

V. Mohan

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## Establishing a Family Planning Service for the Community of Andavadoaka: 12-month Report

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**Recommended citation:**

Mohan, V. (2008). Establishing a Family Planning Service for the Community of Andavadoaka: 12-month Report. Blue Ventures Conservation Report



52 Avenue Road, London N6 5DR  
[research@blueventures.org](mailto:research@blueventures.org)

Tel: +44 (0) 20 8341 9819  
Fax: +44 (0) 20 8341 4821

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**Introduction**

On 15<sup>th</sup> August 2007, Craig Noler, the Blue Ventures Medical Officer and Vik Mohan, Blue Ventures Medical Advisor wandered across to the only concrete building in Andavadoaka, laden with pills, injections, various bits of medical equipment and a huge bag of condoms. With some trepidation we were opening the doors to the first family planning clinic that this area of South West Madagascar had ever seen; we had no idea to expect. Although we were both hopeful that our efforts to raise awareness of the importance of family planning would generate interest in the clinic, we did not expect, nor were we prepared for, the 50 women who turned up seeking contraceptive advice that day!

Having identified a huge unmet need for family planning services in this part of Madagascar, a need that could not easily be met by government services or other NGOs, we set about developing a service that could be integrated into the excellent work already being done in the region by Blue Ventures. The previous report “Pushing against an open door: setting up a family planning service in Andavadoaka”, outlines the initial process of setting up the service, and the progress we have made since the publication of that report is discussed here.

**Figure 1. The village of Andavadoaka**



**Summary of Achievements**

Thanks to the energy, enthusiasm and hard work of the medical officers Craig Noler and Rebecca Hill (Becks), the wholehearted support of the entire Blue Ventures team in both the UK and Madagascar, and the logistic and financial help we have received, we have made immense progress. The clinic is well

established, providing contraception and advice to hundreds of women, and we have raised awareness about the importance of contraception and protection from sexually transmissible infections (STIs).

**Figure 2. 12-month figures for clinic attendance and contraceptives issued**

Total number of women seen	246
Amount of combined oral contraceptive pills issued (in months)	100
Amount of progestogen only pills issued (in months)	66
Number of Depo-Provera injections given	125
Total amount of contraception provided (in months)	375

**Satellite Clinics**

Blue Ventures’ work, to enable the communities of South West Madagascar to use their coastal resources sustainably, brings it into contact with, and fosters relationships with, dozens of villages in the area. The people of these villages face many of the same challenges as Andavadoaka, including the same need for access to family planning, and advice on how to protect themselves against STIs. Many of these people have expressed a desire to have access to the same service as Andavadoaka.

Running a clinic in Andavadoaka poses relatively few logistical problems. The medic can simply walk to the village with his/her interpreter and run the clinic in the village. In between weekly clinics the medic can also be on hand to deal with contraception queries than cannot wait until the next clinic. However, the other villages are up to one day’s travel away. As this is too far away to allow the medic to travel there on a regular basis, it would require employing an additional medic and interpreter, as well as organising transport and other logistical considerations. Current funds do not allow for this additional expense.

We began to wonder whether the opportunity to learn about and participate in this exciting project would appeal to medical students. As a result, we have developed a medical student elective programme, designed to deliver a useful educational experience, as well as enabling them to make an important contribution to project (under the supervision of the medical officer). Currently we have groups of

medical students travelling from village to village, with an interpreter and guide, raising awareness about contraception and STIs, seeking the opinions of the people they meet and establishing where the most appropriate place to hold satellite or outreach clinics would be. Once this important information has been gathered, we can start making decisions about how best to develop the service to include the provision of satellite clinics.

We hope that if the elective programme proves popular we can incorporate the continuing contribution of medical students, thus developing the capacity of the service we offer whilst giving the students the opportunity to take part in a rewarding elective programme. The challenge here will be to ensure we maintain the high quality of clinical care we have worked hard to provide to the community of Andavadoaka.

Figure 3. The Family Planning Satellite Clinic Sail



The Blue Ventures team have beautifully decorated a Family Planning clinic sail, to be used when travelling to other villages to run satellite clinics, providing everyone in the whole region with an easily identifiable sign that the Family Planning team are in town!

### Relationships with Local Stakeholders

We continue to enjoy excellent relationships with the community of Andavadoaka, and through Blue Ventures' work we are developing strengthening relationships with an ever wider coastal community. It is thanks to these good relationships, and the trust that Blue Ventures has earned whilst working in Madagascar, that our family planning work has been

so well received. When addressing such emotive issues as sexual and reproductive health, it is essential we work in a culturally sensitive way, and we are immensely grateful to the whole expedition team for the sensitive, informed approach they have taken.

Thanks to the efforts of Rebecca Hill, our service has the full support of the regional medical inspector, an endorsement that offers our service the security and protection it needs to develop and implement a longer-term strategy.

