Madagascar)

Commitment and competence of implementing team: High levels of competence among the implementing partners saw project staff maximising synergies to enable cooperation, as well as fulfilling the requirements of the 'authorities' who were reported to be more receptive to the pilots because of the teams' detailed action plans.

Providing quick-wins to enhance buy-in: The programme addresses many complex issues faced by communities, many of which are exacerbated by contextual factors (see above). These Included activities that generate short term outcomes (for example, mangrove cultivation) which enable facilitators to persuade people at the grassroots level to participate in the programme.

"Mangrove cultivation is the main attraction because of the quick help [quick win], people need something tangible." (KII 5, NW Madagascar)

Alignment and coherence of approach with national and local priorities: The Government of Madagascar's priorities centre around health and conservation and climate change. As a result, agencies, NGOs and donor strategies and approaches tend to align with government priorities which in turn means that actors are generally aligned with each other, facilitating collaborative working. This broad alignment across the context has meant that local authorities have been receptive and motivated to support the pilot activities:

"And the motivation of the local authorities, because when we informed the head of the district of this collaboration, he was really happy. And there are the authorities of other villages who wanted to benefit from this training. With also the motivation of the teams since all this is new was not planned at the beginning. But they agreed with us to implement the activities, even though it happened when we had other activities in collaboration with partners." (KII 1, NW Madagascar)

Effective facilitators: Working with relay facilitators and motivating them, to go beyond awareness-raising and home visits. These facilitators were proactive in translating the problems and needs identified in communities into real solutions and follow-up actions, enabling effective implementation. For example, in the Southern pilot area, relay facilitators installed a fence around a water tank to prevent the tank supports from being damaged (KII 10, S Madagascar). This is underpinned by the implementers communicating and embedding the value of volunteering as relay facilitators, without this being tied to payments and compensation to support motivation and commitment. For example, in the Southern Madagascar pilot:

"One of the factors I think is how we have anchored this approach to volunteer work within these groups of facilitators. Because if we had not been able to anchor this approach in their minds, I think they would always ask us for compensation, salaries. So, the implementation of these approaches is the key factor for success." (KII 10, S Madagascar)



Working with the right people extends to inclusive involvement of all at the fokontany (village) level, and communicating through the right channels, for example working with young people appears to facilitate communication:

"Some villages had problems receiving information because they did not have radios and did not cooperate during sensitisation. The integration of young people has facilitated communication with these villages." (KII 3, NW Madagascar)

3.3.2 BARRIERS

Siloed thinking and working hampers resilience thinking which needs to cut across sectors and systems: In terms of DRM and building resilience of the communities in these areas, a potential barrier is a siloed way of thinking and working, whereby organisations tend to think only of their particular area of expertise. This can become "a real barrier to implementing anything about climate resilience...[need a] good enough understanding of how to integrate these things into your work and understanding how to access climate finance" (KII 13, Cross-site):

"...you need a complete understanding of what resilience programming needs to look like for it to work really well". (KII 13, Cross-site)

For example, communities need to be thinking about SRHR needs in the context of DRM: if there is a shock such as a cyclone, communities should not only be thinking about getting boats out of water and catering to food needs for the next three days, but also their SRH needs too.

"So I haven't had sight of those conversations, but no doubt if there are community health workers on those committees, and I suspect there will be, then they might be saying we need to make sure that there's continuity of service provision is continuity of use of contraception..." (KII 13, Cross site).

Too short time frames impact on implementation and outcomes - The short time frame for implementing the pilot activities has been a challenge, mentioned in a number of interviews, combined with restrictions posed by Covid-19. It has meant that few adaptations have been made, hampering innovation, but also has hindered greater collaboration and consultation at the design stage. An in-country design workshop led by MSI, for example, has not been possible, which means local perspectives have been harder to incorporate.

Short time frames also mean that seeing results in terms of tangible outcomes or impacts - even signs of early outcomes - is unlikely. Interviewees also felt that they have not been able to fully realise the benefits of working in partnerships: "Developing partnerships with UNDP has been very instructive and we can duplicate this in the future. It could have been more effective if we had had more time to see how impactful. So lessons are limited. But setting in place collaboration is a great component that we can use in future." (KII 11, S Madagascar)

The context of poverty and low levels of education in the communities was cited as an important barrier to participants engaging with the programme: Community members' incomplete understanding of impacts of



climate change, coupled with inability to take risks to improve resilience due to the need to prioritise basic needs, are barriers to effective engagement and participation. On the ground, in communities:

“...what we're seeing is an incomplete understanding about the impact of climate change on them and then now or in the future. So [communities] don't always have an understanding of that ...If you're living hand to mouth and you really are focusing on putting food on the table that day and your attitude to risk or your attitude to future planning may not and will not allow for you [to] know, a robust comprehensive approach to resilience. If you do not have enough money to feed your family, you're not going to be thinking about savings. You're not going to be thinking about developing a disaster risk management plan really” (KII 13, Cross site).

