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Safidy Community Health Programme: Year 2 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 second year of the programme (2008-2009).

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Introduction

Blue Ventures established a family planning clinic in the village of Andavadoaka, southwest Madagascar, in August 2007. Further information about the background and development of this sexual and reproductive health programme can be found on the Blue Ventures website. This report summarises the progress made and activities carried out during the programme's second year, between August 2008 and July 2009.

It was recognised that in order to develop the programme and to ensure reliable delivery of services, it would be important to recruit and employ dedicated staff members. To this end, Maggie Flanagan, a former Peace Corps volunteer with extensive experience of working on sexual and reproductive health in the north of Madagascar, was recruited as programme coordinator.

Maggie and Fanja preparing for a satellite clinic in Tampolove

Progress made on objectives

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

In April 2009, Maggie successfully recruited Fanja Rakotozafy, a former employee of Marie Stopes Madagascar (MSM) in Toliara, to run the family planning clinics and assist with educational work. 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 two years, the Andavadoaka clinic is now 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 protocols for clinical decision making and the counselling of women, developing "birth plans" for each woman (empowering women to take greater control over planning their families), and adopting a more structured clinical record keeping system (the same system being used in public health centres). This is in addition to the considerable benefits of the service being delivered by a dedicated, female, Malagasy staff member rather than an English-speaking Blue Ventures medical officer.

In addition to the regular contraceptive supplies being sourced from MSM 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 the continuity of contraceptive supplies as well as enabling the programme 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 in all of Velondriake's villages

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

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

Since their establishment in April 2009, biweekly clinics are being run in both villages, providing communities in the north and south of the Velondriake area with regular, reliable 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 area are now able to access the service. Coverage is not universal, however, with limited transport infrastructure and limited resources rendering access difficult if not impossible for a minority of women.

In response to this ongoing challenge of access, further services are being offered, with the satellite clinics in Tampolove and Belavenoke being combined with a programme of outreach clinics in some of the more remote villages in the south and north 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 expanded service was first established. Should this not prove the most effective method for delivering high quality family planning services, alternative models of service provision including community-based distribution, or employing full-time community outreach workers, will be explored.

Year 2 clinic data

Total number of clinic consultations	326
Number of oral contraceptive pill packs issued (1 month of protection)	224
Number of depo-provera injections administered (3 months of protection)	193
CYPs: oral contraceptive pills	14.9
CYPs: depo-provera injections	48.3
Total number of CYPs provided in year 2	**63.2**

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.

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

Broadening the range of contraceptive options available through our clinics should lead to greater uptake and client satisfaction. Offering long-acting reversible contraceptives (LARCs) would provide the additional benefit of reducing the risk of contraceptive failure through inadequate compliance. Furthermore, it would address the considerable logistical and human resource challenges of providing regular clinics in some of the more remote parts of Velondriake. We are therefore exploring the possibility of partnering with Marie Stopes Madagascar in order to offer implanon, a subcutaneous implant that releases low dose progestogen and provides continual contraceptive protection for 3 years, to women in Velondriake through quarterly implanon fitting days. The first of these is scheduled to take place in September 2009.

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

Experience from running the programme for two years combined with feedback from a wide range of community members has identified a lack of accurate information about family planning, and fears resulting from misinformation about side effects, as one of the primary barriers to the uptake of contraceptives in Velondriake. Lack of access to family planning services, lack of awareness of the potential benefits of using contraceptives, and women's perceived lack of control over their fertility 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. Clear and comprehensive counselling for each clinic attendee at each clinic site about all aspects of sexual and reproductive health is improving access to accurate information about contraceptives. Further initiatives are aiming to address the issue of lack of accurate information among the broader population. 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 area in order to ascertain levels of awareness about contraception, provide basic sexual and reproductive health education, and give information about the programme.

