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Velondriake Region Sexual and Reproductive Health Service Project: 2 Year Report

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Introduction

In August 2007 the first family planning clinic was set up in the village of Andavadoaka. Further information on the background of the project, a 12 month progress report up until August 2008 and the 3 year implementation plan for 2009-2011 can be found at www.blueventures.org/community/family-planning.html. This report summarises the progress made on implementation of this plan from August 2008 to August 2009.

It was recognised that in order to develop the service as outlined in the 3 year implementation plan, and to ensure reliable delivery of the service, it would be important to recruit and employ dedicated staff for the project. To this end Maggie Flanagan, a former Peace Corps volunteer with extensive experience of working in sexual and reproductive health in the north of Madagascar, was recruited as project co-

ordinator, and given responsibility for the plan's implementation.

An overview of what has been achieved this year against the objectives set in the 3 year implementation plan is given in this report.

Maggie and Fanja preparing for their satellite clinic in Tampolove



Progress with Objectives

OBJECTIVE 1: Continue to deliver a weekly family planning clinic in Andavadoaka

In April 09 Maggie successfully recruited Fanja Rakotozafy , a former employee of Marie Stopes in Toliara, to run the family planning clinics and assist with the education/awareness raising work planned for the region. After a period of induction and supervision, Fanja runs the Andavadoaka family planning clinic autonomously, to a high standard of clinical care, and with excellent levels of client satisfaction, as evidenced by feedback questionnaire results. Having been running for 2 years, the Andavadoaka clinic is well established, with a high profile within the community and a continually expanding client base.

Maggie and Fanja have worked together to improve the quality of service being provided, through the establishment of clear, written protocols for clinical decision making and the counselling of women, writing “birth plans” for each woman (empowering women to take greater control over the planning of their families), and the adoption of a more structured, consistent clinical record keeping system (the same record keeping system being used in state hospitals). This is in addition to the considerable benefits of the service being delivered consistently by a dedicated, family planning trained, Malagasy female staff member rather than an English speaking, UK Blue Ventures medical officer.

In addition to the regular contraceptive supplies being sourced from Marie Stopes in Toliara, Maggie has secured a regular and reliable supply of contraceptives from Population Services International (PSI), and established other sources of supplies in Toliara, thus improving security of the provision of contraceptive supplies as well as enabling the project to take advantage of the most economical source of supplies.

OBJECTIVE 2: Establish weekly satellite clinics in two additional villages, providing access to clinic services to all 25 communities in the Velondriake network.

As a result of research conducted in the Velondriake region by 2 groups of medical elective students in the preceding year, the villages of Belavenoke to the north and Tampolove in the south were chosen as the most appropriate sites for satellite clinics. These were chosen on the basis of ease of access from Andavadoaka, receptive village populations with suitable facilities for running family planning clinics, and the most appropriate locations to ensure coverage of the all of the communities within the Velondriake region.

A motorised pirogue was purchased for travel to the satellite clinics, and a community liaison worker was recruited in both villages, to act as point of contact between the village and the service, publicise the service to the community and to assist Fanja in the running of clinics.

Since their establishment in March, weekly clinics are being run in both villages, providing communities in the north and south of the Velondriake with reliable, regular access to the same high quality family planning service being provided in Andavadoaka. Analysis of the distribution of clinic attendees by village suggests that people from the vast majority of villages in the region are now able to access the service. Coverage is not universal, however, with the limited transport infrastructure and limited resources of many of the region's inhabitants meaning access remains difficult if not impossible for a minority of women.

The Sexual and Reproductive Health project pirogue was named 'Safidi, meaning 'freedom to choose' in Malagasy



In response to this ongoing challenge of access, further outreach services are being offered, and clinic visits to Tampolove and Belavenoke are being combined with a programme of clinics being held in some of the more remote villages to the south and north of the region respectively.

The resource implications of this outreach work, in terms of staff time and fuel costs, are considerable, and the effectiveness of this model of service delivery will be reviewed one year after the service was first established. Should this not prove the most effective method for delivering good quality family planning services to the communities of the region, alternative models for service provision, including community based distribution, or employing a full time community outreach worker, will be explored.