This points to the need to address basic needs first and address a range of situational/contextual factors such as poor health, low community cohesion and insecure livelihoods that prevent engagement and action in climate change resilience and SRHR. One potential mechanism for this can be through adjusting implementation plans, for example to change the focus of livelihoods activities to improve incomes.

“I am thinking of the adjustment of implementation plans. The component can be adjusted to improve the livelihood of communities, creating other sources of income such as income-generating activities. For example, agriculture, anything that can improve the incomes of communities. Since right now that's the problem here. They do not have enough sources of income.” (KII 13, Cross site)

Insufficient SRHR provision and education: The main barriers to improving SRHR for women and girls, and men and boys includes a continued lack of access to and understanding of SRHR in communities, and how SRH influences resilience. This is due to inadequate sexual health education coupled with an incomplete understanding of resilience:

“I think the barriers continue to be lack of access in certain areas. And lack of understanding and awareness about modern contraceptive methods. And perhaps an incomplete understanding about how, you know, changes in health can impact their ability to respond to shocks and stresses.” (KII 13, Cross site).

Cultural norms that impact on people’s attitudes to SRH serve to intensify and further entrench these barriers, for example the perception that having many children is a blessing (KII 10, S Madagascar) or the cultural norm of having children as soon as possible to prove you are fertile “leading to girls having children younger than is healthy for them and/or girls end up having more children than they want or not completing education”. Work to address damaging social norms “needs to be done really, really sensitively and thoughtfully, over time based on understanding of communities and their needs, and then they are in their thinking and norms. And also led from the community rather than it being externally imposed” (KII 13 Cross site).

Gender norms: Women appear to hold back from participating in activities – both SRHR and resilience-related:



“The involvement of women in the fokontany, communes and at community-based level is insufficient but essential in all activities of SHRH.” (KII 9, NW Madagascar)

“There are some who are motivated to participate but they are afraid to participate.” (KII 2, NW Madagascar).

In relation to participating in DRM committees, for developing risk management plans for climate-related shocks, one interviewee described women’s lack of participation in committees, ascribing this to a lack of motivation because they do not see it as relevant to them: “In the training it is necessary to set up alert committees for disasters in the villages and the women are not motivated to participate they say that they are not concerned by these tasks and we must find solutions for the integration of people.” (KII 2, NW Madagascar). This has implications for the inclusion of women and women’s needs in DRM plans. Although the programme has managed to mobilise women so that one-third of committee members are women, they are still under-represented.

However, other interviewees were not so pessimistic about women’s participation: “I think so! ...that it is thanks to this activity that we have been able to strengthen the knowledge of the communities and to empower them and to train them on how to manage natural resources. As for reproductive health, I think women are more and more engaged. I believe they take responsibility not to give birth to babies every year. And young people have engaged in awareness-raising. It is an opportunity for them too to find work apart from fishing and coal production. They will be able to train others on the importance of natural resource management, so that they can continue the studies instead of just exploiting natural resources in the future. So, they are progressing” (KII 1, NW Madagascar).



4. CONCLUSIONS AND LESSONS LEARNED

A number of contextual factors have affected pilot implementation. Covid-19 has impacted widely on the pilot communities, on their livelihoods as well as overall well-being. Job losses seem to have particularly affected young people. Restrictions imposed by government to deal with the pandemic and protect communities affected activities, including restricting the size of gatherings. Implementation in the South was also affected by insecurity there. Remoteness of villages also impacted on engagement and participation by community members in the pilot activities. The context of low education levels, lack of knowledge and lack of leisure activities are associated with early pregnancy – these need to be tackled.

Initial activities in the Southern site have focused on training UNDP staff in family planning methods with the aim of ensuring that family planning messaging and activities are delivered alongside climate change resilience building initiatives around livestock and fisheries management, water and sanitation, and agriculture. Additional SRHR-climate change integration activities were planned, but not developed in detail due to the premature cessation of the ASPIRE programme.

