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Safidy Community Health Programme: Year 4 Report

The Safidy programme is a key component of Blue Ventures' integrated Population-Health-Environment (PHE) approach that empowers coastal communities to live healthily and sustainably with their marine environment.

Safidy has been operating in the Velondriake locally managed marine area on the southwest coast of Madagascar since August 2007. This report provides a summary of community health activities carried out during the fourth year of the programme (2010-2011).

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Acronyms

CBD	Community-Based Distributor
CPR	Contraceptive Prevalence Rate
CYP	Couple Year of Protection
LARC	Long-Acting and Reversible Contraceptive
MSM	Marie Stopes Madagascar
PHE	Population-Health-Environment
PSI	Population Services International
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene

Introduction

Blue Ventures first established a family planning clinic in the village of Andavadoaka, southwest Madagascar, in August 2007. In the four years since the programme's initiation, it has expanded into a comprehensive sexual and reproductive health (SRH) service and has become fully incorporated into the portfolio of programmes that Blue Ventures manages, resulting in an integrated Population-Health-Environment (PHE) approach that is empowering coastal communities throughout the Velondriake area to live healthily and sustainably with their marine environment.

Further information about the background and development of this programme can be found on the Blue Ventures website. This report summarises the progress made and activities carried out during the programme's fourth year, between August 2010 and July 2011.

Progress made on objectives

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

Fanja Rakotozafy, our clinical technician, continues to run the weekly family planning clinic in Andavadoaka, providing a high standard of service. Having been in post for two years, she has developed great expertise in family planning, and provides high quality counselling as well as a range of contraceptive methods (condoms, oral contraceptive pills and depo-provera injections).

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

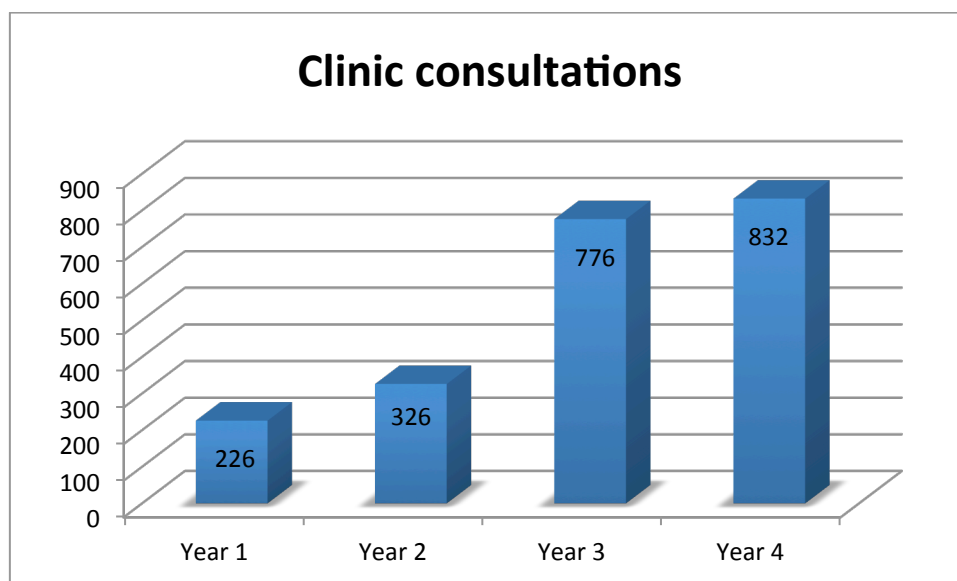
Family planning clinics were held across eleven sites during year 4 of the programme:

- Regular clinics every week in Andavadoaka (since August 2007)
- Satellite clinics every two weeks in Tampolove and Belavenoke (since April 2009)
- Satellite clinics every two weeks in Befandefa (since July 2010)
- Outreach clinics every six weeks in Bevohitse, Antsepoky and Lamboara (since March 2010)
- Outreach clinics every three months in Ankitambagna and Vatoavo (since March 2010)
- Outreach clinics every three months in Ankililaly and Antanimena (since May 2011)