Figure 1: Clinic data August 2008 – July 2009

Total number of combined oral contraceptives dispensed (in months)	167
Total number of progestagen only pills dispensed (in months)	64
Total number of depo-provera injections administered	174
Total amount of contraceptives dispensed (measured in couple-years protection, CYP)	84

Objective 3: Broaden the range of contraceptives offered to include long-acting reversible contraceptive methods

Increasing the range of contraceptive options available to women is likely to lead to better uptake of contraception, and greater client satisfaction. Offering long acting reversible contraception (LARCs) offers the additional benefit of eliminating contraceptive user failure once fitted. Also, the logistical and human resource implications of providing regular clinics in some of the more remote parts of the region are considerable. In response to these challenges, a programme to offer Implanon, a subcutaneous implant releasing low dose progestagen and providing continual contraception for 3 years, has been initiated.

For the first time in the region's history, on 3rd September 09, a family planning doctor was hired from Morombe to come and fit Implanon implants to women requesting them. In the preceding weeks this Implanon fitting day was publicised throughout the whole Velondriake region, women were counselled on the use of Implanon, and fifteen women were recruited to have Implanon inserted. To mark the occasion, two plays talking about the benefits of family planning were performed in the village (one by a youth theatre group and one by the group of peer educators) and a film discussing the importance of using contraception was screened.

The first woman in the region receives Implanon.



Close follow up of the first wave of women having Implanon fitted, and sharing some of these women's experiences with the community, will inform how to facilitate an ongoing programme of offering Implanon. It is hoped that reporting on some of the women's experiences will further increase awareness and acceptability of this method of contraception in the target audience. The possibility of hosting regular visits from Marie Stopes to perform the insertions is currently being explored.

Objective 4: Identify and tackle barriers to the use of contraception within the target population

Experience from running the service for 2 years, combined with feedback from a wide range of community members, the previous experience of staff members and research into barriers to accessing family planning services have identified a lack of accurate information about contraception, and the fear resulting from misinformation about safety, as one of the primary barriers to accessing family planning in the Velondriake region. Lack of easy access to family planning services, a lack of awareness of the potential benefits of using contraception, women's perceived lack of control over their fertility, and women being unaware of clear alternatives to having lots of children have also been suggested as barriers.

Establishing satellite clinics as outlined above has gone a significant way towards removing the barrier of access to family planning services, and the satellite clinics' effectiveness will be in part assessed by how well this barrier has been removed. Clear, consistent and comprehensive education/counselling of each clinic attendee at each clinic site about all aspects of contraception and sexual/reproductive health, and assessing clinic attendees' knowledge through the use of exit questionnaires, ensures that the clinic population have accurate information about contraception.

Two Velondriake wide initiatives have attempted to address the issue of lack of accurate information for the broader Velondriake population. Firstly, the two groups of medical elective students, in their initial research into establishing the most appropriate clinic sites, visited and conducted meetings in each village in the region. These were to ascertain levels of awareness about contraception and sexual and reproductive health issues, provide basic sexual and reproductive health education, and give information about the new service being developed.

Maggie and Vivienne conducting a peer education session on family planning



Once the satellite clinics had been established, Maggie was able to draw on her skills and previous experience of community education to develop a more focussed, comprehensive, community education programme. A group of 12 women from Andavadoaka were recruited, trained and assessed for their competencies as peer educators on

contraception and sexual/reproductive health. This workforce, which represented a wide age range, was then deployed throughout the region to provide peer to peer education on these issues. As well as providing high quality education and information to members of each village, this tour of the region enabled the service, including the newly opened satellite clinics, to be publicised, and provided valuable information about the receptiveness to the service being offered and the message being delivered.

In spite of these initiatives, anecdotal reports suggest a persisting lack of awareness about contraception. In response to this, further educational interventions are planned for the region, which will build on the experience gained from the first tour to provide a more targeted approach to different audiences.

One such approach that has been successfully employed has been to provide incentives for these peer educators, and the two community liaison workers, to encourage sexually active teenage girls and women who have recently given birth (2 groups identified as a priority for ensuring they have access to the service) to attend the clinic for a consultation about contraception. (Analysis of the demographics of the client population revealed that sexually active teenage girls were underrepresented in those who attended the clinics.)

