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## Velondriake Region Sexual and Reproductive Health Service Project: Year 3 Report

Blue Ventures sexual and reproductive health programme has been running as an integrated Population, Health and Environment (PHE) component of Blue Ventures' conservation work in remote South West Madagascar. This report provides a summary of our work over the third year of the project.

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## Acronyms

CBD	Community-Based Distribution
COC	Combined Oral Contraceptive Pill
CPR	Contraception Prevalence Rate
CYP	Couple Year Protection
Depo	Depo Provera Injection
LARC	Long Acting and Reversible Contraception
IUD	Intrauterine Device
PHE	Population, Health and Environment
POP	Progestogen only Contraceptive Pill
PSI	Population Services International
SRH	Sexual and Reproductive Health
SRHS	Sexual and reproductive health service
UNFPA	United Nations Population Fund

## Introduction

In August 2007 the first family planning clinic was established in the village of Andavadoaka. In the three years since the project's creation, it has evolved into a comprehensive sexual and reproductive health service (SRHS) and has become integrated into the portfolio of projects that Blue Ventures manages, resulting in the formation of a truly integrated Population, Health and Environment (PHE) programme.

Further information on the background to the project, first and second year progress reports, and the three year project development plan for 2009-2011 can be found on [Blue Ventures website](#). This report summarises the progress made between August 2009 and August 2010 towards fulfilling the objectives detailed in the project development plan.

## Objectives and progress

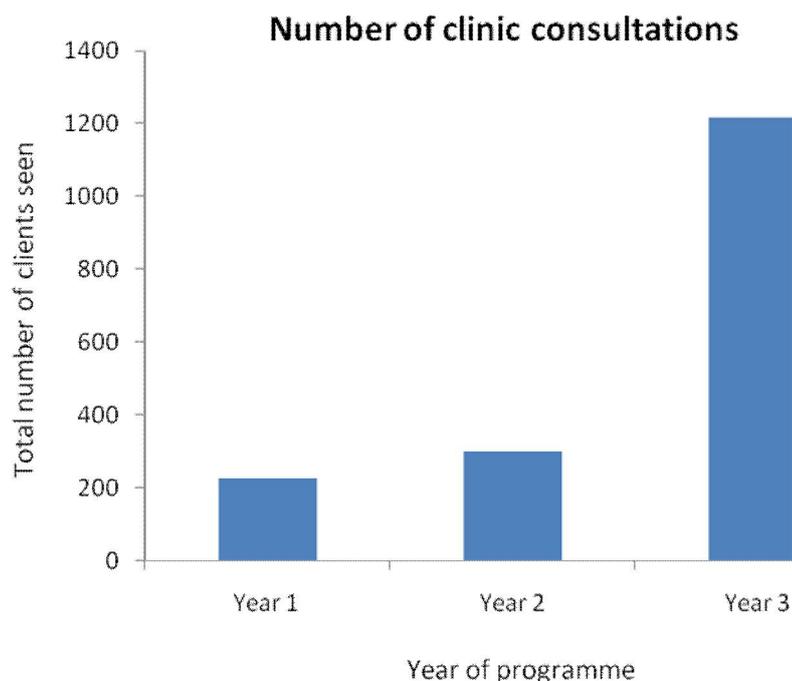
### **Objective 1: Deliver a weekly family planning clinic in the village of Andavadoaka**

Fanja Rakotozafy, Project Technician, has continued to run the family planning clinics, in Andavadoaka, providing a high standard of clinical care. Improved management of clinic data has allowed for the provision of higher quality care and clinical information management. The clinic in Andavadoaka has now been running for three years, and continues to expand its client base.

### **Objective 2: Establish weekly satellite clinics in two additional villages, providing access to clinic services to all of Velondriake's 25 villages**

Weekly clinics have been running in the villages of Belavenoke and Tampolove since March 2009. These sites were chosen on the basis of ease of access from Andavadoaka, receptive village populations with suitable facilities for running family planning clinics, and the best locations to provide access to the whole of the Velondriake community. State medical staff have since arrived to provide a range of health care services in both of these villages. The Blue Ventures' Sexual and Reproductive Health (SRH) team have been working closely with these doctors to ensure a smooth transition of care to the state sector and to ensure the high standard of care being delivered is maintained. This has allowed the Blue Ventures' team time to set up a rotating programme of outreach clinics in the less well-served villages in the region.

To compliment this programme of clinic activity and further improve access to high quality contraceptive services, community-based distribution of contraceptives has now been established (see Objective 4).



**Figure 1** Number of female consultations held since August 2007 until end of July 2010. In the latter half of Year 3 the number of weekly clinics held increased from one to three villages.