Figure 1 Clinics held from August 2007 until end of July 2011

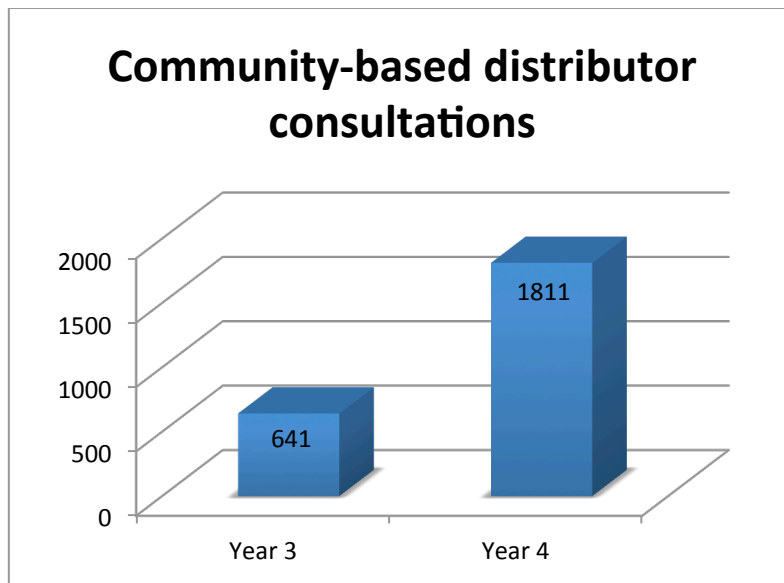
Year	Month	Andavadoaka	Tampolove	Belavenoke	Befandefa	Bevohitse	Antesepoky	Lamboara	Ankitambagna	Vatoavo	Ankililaly	Antanimena
Year 1	Aug-07	Weekly										
	Sep-07											
	Oct-07											
	Nov-07											
	Dec-07											
	Jan-08											
	Feb-08											
	Mar-08											
Year 2	Apr-08	Weekly										
	May-08											
	Jun-08											
	Jul-08											
	Aug-08											
	Sep-08											
	Oct-08											
	Nov-08											
Year 3	Dec-08	Weekly										
	Jan-09											
	Feb-09											
	Mar-09											
	Apr-09		Biweekly	Biweekly								
	May-09		Biweekly	Biweekly								
	Jun-09		Biweekly	Biweekly								
	Jul-09		Biweekly	Biweekly								
Year 4	Aug-09	Weekly	Biweekly	Biweekly								
	Sep-09		Biweekly	Biweekly								
	Oct-09		Biweekly	Biweekly								
	Nov-09		Biweekly	Biweekly								
	Dec-09		Biweekly	Biweekly								
	Jan-10		Biweekly	Biweekly								
	Feb-10		Biweekly	Biweekly								
	Mar-10		Biweekly	Biweekly			Every 6 weeks	Every 6 weeks	Every 6 weeks	Every 6 weeks	Every 6 weeks	
Year 5	Apr-10	Weekly	Every 6 weeks	Every 6 weeks								
	May-10		Every 6 weeks	Every 6 weeks								
	Jun-10		Every 6 weeks	Every 6 weeks								
	Jul-10		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Aug-10		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Sep-10		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Oct-10		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Nov-10		Every 6 weeks	Every 6 weeks	Every 6 weeks							
Year 6	Dec-10	Weekly	Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Jan-11		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Feb-11		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Mar-11		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Apr-11		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	May-11		Every 6 weeks	Every 6 weeks	Every 6 weeks							
	Jun-11		Every 6 weeks	Every 6 weeks	Every 6 weeks						Every 3 months	Every 3 months
Jul-11	Every 6 weeks	Every 6 weeks	Every 6 weeks						Every 3 months	Every 3 months		