We remain grateful for the invaluable support we receive from Marie Stopes Madagascar who provide all of our contraceptive supplies, as well as providing guidance on running the service. We look forward to strengthening this relationship in the coming year, to ensure security of contraceptive supplies and ensure our work continues to dovetail with theirs.

### Running Condom Teaching Sessions with Men from the Village

One of the most important objectives of the project is to raise awareness about all of the issues relating to sexual and reproductive health. We have made fantastic progress with this over the last year. We have held regular meetings with members of the village, and have used every available opportunity to talk about family planning and STIs, from regular meetings in the village, to open days, to putting on a play about STIs and contraception for the village. Among the highlights of the year were the two theatre competitions held by Blue Ventures, where members of the village were invited to put on plays about issues relating to sexual and reproductive health. As well as being immensely entertaining and well supported by the community, these events have demonstrated to us how much the message has got through, and that the community is growing increasingly comfortable to discuss these issues openly.

Figure 4. Raising awareness

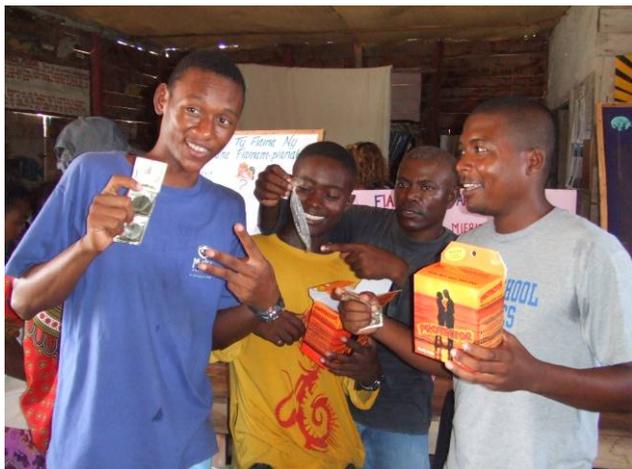


Figure 5. A “use condoms” T-shirt



## Funding

Thanks to the support this project has received from Blue Ventures, our costs for the year have been kept to a minimum. We have been very fortunate to receive £1000 from the Wilderness Foundation, via the Population and Sustainability Network, to cover the full costs of the first year of the project. We have raised sufficient funds since then to assure the viability of the project into the first six months of its second year.

The medical student elective programme will be self-funding, and will include the extra staff and travel costs of running the satellite clinics, thus helping us to keep our costs to a minimum.

The purchase of condoms remains one of our biggest expenses, and we are very grateful to the Exeter

Contraception Clinic for the donations of condoms that have further helped us to keep costs down.

We are pleased to say that we have completed the first year of the project within our estimated budget, and would like to emphasise that this family planning service is incredibly cost efficient. We calculate that our costs over the last year, including medication and all educational work, have been a little over £3 per consultation. Again, this has only been possible because of the full support of Blue Ventures, and the hard work put in by our medical officers.

Figure 6. Expenditure over the first 12 months of the project

Contraceptive supplies	£300
Staff costs	£250
Travel and transportation costs	£100
Educational materials	£50
Funding for awareness raising initiatives	£100
Purchase of sail for clinic boat	£50

## Challenges

### Ensuring Appropriate Use of the Service, and of Distributed Contraceptives

Despite working hard to ensure the service and the contraceptives we supply are being used properly, we have encountered situations where oral contraceptive pills have been sold by patients, or where women have requested contraception whilst not fully disclosing the possibility of pregnancy. It has also recently been brought to our attention that fishermen have been using condoms as a waterproof seal around torches, which they have been using to catch lobster at night.

These examples serve as a reminder about the importance of continued education on the appropriate use of the service we are offering, to both individual patients and the wider community. It would be all too easy to fall into the trap of making untested assumptions about attitudes to and understanding of sexual and reproductive health and health care. Developing our understanding of the community’s perceptions around this remains an important priority for the project. This is something we intend to focus

on over the coming year as we gather the information we need for setting up our satellite clinics.

### **Staffing the Service**

Running a family planning service like ours requires dedicated, hard working staff with the knowledge, skills and sensitivity to handle the work appropriately. Understandably, these people are not easy to come by in a small village like Andavadoaka, and tend to be in a lot of demand! Securing the support of dedicated clinic staff remains a challenge, and we continue to explore our options, from employing staff from outside the village to supporting the development of homegrown talent.

### **Securing Sufficient Funding**

We are extremely grateful for the financial support we have received so far, and this funding has ensured the short-term viability of the project. Generating the funding we need in order to develop the service, and which will give us the security we need in order to implement longer term plans, remains a challenge. Even with an expanded service, the amount of money remains small (estimated at £4000 per year) and the difference this small amount of money would make is huge. We plan to work harder over the next year to raise awareness about the work we are doing, and try to generate sufficient funding to assure the project's long-term viability.

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## **The Next Steps**

### **Satellite Clinics**

If we can raise sufficient funds, and can enlist the services of successive groups of elective students, we aim to have a full outreach family planning service established in 12 months.