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 focused and comprehensive health education programme. A group of women from Andavadoaka were recruited, trained and assessed for their competencies as peer educators on sexual and reproductive health. This workforce was then deployed throughout Velondriake to provide peer education on these issues. As well as providing high quality education and information to each village, this tour publicised the programme and the newly opened satellite clinics, and provided valuable feedback about community receptiveness to the services being offered and the messages being delivered.

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

Young woman (24 years old) attending a clinic for contraception after the birth of her fourth child

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 developed with the region's health institutions through the Medical Inspector in Morombe. The programme has the Medical Inspector's full support, and we provide regular reports on our activities.

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

As well as maintaining links with MSM, Maggie Flanagan's arrival has enabled good working relationships to develop 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 facilitated by working closely with organisations more experienced with this model. Should the programme move towards recruiting a full-time community outreach worker, MSM may be able to assist with the provision of a trained nurse.

It is hoped that the programme may be able to accommodate third year Peace Corps volunteers on a regular basis, to build on the excellent work done by Maggie. It is also hoped that all of these working relationships will continue to ensure that the programme aligns with the national agenda for sexual and reproductive health, and that opportunities for mutually beneficial collaborations are identified and maximised. We remain grateful to PSI for their continued assistance in the provision of contraceptive supplies and for their support in the programme's community outreach work.

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

To promote the adoption of safer sexual practices, an STI/HIV awareness theatre tour is planned for later in the year. It has been decided to use theatre as the medium for delivering safer sex messages 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 increases in condom sales in the village.)

The performance of a play explaining the risks of unprotected sex, and how to protect against STIs/HIV, will be followed by peer education and workshops in each of the villages in Velondriake. The tour will conclude with a festival in Andavadoaka, incorporating cultural and sporting events, to reinforce the message of the importance of safer 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 using drama 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, 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.

Young woman (16 years old) attending a clinic for contraception after the birth of her second child

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 reporting on the programme's progress, abstracts have been submitted to medical journals outlining the work of the programme, and it is hoped that an article will soon be published in a peer-reviewed medical or family planning journal. Outlines for a range of possible articles for publication in marine conservation journals are also 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 regular external communications will raise the programme's profile, help attract funding and highlight the importance of taking an integrated approach to conservation and reproductive health. One of the priorities for the coming year will be to identify and recruit volunteers who can assist in marketing and raising the programme's profile.

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

A variety of individual and community fundraising initiatives in the UK, from auctions and sponsored runs to piano recitals and educational events for doctors, have ensured the programme's financial viability for its second year. 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 programme's ongoing costs.

Next steps

Monitoring

With the programme having now been established for two years, plans are being developed to evaluate the effectiveness of the service, in terms of increased levels of sexual health knowledge and contraceptive use. These data will be collected and analysed in a way that aligns with the methodology and indicators used by other health agencies and the government of Madagascar.

Treatment of STIS

Offering to treat STIs would add significant value to the service currently being offered and would be likely to attract people to the clinic who would not have otherwise attended. 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. However, 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 view of local STI prevalence rates and treatment regimes, WHO symptomatic guidelines and capacity within the service, and recommendations will be made on how to implement the treatment of STIs within the clinics.

Education

Although significant progress has been made in educating the community about contraceptives and STIs, this must remain an integral and evolving component of the programme's ongoing activities if it is to meet its dual aims of enabling every sexually active couple to meet their contraceptive needs and reduce the prevalence of STIs. 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 (and other underrepresented groups from the female population) more deliberately, as well as younger community members, before their sexual behaviour becomes established and more difficult to change.

Integration

Over the next year, the programme will move towards fuller integration with the rest of Blue Ventures' programmes. This will be achieved through clearer conceptual mapping of the interrelations between conservation, sustainable natural resource management and reproductive health, better communication and coordination between programmes, better sharing of resources and opportunities to reach different community groups with the different messages, and more clearly articulating the value and importance of this 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 reproductive health programmes, and to provide valuable experience of an integrated approach that can be replicated elsewhere. Greater integration is also likely to identify areas of synergy, where conservation and reproductive health programmes are significantly more effective than when operated in isolation.

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