KEY	
Weekly	Weekly
Biweekly	Biweekly
Every 6 weeks	Every 6 weeks
Every 3 months	Every 3 months

Figure 2 Number of clinic consultations held from August 2007 until end of July 2011

A system of community-based distribution for contraceptives is also now well established, complementing these clinics and further improving access to quality family planning services throughout the Velondriake area. The community-based distributors (CBDs) offer basic sexual health education, and distribute condoms and oral contraceptive pill packs (provided to them by Blue Ventures at cost price so that they can sell them to their clients for a small income) according to clear protocols and under clinical supervision. In addition to the 18 local women trained as CBDs by Population Services International (PSI) last year, a further 15 local women were trained by PSI in July 2011, bringing the total number of CBDs to 33. Of these, three have been designated as CBD supervisors and were trained by PSI in September 2010 to administer depo-provera injections that provide 3 months of contraceptive protection. All 33 CBDs also received training in water, sanitation and hygiene (WASH) promotion from PSI in March 2011, enable them to sensitise their communities about the importance of good hygiene practices and to offer SurEau (a chlorine-based water treatment solution) and ViaSur (oral rehydration salts and zinc tablets for treating diarrhoea) to their clients alongside their SRH outreach work. Blue Ventures runs quarterly family planning and reproductive rights follow-up training sessions for the CBDs, and a total of 1,811 CBD consultations were held in year 4, almost triple the number held in year 3.

Figure 3 Number of community-based distributor consultations held from August 2009 until end of July 2011



Thanks to the services provided through Blue Ventures' extensive network of clinics and CBDs, women and couples from all 40 villages within the Safidy work zone (in and around the Velondriake area, including several extremely remote communities located inland in the Mikea national park), home to some 12,000 people, now have access to quality family planning services within close proximity to their homes.

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

Broadening the range of options available has led to greater contraceptive uptake and client satisfaction. Offering long-acting reversible contraceptives (LARCs) provides the additional benefit of reducing the risk of contraceptive failure through inadequate compliance. Furthermore, it addresses the considerable logistical and human resource challenges of providing regular clinics in some of the more remote parts of Velondriake.

