

Healthcare Initiatives in Andohahela Integrated Conservation-Development Project

I. Introduction and Background

This summer I conducted field research for my senior essay which examines the experience of local communities in Madagascar with integrated conservation-development projects (ICDPs). During eight weeks I worked with the Madagascar National Park Service (ANGAP) in charge of Andohahela National Park (ANP) and Action Sante Organisme Secours (ASOS), a local public health non-governmental organization (NGO) that delivers healthcare to villagers in the periphery of ANP. ANP is an ICDP founded in 2000 in southeastern Madagascar at the interface of the rainforest and the spiny desert. It is home to many endemic and endangered species and is thus the focus of many international conservation organizations.

The recognition that environment and development are linked led to the creation of ICDPs like ANP with success identified as two-fold: conserving the biodiversity within protected areas and creating economic alternatives for people that live in or on the periphery of these areas. The goal of ICDPs is thus to improve villagers' lives without compromising their natural resources. The World Wide Fund for Nature (WWF) began the Andohahela ICDP, in partnership with ASOS, though management has recently been turned over to ANGAP. The following programs are supported by WWF and ANGAP: forest and water management, eco-tourism, beekeeping, training in improved rice production methods, and environmental education, along with health services provided by ASOS. ASOS provides the following: community-based health clinics, mobile health service units, extension agents, and training for community agents that provide family planning, hygiene, and sanitation education and services.

I chose to research the healthcare development initiatives of the Andohahela ICDP because the perceived effectiveness of initiatives to improve access to healthcare facilities and overall health is a question of pressing concern to these peripheral communities. I spent time in 4 peripheral villages of ANP and examined how well health programs are integrated with conservation programs and whether they provide 1) positive benefits for the peripheral villagers and 2) the sorts of economic payoffs (or development) necessary for ICDPs to work. By researching one development initiative of the ICDP in-depth, I was able to draw some conclusions about the present success of this ICDP.

II. Research Goals

1. To determine if healthcare programs in periphery of Andohahela are working well as perceived by both ASOS and the villagers: as planned, as described in documents, and the satisfaction or disappointment of villagers. I also looked out for the general satisfaction or disappointment of peripheral villagers with the park: if they feel their promises have been respected in terms of the park and development initiatives.
2. To determine if the inclusion of development programs, specifically healthcare, in ICDPs/National Parks actually deters people from using the land that has become protected. On this note, I also set as a goal to determine if villagers understand the connection between conservation and development (especially healthcare).
3. Suggestions for ASOS and ANGAP based on the previous 2 goals to improve the functioning of their programs.

III. Methodology

1. Background reading of documents discussing the planning process for the ICDP, how healthcare activities have evolved with evolution of the ICDP, and what is happening presently. I started this research at Yale University last spring but continued while I was based in the city of Fort Dauphin (approximately 40 miles from each of the villages) before conducting fieldwork. The directors of ANGAP, WWF, and ASOS were very helpful in lending me documents and articles regarding the history of ANP and ASOS's involvement.
2. Participant observation by spending 3-4 days and nights in the following villages: Tsimelahy, Fenoevo, Beseva, and Etsilesy.
3. Semi-structured interviews with the following people:
 - a) Those in charge at ASOS, ANGAP, and WWF: I spent many afternoons chatting with the directors of all three organizations. I was also greatly helped by doctors at ASOS and regional chiefs of ANP (ANP is split into three regions) who were based in ANP but came to Fort Dauphin occasionally for meetings.
 - b) ASOS extension agents and community agents:
 - 1) Socio-Organisatrice (SO): The ASOS extension agent who is in charge of 4 villages in the periphery of ANP. She is trained in conservation, development, and most especially healthcare. She spends 1 week per month in each of the villages to which she is assigned and she stays in the area for a minimum of 1 year. She trains the community agents, educates villagers, and helps the agents write up reports to give to ASOS. The ASOS director told me from the start that she is the heart behind the whole program and I came to believe it. I believe that the number one factor in allowing the programs to be effective is the SO's knowledge and ability to inspire the community to participate in these programs.
 - 2) Agent de Sante a Base Communautaire (ASBC): The community agent trained to educate villagers about Family Planning (FP), children's health, and vaccinations.
 - 3) Comite Villageois de Sante (CVS): The community agent trained to educate villagers regarding the improvement of village cleanliness, hygiene and sanitation.
 - 4) Depot Communautaire de Medicaments (DCM): The community agent trained to sell medications to villagers.
 - 5) Agent de Developpement Communautaire (ADC): The community agent trained to educate about development initiatives such as apiculture, pisciculture, and vegetable gardens.
 - 6) Agent de Nutrition Communautaire (ANC): The community agent who works for Seecaline (an NGO working in conjunction with ASOS) and is trained to educate villagers about children's nutrition.
 - c) ANGAP extension agents: Agent de Conservation et Ecotourisme (ACE): Extension agent in charge of surveillance of ANP regulations, especially the limits of the park and illegal logging.
 - d) Targets: Villagers of Tsimelahy, Fenoevo, Beseva, and Etsilesy. We had several focus group interviews in each of the villages with a good cross-section of the population. There was also a ladies meeting to discuss FP.