Young woman (approx 24) attending for contraception after birth of 4th child



Objective 5: Work with local, regional and national stakeholders to ensure the project meets the needs of the population, aligns with the national agenda, and collaborates wherever possible with the work of other agencies

Good communication links have been developed with the region's healthcare institutions, through the Medical Inspector at Morombe. Our project has the Medical Inspector's full support, and we provide regular reports on project activity.

The project has enjoyed a good working relationship with Marie Stopes Madagascar since its inception, and we are grateful to Marie Stopes for their continued provision of contraceptive supplies, as well as guidance on project monitoring and service delivery, advice on working with Government health institutions and information relating to the national political background to healthcare provision. We are currently exploring the possibility of serving as an outreach site for Marie Stopes' expanding outreach work, and this would enable us to broaden the range of contraceptive methods offered to our community.

As well as maintaining good links with Marie Stopes, Maggie Flanagan's arrival has enabled good working relationships to form with Population Services International (PSI), and the US Peace Corps. Changing models of sexual and reproductive health care delivery, and the adoption of community based distribution in particular (a model promoted by PSI), may be helped by working closely with organisations more experienced with this model, such as PSI. Should the project move towards recruiting a full time community outreach worker, Marie Stopes may be able to assist in the provision of a sexual and reproductive health trained nurse to deliver the service.

Also, it is hoped that the project may be able to accommodate 3rd year Peace Corps volunteers on a regular basis, to build on the excellent work done by Maggie. It is hoped that all of these working relationships will continue to ensure that the project aligns with the national agenda for sexual and reproductive health, and that opportunities for mutually beneficial collaboration are created and utilised. Also, we remain grateful to PSI for their continued assistance in the provision of contraceptive supplies and for their support in the project's community outreach work.

Other opportunities for collaborative working in the future include the possibility of piloting an integrated population, health and environment project with WWF, and supporting Reef Doctor in the integration of family planning services into their marine conservation projects in Ifaty, north of Toliara.

Objective 6: Develop and implement a strategy to promote safer sex practices within the target population

To promote the adoption of safer sexual practices, a STI/HIV awareness theatre tour is planned for later in the year. It has been decided to use theatre as the medium for imparting the safer sex message as a result of the hugely popular STI/HIV awareness theatre competition held in Andavadoaka in 2008, and the winning theatre company from 2008 will be conducting the tour. (The theatre competition of 2008 led to a significant increase in levels of awareness about the risks of STIs and HIV, and this increase in awareness was mirrored by huge increases in condom sales in the village.)

Peer educators after the play performed on implanon day



The performance of a play explaining the risks of unprotected sex, and how to protect against STIs/HIV, will be followed by peer to peer education and workshops in each of the 26 villages of the Velondriake region. The tour will conclude with a festival in Andavadoaka, incorporating cultural and sporting events, to reinforce the message of the importance of safe sexual practices and the benefits of using contraception. The methodology for evaluating the effectiveness of the theatre tour is currently being developed, and this will be used to inform future educational interventions.

A more immediate educational intervention to promote the adoption of safer sexual practices and the use of contraception, and to empower teenagers in particular to exercise choice over whether or not to engage in sexual activity, also using drama, is currently being developed. The next group of medical elective students to work on the project will be developing a short play, to be performed in the village and targeting a younger audience, which will address sex and relationship issues and the importance of taking responsibility for one's sexual and reproductive health.

16yr girl attending for contraception, after birth of 2nd child



Objective 7: Communicate the progress and achievements of the project to stakeholders, the medical and conservation communities, and the wider public

In addition to regular reporting on the project's progress, abstracts have been submitted to medical journals outlining the work of the project, and it is hoped that an article will be published in a peer reviewed medical/family planning journal. Outlines for a range of possible articles for publication in marine conservation journals are currently being developed, and it is anticipated that next year's annual report will be able to cite publications reporting on this important and innovative work. Material for presentation at conferences, and to share with stakeholders and other interested groups is also being developed.

It is also hoped that effective, regular marketing will raise the project's profile, help attract funding, and highlight the importance of taking an integrated approach to conservation, sustainability and population. One of the priorities for the coming year will be to identify and recruit volunteers who can assist in marketing and raising the project's profile.