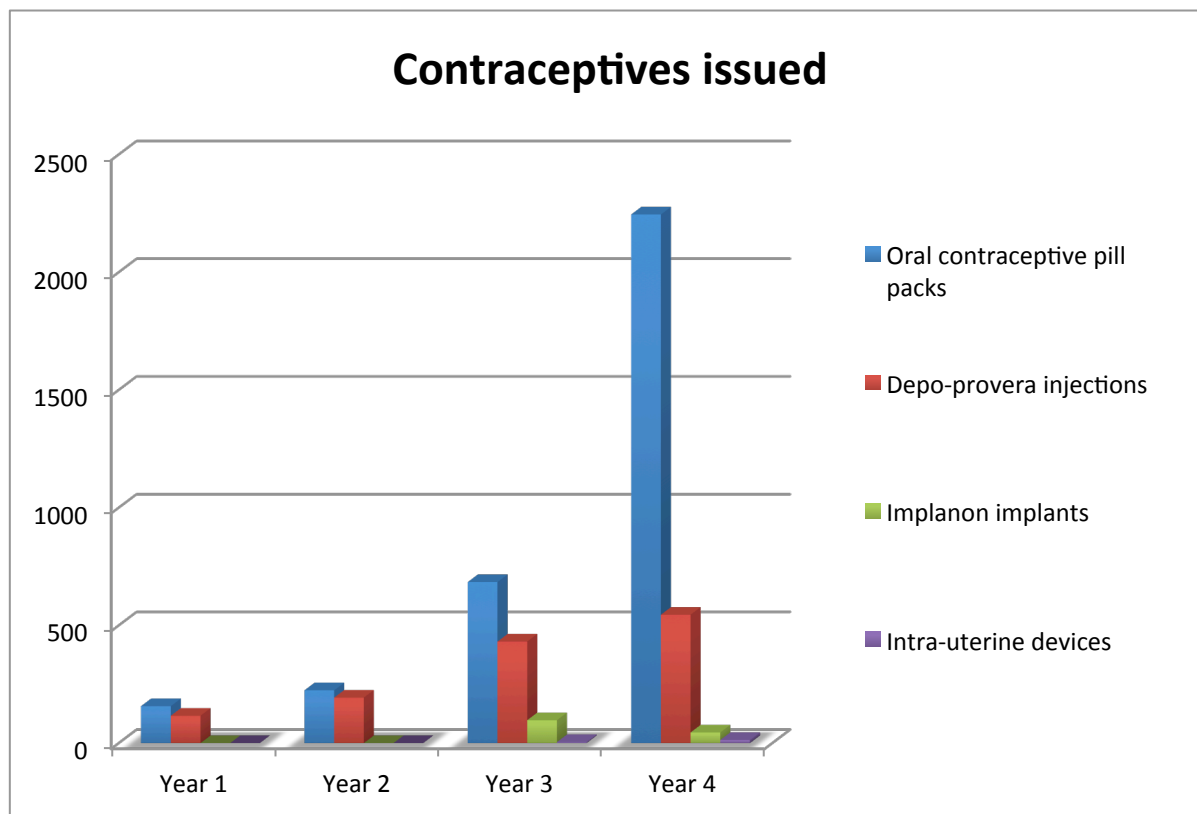
A programme of fitting implanon implants and intra-uterine devices in partnership with community outreach teams from Marie Stopes Madagascar (MSM) is now well established. Favourable feedback regarding the acceptability of LARCs by early adopters has led to large numbers of women electing to have a LARC fitted, which are proving to be popular and well tolerated. LARC fitting days continue to be supported by a range of educational activities.

The different contraceptives offered by the programme provide varying periods of protection:

- An oral contraceptive pill pack provides 1 month of protection
- A depo-provera injection provides 3 months of protection

- An implanon implant provides up to 3 years of protection
- An intra-uterine device provides up to 10 years of protection