In North-Western Madagascar, new initiatives led by Blue Ventures that sought to integrate SRHR with conservation and DRR programmes were curtailed. While Blue Ventures have successfully incorporated DRR and DRM activities into their existing work (by establishing DRM committees at the village and commune level), they have been unable to further develop SRHR integration beyond existing collaborations with MSM.

The shortened programme delivery time prevented ASPIRE implementing partners from extensively adapting the interventions and partners, as one interviewee put it, “kept the intervention fairly straightforward”. Interviewees mostly reported minor adaptations to the project implementation plan. Across both sites, interviewees indicated that had the programme been fully implemented across three years, this flexibility and willingness to adapt the programme by drawing on the experience of other actors and stakeholders would have continued.

The process evaluation finds that the partnerships between implementers formed a solid foundation for future DRR and SRH work. The implementing partners have established an effective collaboration based on shared values and a shared understanding of roles and responsibilities. Collaboration between partners who are long established in the implementation areas adds credibility, and ensures effective implementation of the pilot, especially given the short time frame. Working with the right people has been key - encompassing selecting implementing partners whose work complements each other and effectively fills 'gaps', as well as engaging the right kinds of people to perform the relay facilitator roles. This helps to successfully broker relationships between communities and implementers and encourages participation.

Overall, the ASPIRE programme has, so far, appeared to have helped to strengthen relationships between the implementing partners and communities. Communities were engaged with the ASPIRE programme and supported by implementing partners to take responsibility for raising awareness of climate change and DRM. Co-designing the pilot activities and encouraging communities to define targets and objectives led to an increased sense of ownership among authorities and villagers, while coordinated action and messaging improved cohesion within and across villages. Communities have yet to fully engage in family planning and other SRHR awareness activities, in part because these elements have not been extensively integrated into programming due to the short time frames.



In terms of other factors that may have helped or hindered implementation, the process evaluation finds a number of enablers have been important to success so far, with relatively few (but important) barriers. As well as forming effective and well-functioning partnerships with competent, motivated teams who provide crucial expertise and working with the right people at community level, other factors include: 1) Providing quick-wins to enhance buy-in: including activities that generate short term outcomes (for example, mangrove cultivation) enables facilitators to persuade people at the grassroots level to participate in the programme; and 2) Alignment with national and local priorities: broad alignment across the context has meant that local authorities have been receptive and motivated to support the pilot activities.

Contextual factors have been the biggest barriers to implementation. As well as the challenges posed by the Covid-19 pandemic and regional insecurity, a range of situational/contextual factors such as poor health, low community cohesion and insecure livelihoods prevent engagement and action in climate change resilience and SRHR. This suggests programmes may need to address basic needs first before people are able to fully engage with SRHR and resilience related activities. Although the programme has managed, within a context of traditionally low-to-zero-female participation in projects, to mobilise women so that one-third of committee members are women, they continue to be under-represented. Women still hold back from participating in activities – both SRHR and resilience-related - an issue that needs ongoing attention in future programming.

The Process Evaluation highlights a number of important lessons learned for implementation partnerships integrating SRHR and DRR programming.

The tendency towards 'siloed' thinking hampers integration of SRHR and DRR activities. More integration of SRHR and DRR is needed to facilitate a multidisciplinary approach.

Resilience thinking needs to cut across sectors, pointing to the value of designing a programme using a resilience framework that helps implementers to think coherently across sectors and institutional levels but also enables effective communication to programme participants of the links between SRHR resilience and resilience to climate related shocks and stressors.

The Pilot focus is considered to have been highly relevant addressing issues faced by everyone in the fokontany. There is a need for further awareness-raising in communities on climate smart livelihoods and practices with communities (KII 7, NW Madagascar) with some ongoing monitoring and evaluation to feed into an adaptive programming approach so that the project activities can address what is missing in the integration of SRH and DRR (KII 7, NW Madagascar). Feedback from interviews on lessons learned through the pilots suggests that more integration of SRHR with DRR is needed, and more time and long-term engagement is needed for this to happen:

"We have seen that our approach needs to be improved on climate change. Because we had drawn up fisheries programmes without considering the damage of climate change." (KII 3, NW Madagascar)

"We are still dealing with environmental and natural disasters but have not yet included other topics such as SRHR." (KII 9, NW Madagascar)



Working with young people can be an effective 'way in' for messaging in communities

Working with young people may help to circumvent taboos and other cultural norms that may be more entrenched in older age groups:

"These subjects are still part of the taboo subjects in these villages. That's why we work with young people, it's easier to communicate between young people than with parents. Parents are reluctant when it comes to discussing these topics with their children." (KII 2, NW Madagascar).