### **Widening Contraceptive Choices**

Currently we offer four types of contraception: the combined pill, the progestogen only pill, condoms and Depo-Provera, an injectable progestogen that provides 3 months of continuous contraception. Introducing a longer-term reversible contraceptive (LARC) option would offer women greater choice and reduce the risk of contraceptive failure through inadequate compliance. In addition, by reducing the frequency that women will need to be followed up,

the use of LARCs offers the possibility of reducing the workload of our staff, and offering reliable contraception to women in even the most remote areas.

Our aim for the next 12 months is to train our staff to fit Implanon, a LARC being used increasingly in the UK. Implanon is essentially a little tube smaller than a matchstick, which is inserted into the skin of the upper arm, releasing continuous low dose progestogen and providing continual contraception for up to 3 years.

### **Facilitating Sustained Behavioural Change**

For a community to effectively manage its population, and protect its members against STIs, significant changes in behaviour at a population level are required. We are aware that there are many women who have expressed the need for contraception but have not come to our clinic. Additionally, we believe that in spite of increased awareness about the importance of condom use, many men will not use condoms. We are keen to understand the reasons behind this, and where possible address barriers to contraceptive and condom use.

The commencement of mining and drilling for oil in Southern Madagascar is bringing an influx of migrant workers from mainland Africa. Furthermore, the protection traditionally afforded by isolation is being eroded as a result of improved transportation links throughout the country. In the worst-case scenario, a community hitherto shielded from HIV runs the risk of being decimated if adequate steps are not taken. The time to act is now, and must be established as a priority for all of us working to serve the best interests of this community.

After the success of the theatre competitions held in the village, Becks is planning to return to Madagascar to tour the region with the winning play, performed by the villagers who put on the original production. Drama is a powerful medium for getting a message across, and we are excited about the potential for effecting behavioural change that this initiative offers.

### **Strengthening Links, Building Bridges**

Without the support of the community, Marie Stopes Madagascar, the Population and Sustainability

Network, and others, this project could not have happened. We are dependent upon, and grateful for, the relationships we have with all of our collaborators. Over the next year, our aim is to strengthen these links, through good communication, regular reporting and the sharing of ideas, expertise and experiences. We hope that this will ensure the security of our project, that it continues to meet local needs, and that it aligns with the regional and national sexual and reproductive health care agenda.

## **Spreading the Word**

Having successfully demonstrated that the model we proposed for running a family planning service can work, we would now like the opportunity to share our experiences with as wide an audience as possible. There are lots of other marine conservation NGOs that are doing similar work to Blue Ventures, and we believe that what we are doing is easily reproducible. Most importantly of all, we want to raise awareness about the interrelation between conservation and population growth, and demonstrate that these two issues can be, and indeed need to be, tackled together.

## **Funding**

As mentioned above the financial investment required to develop this service is minimal, when considering the huge difference we believe we are making. Raising £12,000 will guarantee the security of the project, including the satellite clinics, for the next three years. A further £3000 will enable Becks to return to Andavadoaka and tour the region with a play about contraception and STIs.

Raising money, even on this modest scale, takes a lot of time and effort, and we hope to enlist the help of as many people as possible to raise money for the project. If any of you reading this report feel able to support what we are doing, please get in touch. Anything you feel able to contribute, from money, to time, to expertise, would be gratefully received. We look forward to hearing from you.

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## **Conclusion**

One year after opening the doors to our first clinic, we are in a position to celebrate the achievement of our initial aim: that of establishing a family planning service to meet the needs of the community of Andavadoaka. In addition to this, we are successfully

raising awareness about the risks of STIs. We are excited to be in a position to share our experiences with everyone who has an interest in marine conservation and sustainable development.

So much more needs to be done. We need to better understand, and then tackle, the barriers to contraception and condom use. Developing our team will be essential if we are to expand the service, or even maintain current capacity. All of this will require adequate funding, and strengthened relationships with all of our collaborators.

The universally positive response we have had from all of our partners and supporters suggests not only have we identified an important need for this community, but that we are addressing an issue of fundamental importance; that of sustainable resource use and population growth. As coastal communities around the world continue to expand, and the pressure put on the dwindling coastal resources grows, solutions need to be found to stop the inevitable degradation of these marine ecosystems, and the human poverty that would result. Part of this solution must be to enable these communities to manage their populations. In essence, the solution includes an aspiration to offer these communities the same choices, empowerment and opportunities for greater awareness that we in richer countries take for granted.

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## **Acknowledgements**

We are extremely grateful for all the support we have had over the last year, and see this as a truly collaborative venture. In particular, we would like to thank:

The Wilderness Foundation  
The Population and Sustainability Network  
Marie Stopes International and Marie Stopes Madagascar  
All of the Blue Ventures Expedition teams and staff from Expedition 32 onwards  
The staff of Blue Ventures, London  
Professor John Guillebaud  
Craig Noler and Rebecca Hill, medical officers  
Dr Lisa Barnett, Exeter Contraception Clinic  
Christina Corbett  
Annie Lewis