Figure 4 Contraceptives issued from August 2007 until end of July 2011

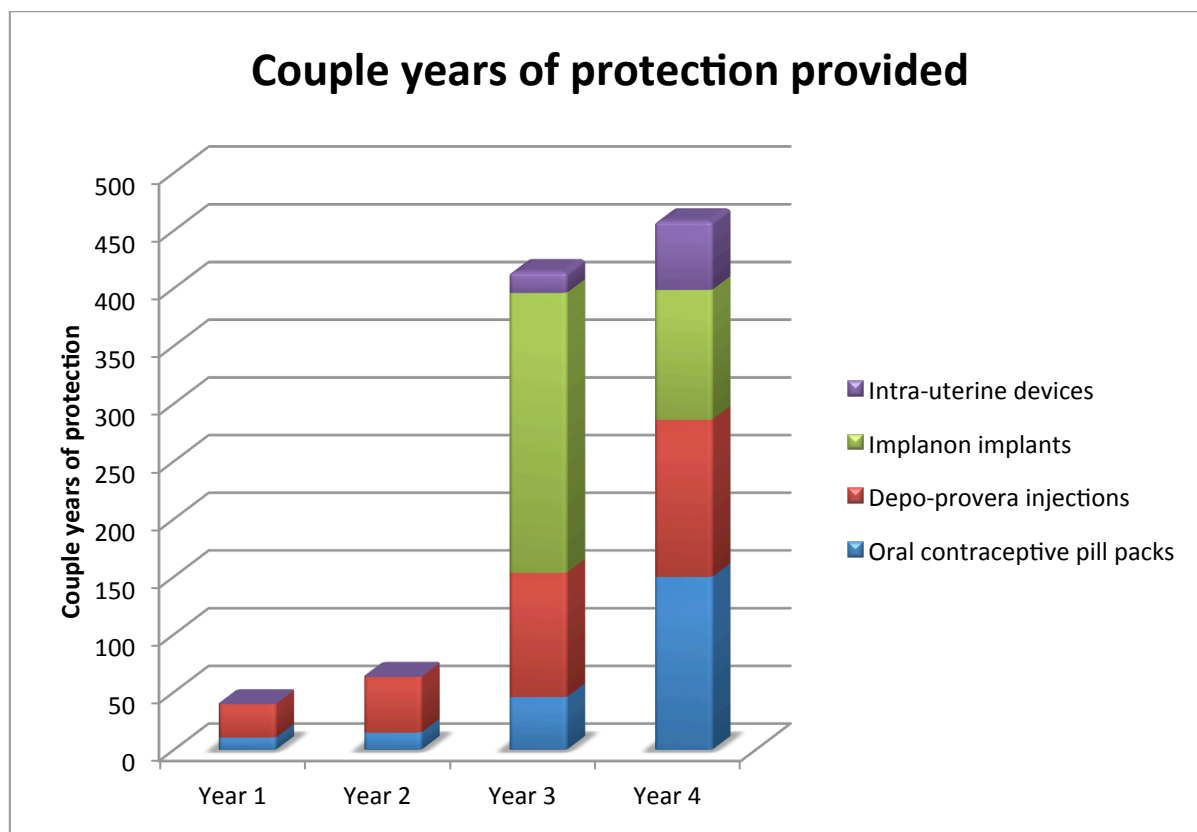


Contraceptives issued					
Type of contraceptive	Year 1	Year 2	Year 3	Year 4	Totals
Oral contraceptive pill packs	157	224	684	2,245	3,310
Depo-provera injections	116	193	431	545	1,285
Implanon implants	0	0	97	45	142
Intra-uterine devices	0	0	4	13	17

The uptake of oral contraceptive pills more than tripled in year 4, reflecting the growing demand for and confidence in this contraceptive method, as well as the increased number of clinics being held and in particular the significant number of clients being reached through the network of 33 CBDs, all of whom are able to distribute oral contraceptive pill packs within their villages.

The continued uptake of LARCs in year 4 has also been encouraging, with three LARC fitting days held, resulting in a total of 45 implanon implants being fitted, providing each recipient with up to 3 years of contraceptive protection, and a total of 13 intra-uterine devices being fitted, providing each recipient with up to 10 years of contraceptive protection.

Figure 5 Couple years of protection provided from August 2007 until end of July 2011



Type of contraceptive	Year 1	Year 2	Year 3	Year 4	Totals
Oral contraceptive pill packs	10.5	14.9	45.6	149.7	220.7
Depo-provera injections	29	48.5	107.8	136.3	321.4
Implanon implants	0	0	194	112.5	355
Intra-uterine devices	0	0	14	59.8	78.2
Totals	39.5	63.2	361.4	458.3	975.3

Couple year of protection (CYP) is the estimated protection provided to a couple by a contraceptive method during a one year period, based upon the number and type of contraceptives issued to clients. These CYPs have been calculated using USAID-approved conversion factors: 15 cycles of oral contraceptive pills = 1 CYP, 4 depo-provera injections = 1 CYP, 1 implanon implant = 2.5 CYPs, 1 intra-uterine device = 4.6 CYPs.

A total of 458.3 CYPs were provided in year 4 of the programme. This significant increase compared to year 3 is largely due to a surge in the uptake of oral contraceptive pills provided through CBDs, and also the intra-uterine devices offered at the three LARC fitting days in partnership with MSM.

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

Experience from running the programme for several years, combined with feedback from community members, has identified a range of barriers to the uptake of contraceptives in Velondriake. Persistent lack of awareness and various attitudinal issues have been identified within different subgroups of the population, particularly youth and men.