There is a need, however, to address the context of there being little for young people to do – few job opportunities or leisure activities – as well as a lack of education and skills development for young people in many areas. This would have a positive feedback loop for SRHR, as being more educated will affect perspectives on SRH and help to bring about the desired change. As well as linking SRH and DRR, programmes could also link to vocational training for young people and/or investment opportunities for example outside fishing, particularly towards weather-independent livelihoods.

"There should be extra work besides fishing: for example sewing follows the SRHR activities. We need to involve more young role models and the categories of people involved whenever doing a type of job." (KII 6, NW Madagascar)

Training of health workers and community facilitators are crucial for sustainability of interventions

Training and capacity building of health-workers in SRHR is necessary for sustainability:

"And on reproductive health, we need the capacity building of health workers by ASPIRE and the services provided in the event of Marie Stope's intervention. Compared to the use of the contraceptive, even if there is a decrease in stocks or even the absence of Marie Stopes they will be able to manage by what they have already acquired - the necessary training". (KII 3, NW Madagascar)

Working through volunteers (relay facilitators) has largely been effective, especially where relay facilitators and partners really understand the benefits, communities are able to articulate their interests and priorities.

However, using community volunteers means the quality and effectiveness may be mixed. Some people are naturally better at this than others, with greater understanding of the benefits – which means groups also differ in terms of engagement and motivation (KII 10, S Madagascar). It is therefore more effective to use facilitators who already have awareness-raising experience and to have clear selection criteria for recruiting the right kinds of people (KII 6, NW Madagascar). Training of these facilitators in family planning is recommended and needed (KII 10, S Madagascar).



Motivation to participate and continue with practices introduced by the project needs local commitment and longer-term commitment from the programme.

Commitment from local communities and traditional authorities is essential, especially for sustainability of the interventions. (KII 1, NW Madagascar).

"There are ways to motivate people. A dina should be made in each fokontany or communal. If no action is taken, the dina will be enforced. The campaign should be conducted non-stop and is programmed, for example, every three months. The campaign and sensitisation programmes should be planned every three months." (KII 9, NW Madagascar)

Longer-term commitment from the programme, working over longer time frames, is also important, especially when it comes to resilience building:

"Once there is no motivation or no training [sensitisation]. The beneficiaries of the project may then be indifferent or forgetful even though we know and are in control of what we should do about natural disasters." (KII 9, NW Madagascar)

"Training with members from far and wide with people in the organisation needs to be continued. Awareness campaigns also should be continued." (KII 8, NW Madagascar)

Broadening representation and inclusion in the programme can be achieved through working through other groups in addition to youth groups, and through extending training to the fokontany level.

Some interviewees felt that people of low income, and those in remote areas, were not well represented in the pilot target groups, despite being in the majority, and that focusing on livelihoods groups, women and different religious groups is not inclusive enough. While working through youth groups has advantages for programme delivery and messaging, mentioned above, some felt that this potentially limited effectiveness:

"Results are uncertain. If a small number of young models and a small group of people are asked to do the SRHR work." (KII 6, NW Madagascar)

Training should be extended to fokontany itself, especially on climate change, and not limited to commune level, giving responsibility to men and women in the fokontany (KII 4, NW Madagascar), thus supporting motivation of people to participate. This will also ensure sustainability of the initiative. Others suggested that environmental training should start in the classroom and included in school for children from age 8 (KII 8, NW Madagascar).



ANNEXES

ANNEX 1: THEORY OF CHANGE- OUTCOME 2- MADAGASCAR



ANNEX 2: PROTOCOL/TOPIC GUIDE

Semi-structured Interview Guide: Protocol Template ASPIRE Madagascar Pilots Process Evaluation

Interviewee Name			
Gender (circle one)	Male/ Female		
Contact Details			
Interviewer name			
Date of interview		Consent given? (Y/N)	
General notes/ observations			

- We are independent researchers carrying out a Process Evaluation of the pilot programmes in Madagascar carried out under the ASPIRE programme.
- We want to hear your thoughts on this project. The primary objective is to learn how programme implementation has worked and how to make programmes like this work better in the future. The focus is therefore on learning.
- Everything you tell us will be confidential, and your name will not be used in our report. However, we would like to use your thoughts and some anonymised quotes from the interview in our findings if you consent to this.
- The interview will last about 1 hour.