4. Informal conversations: Casual discussions with my translator who is a guide for ANGAP. I was also Living in the hub of conservation-development for southern Madagascar where many NGOs are located and thus almost all foreigners that you talk to work for NGOs of big development organizations and they all have opinions and gossip about all of the other NGOs. I acquired much information this way.

IV. Field Research Results & Discussion¹

The research I conducted this summer expanded on a project I carried out 2 years ago in another ICDP, Ranomafana National Park (RNP) where I had been disappointed with the effectiveness of the healthcare programs in the periphery of Ranomafana National Park (RNP), where I conducted research during the summer of 2002. Although documents and articles praise the “success” of the development initiatives in the periphery of RNP, I found them to be ineffective while conservation was rigidly pushed. The ineffectiveness of these initiatives rendered many peripheral villagers angry with the park management and they were reluctant to participate. I was told that the initiatives, especially healthcare programs, in the periphery of ANP operate better due to partnerships between ANGAP and local development organizations such as ASOS. I had also been told that villagers were, in turn, more excited to participate in conservation programs. I therefore wanted to compare the effectiveness and analyze the integration of healthcare programs into the conservation project.

I chose to go to ANP this summer because according to Yale Professor Richard Marcus (who has spent considerable time at Ranomafana and at Andohahela), there are measurable healthcare outputs delivered to villagers by ASOS and this has in turn led to a better view of the ICDP by peripheral villagers. I went there hoping to get a comparative perspective on the way that ICDPs use health activities to achieve conservation outcomes and their subsequent success in doing so.

My conclusion after being in RNP was that if conservation will ever work, more emphasis needs to be put initially on the development half of the ICDP before conservation ideals are pushed to the extreme. This summer I discovered that this may not be entirely correct. It became clear to me that even if healthcare programs (as an example of a development initiative) are effective, which is not always the case, this does not mean that it will deter people from using the resources that are protected. I therefore set out to determine whether the programs are not only running well, but if they are in turn contributing to the achievement of conservation goals.

In comparative perspective, I was much more impressed with the planning and the structure set in place at ANP. ANGAP’s partnership with a local public health organization already says much in its favor, as RNP did not even have a partnership with a public health organization. ASOS has trained extension agents in many villages who in turn train many community agents. But what I began to realize is that just because something is well planned out and structures set in place does not mean that it will operate well on the ground. Even good ideas, when imposed on diverse settings, will not always be successful in achieving their goals. This is not to say that all the healthcare programs were failures in ANP’s periphery. In fact, I found some of them to be quite successful, especially efforts at Family Planning. But many factors, some of which may have been unforeseen, affected the success of healthcare programs in the 4 villages. In general, the success was dependent on the following factors:

¹ See my unabridged report for full discussion with detailed sections for each of the 4 villages that I visited.