In order to tackle these barriers to the use of contraceptives, a rich and diverse programme of community education is being implemented, which draws upon established behaviour change communication and social marketing methods. A variety of media are being employed including peer education, sports, theatre and films. In October 2010, three 'FISAbol' family planning football tournaments were held in the villages of Andavadoaka, Belavenoke and Tampolove, with 750 players and more than 2,000 adult spectators attending from surrounding villages. The games were interspersed with reproductive health messages and educational games, as well as theatre productions led by groups of peer educators addressing issues such as STIs, HIV/AIDS, the benefits of family planning and sustainable natural resource management, and information about the SRH services provided by Blue Ventures through clinics and CBDs. Films about family planning were also projected onto large screens and viewed by captivated audiences. Two t-shirts were produced, one promoting birth spacing and one promoting condom use to protect against STIs, which were distributed to all 'FISAbol' players.



Objective 5: Work with local, regional and national stakeholders to ensure the programme 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 health institutions including the Medical Inspector in Morombe and the Regional Health Director in Toliara. The programme continues to enjoy their full support, and Blue Ventures provides regular reports on Safidy activities. Blue Ventures has continued to work very hard to strengthen working relationships with the state doctors in Tampolove and Belavenoke, as well as

medical staff at the private hospital in Andavadoaka. Lack of capacity in Tampolove and Belavenoke impedes the quality and reliability of their service provision so we have continued to run clinics in these villages with their permission and endorsement.

Blue Ventures continues to benefit from an excellent working relationship with Marie Stopes Madagascar, most notably through continued collaboration on LARC fitting days. Blue Ventures has also consolidated its relationship with PSI, both through accessing regular contraceptive supplies from them and through partnering with them for the training of CBDs, with PSI recognising Safidy as a prime example of how the community-based distribution model can be successfully implemented in order to provide isolated communities with reliable access to quality family planning services.

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 programme's community health education initiatives, with social marketing materials including t-shirts distributed to community members from throughout Velondriake, mass mobilisation events including the 'FISAbol' tournaments raising awareness about STIs and HIV/AIDS (see objective 4 above), and peer counselling provided through the network of trained CBDs promoting sustained behaviour change at an individual level. The latter two strategies have been particularly effective at targeting men and women respectively.

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

In addition to regular reports on the programme's progress for all stakeholders, several papers on various aspects of the programme are in the process of being produced, and it is hoped that these will shortly be accepted for publication in peer-reviewed medical or conservation journals.

Dr Vik Mohan, the programme director, was invited to give a presentation at the Population Footprints Conference hosted by University College London in May 2011, where he explained how Blue Ventures' integrated Population-Health- Environment (PHE) approach is addressing unmet family planning needs in Velondriake, and supporting coastal communities to live healthily and sustainably with their marine environment. He



showcased this as an important and easily replicable model for reproductive health service provision and biodiversity conservation in remote and under-served areas throughout the world.

Articles about Blue Ventures' integrated PHE approach were published in USAID's BALANCED newsletter and the Woodrow Wilson Center's FOCUS newsletter in June 2011, both of which have a wide online readership. Such communications are raising the programme's profile, increasing its credibility, helping to attract funding and highlighting the importance of taking an integrated approach to conservation and reproductive health.

A major highlight of this year was winning the prestigious Buckminster Fuller Challenge award in June 2011, granted in recognition of Blue Ventures' innovative whole systems approach that provides such a tangible and visionary response to the interconnected challenges facing coastal communities and threatened marine ecosystems in southwest Madagascar and beyond.

Objective 8: Generate sufficient funding to ensure the financial security of the programme over the next three years (2009-2011) with a view to expansion beyond Velondriake

The partnership between Blue Ventures and UNFPA Madagascar has continued during year 4 of the programme, with a further six months of funding granted in June 2011. Significant multi-year applications with USAID and the MacArthur Foundation have also met with success, ensuring the long-term financial security of the programme for the next three years.