Please ask the interviewee if they consent to the following:

- Do you mind if we audio record the discussion? This is for our reference and will allow us to check that we have recorded your views correctly.
- Do you consent to us using the information you give in our research and reports? Your name will not be used.
- Do you have any questions about the evaluation or concerns you would like to raise before we start?

Background

- First, can you please introduce yourself and tell me what is your role within your organisation?
- And what is your role in the ASPIRE programme?
- We would like to ask you some questions about the implementation process, about the contexts in which you have been rolling out the pilot and how these have affected you.

Implementation

- Can you tell us about the process for implementing the [NAME] pilot?
- What are the main activities you have been doing etc. (*the interviewee can tell you about how it started, when etc. as a lead-in to the next question*)?
- Does ASPIRE implementation differ in any way to other interventions you are implementing? If so, how? Why? etc.
- How well do you feel the pilot interventions have fit together? How? In what ways? With what result? If not, why not?



Implementation and Adaptation

- Has implementation of the pilot activities followed the initial planned design? If not, why not?
- What adaptations have been made? How/Why? For whom? [probe: to improve reach; impact; responsiveness; Covid-19 response]
- How has evidence been used to change programming? What kind of evidence and when?
 - What have you learned about delivering these kinds of interventions?

Implementation and Context

- What have been the main barriers to implementation experienced to date? (Resources; capacity; politics/political economy; economic factors; Covid-19 etc). How? Why? For whom?
 - Which of these are Covid-related, and which might continue to be challenges even without Covid?
 - Where has the project successfully adapted in the face of barriers?
- What have been the main enablers to implementation experienced to date? How? Why? For whom?

Implementation and Partnerships

- We would like to know about how you use partnerships for implementation and how your partnerships are currently working.
- Who are your main partners in implementation?
- What are their roles?
- How are partnerships between partners currently working?
- What is the nature of existing relationships between implementers and communities? [*probe for whether it is based on partnership, shared vision, focused on enabling and empowering communities etc.*]
- In what ways does the programme encourage and/or achieve coordination between partners? How? Why/Why not? In what circumstances? (*e.g. programme design, standard operating procedures; coordinating bodies set up; meetings etc.*)
 - What are the enablers for enhanced coordination with communities?
 - What are the barriers to enhanced coordination with communities?
- In what ways does the programme encourage and/or achieve coordination between implementers and communities? How? Why/Why not? In what circumstances? (*e.g. programme design, standard operating procedures; coordinating bodies set up; meetings etc.*)
 - What are the enablers for enhanced coordination with communities?
 - What are the barriers to enhanced coordination with communities?
- In your opinion, are you working with the right people? a) Implementing partners; b) At the community level?
- In what ways, if at all, do partnerships in the ASPIRE pilot influence:
 - a. Community structure (including natural resources and its users)?
 - b. Community perceptions, attitude and awareness?
 - c. Gender norms and specifically women's roles?



Lessons Learned

- Do you think the ASPIRE partnerships/relationships form a good foundation for future DRR and SRH work? How? Why? For whom? In what circumstances?
- Do you have any insights into whether, as SRH improves, communities are more willing to interact with partners, engage in long term activity like DRR etc.?
- What have been the main lessons that you have learned through the pilot that can be applied in future DRR? And future SRHR?
 - What do you perceive to be the main barriers to resilience strengthening? How, why, for whom?
 - What do you perceive to be the main enablers for resilience strengthening? How, why, for whom?
 - What do you perceive to be the main barriers to improving SRHR? How, why, for whom?
 - What do you perceive to be the main enablers for improving SRHR? How, why, for whom?

Closing: Thank participants, confirm that we have contact details.



ANNEX 3: TABLE OF PEOPLE INTERVIEWED

Pilot Site	Interviewee
NW	KII 1, NW Madagascar
NW	KII 2, NW Madagascar
NW	KII 3, NW Madagascar
NW/S	KII 13, Cross site
Prog	KII 12, Cross site
NW	KII 4, NW Madagascar
NW	KII 5, NW Madagascar
NW	KII 6, NW Madagascar
NW	KII 7, NW Madagascar
NW	KII 8, NW Madagascar
NW	KII 9, NW Madagascar
S	KII 10, S Madagascar
S	KII 11, S Madagascar



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