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Safidy Community Health Programme: Year 3 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 environments.

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 third year of the programme (2009-2010).

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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

Introduction

Blue Ventures Conservation first established a family planning clinic in the village of Andavadoaka, southwest Madagascar, in August 2007. In the three 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 in 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 third year, between August 2009 and July 2010.

Progress made on objectives

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

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

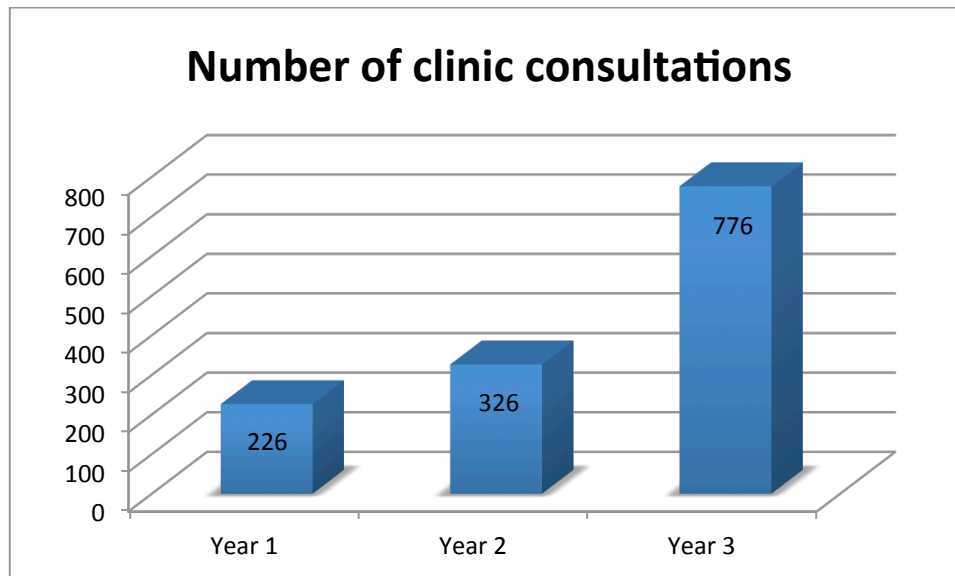
Objective 2: Establish weekly satellite clinics in two additional villages, providing access to clinic services to all of Velondriake's villages

Biweekly satellite clinics have been running in the villages of Belavenoke and Tampolove since April 2009. These sites were selected on the basis of ease of access from Andavadoaka, receptive populations with suitable facilities for running clinics, and the most ideal locations to ensure coverage of all communities within the Velondriake area.

State medical staff have since arrived to provide a range of health services in both of these villages, so Blue Ventures has been working closely with these doctors to ensure that the high standard of care being delivered is maintained. This has also allowed the team time to set up a rotating programme of outreach clinics in the less well-served villages in the Velondriake area from March 2010: Bevohitse, Antsepoky and Lamboara (every six weeks) and Ankitambagna and Vatoavo (every three months).

To complement these clinics and to further improve access to high quality services, community-based distribution of contraceptives has now been established (see objective 4 for more details).

Figure 1 Number of clinic consultations held from August 2007 until end of July 2010



A total of 776 clinic consultations were held in year 3. This notable increase compared to years 1 and 2 is thanks to the establishment of the biweekly satellite clinics in Belavenoke and Tampolove from April 2009, and the various outreach clinics from March 2010. A third biweekly satellite clinic was launched in the commune centre of Befandefa in July 2010.

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

Broadening the range of contraceptive options available should lead to greater 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.

The programme is now providing implanon, a subcutaneous implant that release low dose progestogen and provides up to 3 years of continual contraceptive protection, to women requesting it. For the first time in the Velondriake area's history, an implanon fitting day was held on 3rd September 2009, with Blue Ventures inviting a family planning doctor from Morombe to come and fit the implants. In the preceding weeks, this implanon fitting day was publicised throughout the whole Velondriake area, women were advised on the benefits of implants, and fifteen women requested to have implanon inserted. To mark the occasion, two plays promoting

family planning were performed in the village (one by a youth theatre group and one by a group of peer educators), and a film discussing the importance of using contraceptives was screened.



The first woman in Velondriake receives implanon

Since then, a quarterly programme of fitting implanon implants and intra-uterine devices has been established, in partnership with community outreach teams from Marie Stopes Madagascar (MSM) in Toliara. Favourable initial feedback regarding 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, which are proving to be very popular and well tolerated. LARC fitting days are supported by a range of educational activities, and have been largely responsible for the huge increase in the number of couple years of protection (CYPs) provided in year 3.

