



Dr Vik Mohan

Safidy Community Health Programme: Year 1 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 first year of the programme (2007-2008).

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Introduction



On 15th August 2007, Craig Nolar, Blue Ventures' Medical Officer, and Vik Mohan, Blue Ventures' Medical Director, wandered across to the only concrete building in the village of 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 southwest 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 that 50 women would turn up seeking contraceptive advice that day!

Having identified a huge unmet need for family planning services in Andavadoaka, 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 area by Blue Ventures. An initial report, *Pushing against an open door: setting up a family planning service in Andavadoaka*, outlines the process of establishing the project, and this first annual report describes the progress that we have made since then.

Summary of achievements

Thanks to the energy, enthusiasm and hard work of medical officers Craig Nolan and Rebecca Hill, the wholehearted support of the entire Blue Ventures team both in the UK and Madagascar, and the logistical and financial assistance that we have received, we have made immense progress. The clinic is well established, having provided contraception and advice to hundreds of clients, and we have raised awareness about the importance of protection against sexually transmitted infections (STIs).

Year 1 clinic data

Total number of clinic consultations	226
Number of oral contraceptive pill packs issued (1 month of protection)	157
Number of depo-provera injections administered (3 months of protection)	116
CYPs: oral contraceptive pills	10.5
CYPs: depo-provera injections	29
Total number of CYPs provided in year 1	39.5

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 and 4 depo-provera injections = 1 CYP.

Satellite clinics

Blue Ventures' work empowering coastal communities in southwest Madagascar to manage their natural resources sustainably brings us into contact with, and fosters relationships with, dozens of villages in the area. The people in these villages face many of the same challenges as Andavadoaka, including the same unmet need for 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 expedition 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 queries that 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 visit 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 to enable students to make an important contribution to the programme, 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 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 while 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 that we have worked hard to provide to the community of Andavadoaka.



Blue Ventures has decorated a family planning clinic sail, to be used when travelling to other villages to run satellite clinics, providing everyone in Velondriake with an easily identifiable sign that the family planning team has arrived!

Relationships with local stakeholders

We continue to enjoy excellent relationships with the village of Andavadoaka, and through Blue Ventures' work we are developing relationships with an ever wider coastal community. It is thanks to these good relationships, and the trust that Blue Ventures has earned while working in Madagascar, that our family planning work has been so well received. When addressing issues such as sexual and reproductive health, it is essential that we work in a culturally sensitive way, and we are immensely grateful to the whole expedition team for the informed approach they have taken.

Thanks to the efforts of Rebecca Hill, our service has the full support of the District 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 guidance on running the service. We look forward to strengthening this relationship in the coming years to assure the continuity of contraceptive supplies and ensure that our work continues to dovetail with theirs.

Raising awareness



One of the most important objectives of the project is to raise awareness about issues relating to sexual and reproductive health. We have made fantastic progress on 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 and open days to putting on a play about STIs and contraception. Among the highlights of the year were the two theatre competitions held by Blue Ventures,

with members of the village 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 demonstrated to us how much the messages have got through, and how the community is growing increasingly comfortable to openly discuss these issues.

Funding

Thanks to the support that 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 a small grant 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 we would like to emphasise that this family planning service is incredibly cost effective. 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.

Challenges

Ensuring appropriate use of the service and of contraceptives

Despite working hard to ensure the service and the contraceptives we supply are being used properly, we have encountered situations where fishermen have been using condoms as a waterproof seal around torches, which they have been using to catch lobster at night. This serves as a reminder about the importance of continued education on the appropriate use of the service we are offering.

It would be all too easy to fall into the trap of making untested assumptions about attitudes towards sexual and reproductive health. Developing our understanding of the community's perceptions around this remains an important priority for the project, and 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 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 greatly in demand! Securing the support of dedicated clinic staff remains a challenge, and we continue to explore different options, whether it be employing staff from outside of the village or supporting the development of local capacity.

Securing sufficient funding

We are extremely grateful for the financial support that we have received so far, as this funding has ensured the short-term viability of the project. Generating the sort of funding that we need to develop the service, and that will give us the security we need in order to implement longer-term plans, remains a challenge. Even with an expanded service, the estimated budget remains modest, and the difference that 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 ensure the project's long-term sustainability.

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 service established in the next 12 months.

Broadening contraceptive choices

Currently we offer four types of contraception: condoms, the combined oral contraceptive pill, the progestogen only pill and depo-provera (an injectable progestogen that provides 3 months of continuous contraceptive protection). Introducing long-acting reversible contraceptives (LARCs) would offer women greater choice and reduce the risk of contraceptive failure through inadequate compliance. In addition, by reducing the frequency that clients would need to be followed up, the use of LARCs would offer the possibility of reducing the workload of our staff, and provide reliable contraceptive options 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 contraceptive protection for up to 3 years.

Facilitating sustained behavioural change

We are aware that there are many women who have expressed the need for contraception but have not come to our clinic. Also, we believe that in spite of increased awareness about the importance of condom use, many men do not want to use condoms. We are keen to understand the reasons behind this, and where possible address barriers to contraceptive and condom use.

After the success of the theatre competitions held in the village, Rebecca Hill is planning to return to Madagascar to tour Velondriake 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 and 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 that we have with all of our partners. 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 long-term sustainability of our project, that it continues to meet local needs, and that it aligns with regional and national sexual and reproductive health strategies.

Spreading the word

Having successfully demonstrated that the model we proposed for running a family planning service can work, we would now like to share our experiences with as wide an audience as possible. There are lots of other marine conservation organisations that are doing similar work to Blue Ventures, and we believe that what we are doing is easily replicable. Most importantly of all, we want to raise awareness about the links between conservation and reproductive health, and demonstrate that these two issues can be, 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 that we believe we are making. 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 fundraise 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.

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 reproductive health, sustainable development and marine conservation.

However, much remains 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 grow the service, or even maintain current capacity. All of this will require adequate funding, and strengthening relationships with all of our partners.

The universally positive response that we have had from beneficiaries and stakeholders suggests that not only have we identified a huge unmet need for this community, but that we are addressing an issue of great importance; the fundamental right of women and couples to have access to the information and means to make their own reproductive health choices. As coastal communities around the world continue to expand, and the pressure put on their dwindling natural resources grows, solutions need to be found that enable communities to live healthily and sustainably with their marine environment. Such solutions must include offering these communities those sexual and reproductive health services that people in developed countries take for granted; equipping them with the ability to freely choose the number and spacing of their births.