- 1) *Social factors*: village composition, ethnic homogeneity, and the existence of disputes among villagers. In one village, a community agent was disliked by much of the village and thus no one attended her educational programs or followed her example.
- 2) *Use of traditional healthcare systems that may conflict with introduced ideas*: Sometimes ombiasa (traditional healers) do not want western healthcare methods to be introduced. I did not encounter this in any of the villages, but I had heard that it often happens.
- 3) *Acceptance and participation of village leaders*: If the leaders are respected, villagers will want to follow their example. In the village where healthcare programs seemed to operate best, the mayor and the village chiefs were very involved.
- 4) *Selection of extension and community agents*: In the village where I found the healthcare programs to be most successful, the extension agent was dynamic and completely integrated herself into the community. People wanted to listen to her and follow her suggestions. Community agents also seemed to be dedicated to their positions. In villages where I did not find the programs to be successful, the extension agent separated herself from the community and the agents did not seem to be performing their job very well.
- 5) *Availability of resources*: Education is good, except that if the people do not have the resources, to build a latrine for example, or plant vegetables to make their diet more diverse.

In terms of linking conservation of ANP with the healthcare activities in peripheral villages, the success seems to be limited. The only action along these lines is that ASOS, which was primarily a public health organization, began to take on other development activities such as alternative agricultural techniques to take pressure away from the forest (pisciculture, apiculture, vegetable gardens). Their reasoning is that if they take on conservation, development, and health, it will clarify for villagers the connection among the three. While this sounds like somewhat of a good idea, it just means that ASOS staff spreads itself thin. ASOS' focus is led away from pure healthcare, while it seems that there are other organizations that can work in partnership with ASOS and take on these activities.

V. Conclusions

My research determined that even if healthcare programs are well planned out, there are many factors that affect their success. My research further demonstrated that even if healthcare programs in villages in the periphery of a protected area are successful in terms of achieving their goals (which was often not the case), this does not mean that it will deter people from using the resources that are protected. I had therefore set out to determine whether the healthcare programs are not only running well, but if they are in turn contributing to the achievement of conservation goals. Through these interviews with villagers, I began to understand the lack of interdependence between their own health priorities and conservation. Most people do not see the connection; it is quite a stretch that these organizations are trying to make. They may see healthcare as a "direct" benefit from the existence of the park, but that does not mean that they will participate in conservation. Many villagers are still not happy with the existence of ANP, and this is in part because the partnerships between conservation and development is not emphasized. They see ANGAP as evil for having stolen their land and giving them fines if they infringe on the protected area, though they generally think that ASOS is wonderful because villagers are from time to time given vaccinations and/or cheaper medications.

While the research itself was fascinating, I wanted to make sure that the knowledge I gained would be put to good use. At the end of a report for ASOS and ANGAP, I therefore made

a list of 5 conclusions and suggestions with detailed explanations. They were pleased because I was for them a consultant with an objective eye analyzing the effectiveness of their programs. The conclusions/suggestions are as follows: 1) the importance of choosing agents, 2) increase the amount of education programs, 3) start partnerships between ANGAP and development NGOs that are always discussed, 4) make the existent partnerships clear to villagers, and 5) reduce the amount of meetings and reports.²

I arrived in Madagascar this summer with a positive outlook. I left a bit more cynical 10 weeks later. This was in part because during my fieldwork I began to understand that the hope we put into things does not always translate into success, and that we constantly have to reconsider the programs that we impose upon our targets. My viewpoint and suggestions will be more valuable if I come back in 5 years or more and assess the situation, mainly to see if the example set by agents and “model citizens” is followed, as this seems to be a major push behind the ASOS programs in terms of alternative agricultural techniques, latrines, etc. I will also be able to assess whether or not villagers have begun to understand the interdependence between their own health priorities and conservation.

I chose this project because I find important to figure out what makes ICDPs successful or not, and subsequently how to improve or reinvent them, so that there will be better development in the future and in turn, a healthier environment. I hope that my project contributed to this goal in some small part.

VII. End Notes

This summer research was an amazing experience. I feel fortunate to have such inspiring professors who set me on this track, and I thank the Class of 1964 Fellowship committee immensely for granting me the chance to go to Madagascar and be involved in the conservation-development world. Both my summer in RNP and this summer in ANP were the perfect opportunities to connect my academic interests to the “real world” and what (hopefully) awaits me. Two summers ago I lived in the national park and spent my time looking out at the peripheral population who were the targets of conservation-development programs. This summer I was living with the population outside of the park, looking in at it as a conservation-development initiative. These flip-flopped positions allowed me to gain much insight on the operation of the conservation-development world in all its levels. I hope to be back there soon expanding upon this research or applying it directly to the improvement of ICDPs.

² For full analysis of these conclusions, see my unabridged report.