### **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) provides the additional benefit of eliminating contraceptive user failure once fitted. Also, the logistical and human resource benefits of fitting LARCs for women in some of the more remote parts of the region are considerable.

A three monthly programme of fitting LARCs, both the subcutaneous contraceptive implant 'Implanon', and the intra uterine contraceptive device (IUD), providing continual contraception for three years and ten years respectively, is now well established. Community outreach teams from Marie Stopes Madagascar in Toliara have been visiting and offering LARCs to women in the Velondriake region. Favourable initial feedback on the acceptability of LARCs by the first adopters of this form of contraception has led to large numbers of women electing to have a LARC fitted, proving to be very popular and very well tolerated.

LARC fitting days have been supported by a range of community educational activities, and have been largely responsible for the huge increase in contraceptives distributed in the region.

**Table 1** Number of consultations held and the number of contraceptives distributed over project period.

Year	Number of clinic female consultations held	Number of COCs distributed (in months)	Number of POPs distributed (in months)	Number of Depo injections given (in months)	Number of Implanon implants fitted	Number of IUDs fitted
1st	226	91	66	116		
2nd	301	163	61	193		
3rd	1216	590	94	431	97	4
<b>Totals</b>	<b>1743</b>	<b>844</b>	<b>221</b>	<b>740</b>	<b>97</b>	<b>4</b>

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

Detailed research and experience from project staff identified a range of barriers to the use of contraception. A persistent lack of awareness about contraception and various attitudinal barriers towards the use of contraception were identified within different subgroups of the community. For those who did not live in a village where a clinic was held, lack of access to contraception also remained a barrier.

To tackle awareness and attitudinal barriers, a programme of community education has been implemented, which draws upon established Behaviour Change Communication and 'Social Marketing' methods. A variety of media have been employed, including peer-led education, the use of theatre, sporting events and cinema. The research conducted to identify current awareness of, and attitudes towards, sexual and reproductive health has informed the design of the educational programme. Educational interventions have been developed and implemented to target different subgroups within the community, in order to maximise their impact at facilitating sustained behavioural change within each of these subgroups.

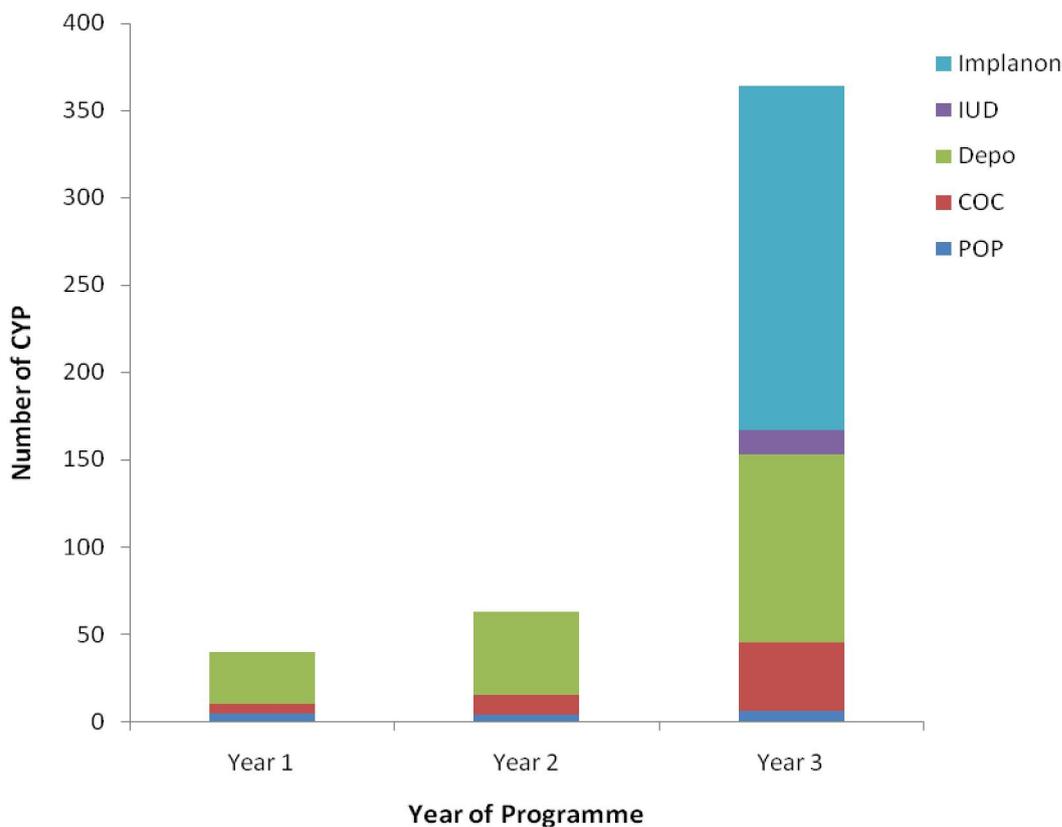
To tackle the ongoing issue of lack of access to contraception, a programme of community-based distribution (CBD) has been implemented. Community members are recruited and trained to distribute a limited range of contraceptives and offer basic health education and contraception counselling, according to clear clinical protocols and under clinical supervision. CBD agents are given a financial incentive to distribute contraceptive supplies, by being provided with contraceptives at a greatly subsidised price which they can sell for a small profit.