Objective 8: Generate sufficient funding to ensure the financial security of the project over the next three years, from 2009-2012, with a view to expansion beyond Velondriake

A variety of grass roots, community based fundraising initiatives, from auctions, to sponsored runs, to piano recitals, to educational events for doctors, have ensured the project's financial viability for its second year, and have provided valuable experience in fundraising for those involved. The numerous applications for grants, bursaries and financial awards have met with little success, however, other than providing those involved with useful feedback and experience on writing grant proposals and funding applications. All of this learning will be used to refine future approaches to fundraising, and the team are confident of being able to raise sufficient funds to cover the project's ongoing costs.

Dr Vikas Mohan as auctioneer at a fundraising event



The Next Steps

Monitoring

With the family planning service having now been established for 2 years, plans are underway to evaluate the effectiveness of the service, in terms of increased levels of contraceptive use within the community, reduction in birth rate, and increased levels of awareness of issues relating to sexual and reproductive health. The data will be collected and interpreted in a way that aligns with methodology and statistics gathered by other agencies, including the government, to allow effective sharing of and making meaningful comparisons between data.

Treatment of STIs

Offering to treat STIs would add significant value to the service currently being offered, would be likely to attract people to the clinic who would not have otherwise attended, and could serve to slow the progression of HIV through the community. Under the guidance of PSI, basic treatment algorithms have been developed and are being used to treat some STIs (notably gonorrhoea, chlamydia, syphilis, and genital herpes), on the basis of symptom reporting alone. Fanja does not currently have the expertise to offer more comprehensive treatment for STIs, nor does the service have the resources or infrastructure to facilitate this. Over the coming months the current practice for the treatment of STIs will be evaluated in the light of local STI prevalence rates and treatment regimes, WHO based syndromic guidelines, and capability within the service, and recommendations will be made on how to implement the treatment of STIs within the family planning clinics.

T-shirt design promoting the messages of sexual and reproductive health



Education

Whilst significant progress has been made in educating the community about contraception and STIs, this will remain an integral and evolving component of the project's ongoing work, if it is to meet its dual aims of enabling every sexually active couple to meet their contraceptive needs and help avert the predicted HIV epidemic. It would seem that certain subsets of the community, and certain groups of women in particular, are changing their behaviour in response to increased awareness of these issues, but this is by no means universal. The men in particular, who typically would not necessarily get their information about sexual and

reproductive health from their partners or other women, have been more difficult to reach, as reflected in the small numbers of men consulting on issues of sexual and reproductive health.

Future educational strategies will need to target men more aggressively (and other underrepresented groups from the female population), as well as younger community members, before their sexual behaviour becomes engrained and more difficult to change.

Integration

Facilitating the achievement of Blue Ventures' conservation objectives, through enabling the coastal communities of the Velondriake region to manage the growth of their populations, has always been one of the project's aims. Over the next year, the project will move towards fuller integration into the portfolio of Blue Ventures projects. This will be achieved through clearer conceptual mapping of the interrelation between conservation, sustainability and population, better communication and coordination between the projects, better sharing of resources and opportunities to reach different community groups with the different messages, and moving towards communicating to the community the value and importance of taking an integrated approach.

In addition to the obvious economies of scale and advantages of sharing resources and opportunities, it is hoped that this will also enable the work of Blue Ventures to serve as an important example of successful

integration of conservation and sexual/reproductive health interventions (and provide valuable experience of an integrated approach that can be replicated elsewhere). Initial experience of integrating this work into the rest of Blue Ventures' work suggests that integrating conservation and family planning interventions will significantly improve the effectiveness of both, as compared to implementing these in isolation.

As Blue Ventures replicates its work in other coastal areas throughout Madagascar and beyond, it is anticipated that this integrated approach will form the hallmark of Blue Ventures' strategy.

Social Marketing

Experience of the success of various social marketing approaches employed by the project thus far, combined with the imperative to facilitate sustained attitudinal and behavioural change as quickly as possible, highlight the importance of a social marketing strategy. Over the coming months a social marketing strategy, incorporating the branding of the sexual and reproductive health service and messages, will be developed and implemented, drawing on expertise from the private sector and within the Blue Ventures team.