Population Services International (PSI), in-country experts on CBD, collaborated with Blue Ventures on this project and trained 16 community recruits as CBD agents (enabling them to administer condoms and two types

of oral contraceptive pill). Two CBD supervisors have been recruited to oversee the work of CBD agents, and preliminary reports suggest a high level of uptake and community satisfaction with this service.

As a result of increasing access to contraception, and tackling other barriers to the use of contraception, the amount of contraceptives administered in the project's third year has greatly increased, resulting in a couple year protection (CYP, or amount of contraceptives administered measured in years' of contraceptive protection) of over 361.35 years (Figure 2).

### CYP for each contraceptive over a 3 year period



**Figure 2** Couple year protection (CYP) by contraceptive method over project period

Individual and household surveys conducted after the project's second year showed significant increases in contraceptive prevalence rate (CPR), which is the percentage of women between 15-49 years old who are using any form of contraception, excluding condoms (Table 2a). This was most noticeable in the village of Andavadoaka, where the family planning clinics were first opened, and corresponds to a difference in birth rates between Andavadoaka and the rest of the region (Table 2b). General Fertility Rate (GFR) is used as the measure of birth rate, and is defined as the number of live births per 1000 females aged 15-49 in a given year (Table 3).

**Table 2a** Increase in Contraceptive Prevalence Rate over duration of project in the village of Andavadoaka

Andavadoaka	
2006	9.4%
2009	36.3%

**Table 2b** Increase in Contraceptive Prevalence Rate between 2008 and 2009 for the rest of Velondriake, excluding Andavadoaka

Rest of Velondriake	
2008	11%
2009	15.1%

**Table 3** A comparison of the General Fertility rate in Andavadoaka and the rest of Velondriake

	Andavadoaka (No. live births per 1000 females aged 15-49 in a given year)	Velondriake (No. live births per 1000 females aged 15-49 in a given year)
2009	126.8	267.7

### **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 maintained with the region's healthcare institutions including the Medical Inspector at Morombe and with key medical personnel in the Belo-Sur-Mer region. Our project has the Medical Inspector's full support, and we provide regular reports on project activity. Good working relationships have also been developed with the doctors working in Tampolove and Belavenoke, as well as the medical staff in the newly opened Andavadoaka hospital.

The project continues to enjoy an excellent working relationship with Marie Stopes Madagascar, most notably in 2010 through collaboration on the introduction of LARCs in the region. The project has also strengthened its relationship with PSI, through accessing regular contraceptive supplies from them and through implementation of community-based distribution of contraception.

Building on the good relationships formed with the Peace Corps, it is hoped that the project may be able to accommodate 3rd year Peace Corps volunteers on a regular basis, to further develop the capacity and expertise of the project team, and to help develop the educational component of the work being undertaken.

Other opportunities for collaborative partnerships in the future include the possibility of supporting Reef Doctor in the integration of family planning services into their marine conservation projects in Ifaty, north of Tulear and replication of the PHE approach in and around Belo- Su- Mer.

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

Messages on the importance of adopting safer sexual practices have been incorporated into the community educational initiatives to tackle barriers in using contraception. Results from individual and household surveys conducted at the end of 2009 demonstrated higher levels of awareness about contraception, the risks of unprotected sex (Table 4) and higher levels of condom use (Figure 3) in the village of Andavadoaka (where the majority of educational events had taken place up until that time) than the rest of the region, providing strong evidence of the effectiveness of these interventions.

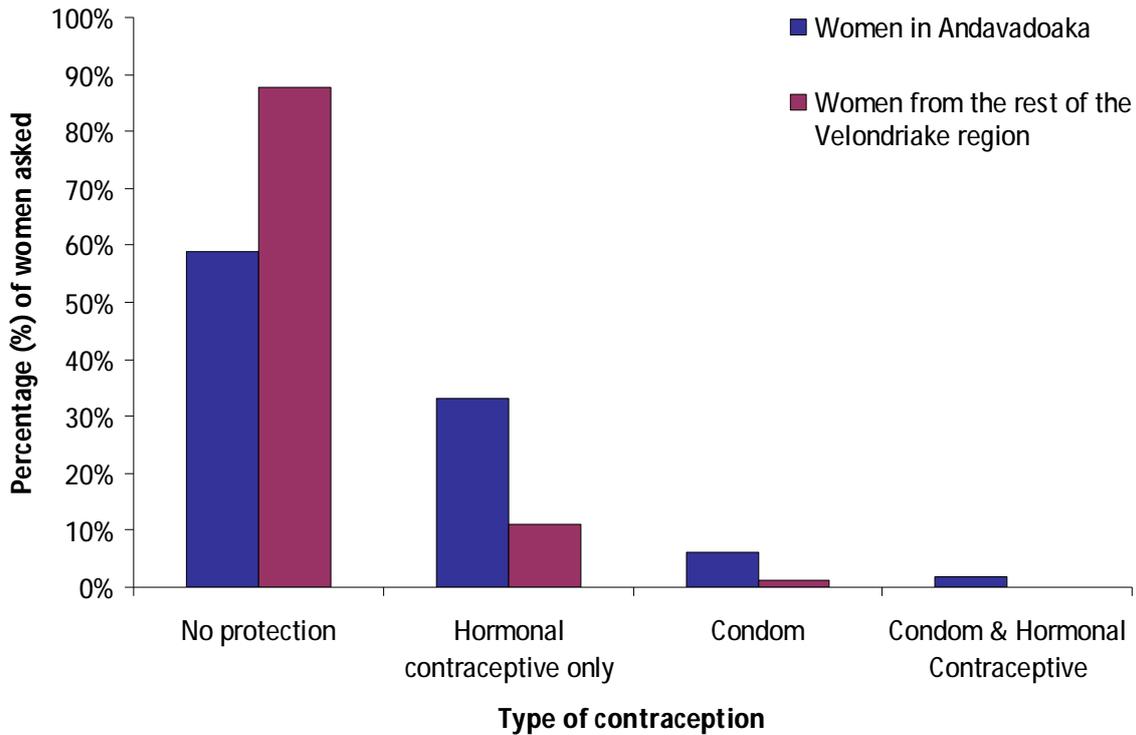
**Table 2.** How can we protect ourselves against HIV/AIDS? (Asked in individual surveys)

	<b>Andavdoaka (No.)</b>	<b>Velondriake (No.)</b>
<b>Using condoms</b>	87.1% (311)	54.9% (211)

### **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 reports on the project's progress to all stakeholders, four papers are in the process of being written, or have been written, on various aspects of the project. It is hoped that they will be published in peer reviewed medical or conservation journals.

Dr Vik Mohan, the Project Director, was invited to present this work at an International Policy Symposium on the "*Connection between Population Dynamics, Reproductive Health and Rights and Climate Change*". Rebecca Hill, Project Manager, attended an international working meeting on Population and Sustainable Development between non-governmental organisations (NGOs) to discuss linkages between population dynamics, climate change and sustainable development.



**Figure 3.** Point prevalence of contraception and condom use among women, by region

In addition to this, the project has achieved international recognition as major PHE initiative by the Population Reference Bureau, and has received a significant amount of media coverage over the last year, including three articles in International Lifestyle Magazine. Matt Erdman, Project Coordinator in Madagascar, has written an article for the Woodrow Wilson New Security Beat blog which was the top post for November 2010. In 2010 we also featured on the following websites: IUCN; Reproductive Health Matters; K4Health; Population Sustainability Network; Priori; Wiomsa; Year Out Group; Social Enterprise Group and Our Future Planet; and Population Action International.

It is also hoped that effective, regular marketing will raise the project's profile, help attract further funding, and highlight the importance of taking an integrated approach to conservation, sustainability and population growth and health.

**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 UK-based fundraising initiatives have ensured the project's financial viability in its third year, and have provided valuable experience for those involved in fundraising. In addition to fundraising activities undertaken by project staff, the project has been fortunate enough to inspire others to fundraise. Notable

examples over the last year have included Tess Shellard walking the entire length of the UK, Tom Willcock undertaking an Iron Man triathlon, and James Mottram running, cycling and kayaking around the southwest peninsula of England. The project team are immensely grateful for these efforts.

At the beginning of 2010 Rebecca Hill won the Vodafone World of Difference Award, enabling her to work for two months as a paid staff member; the first time funding has been raised for UK project staff.

As a result of the rising profile of this work, it has attracted the attention of the United Nations Population Fund (UNFPA), and this has culminated in securing six months of core project funding. This was a hugely symbolic step, and the first PHE project that the UNFPA has supported in Madagascar. It is hoped that this will be the start of a strong and long lasting partnership between Blue Ventures and the UNFPA.