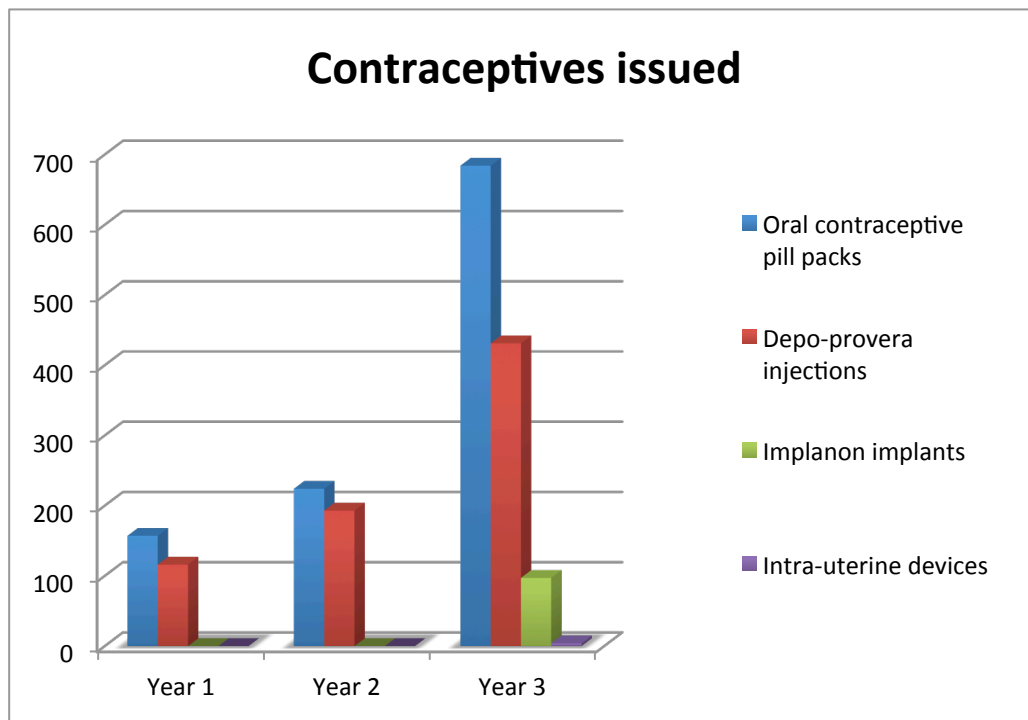


Peer educators after the play they performed on implanon fitting day

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 2 Contraceptives issued from August 2007 until end of July 2010

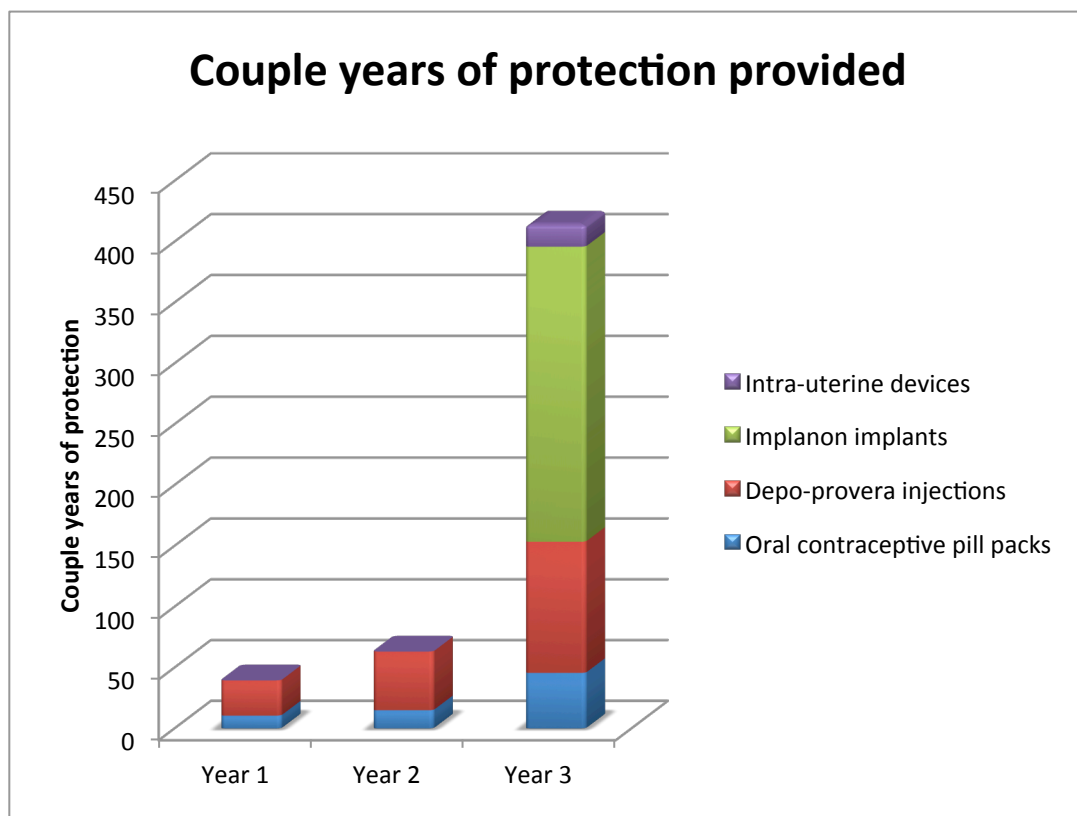


Contraceptives issued				
Type of contraceptives	Year 1	Year 2	Year 3	Totals
Oral contraceptive pill packs	157	224	684	1,065
Depo-provera injections	116	193	431	740
Implanon implants	0	0	97	97
Intra-uterine devices	0	0	4	4

The uptake of oral contraceptive pills and depo-provera injections more than doubled in year 3, reflecting the growing demand for and confidence in these contraceptive methods, as well as the increased number of clinics being held and clients being reached. It is likely that these contraceptive options are proving popular because women are already familiar with taking pills or receiving injections, and feel comfortable with methods that provide medium-term protection for 1-3 months.

The uptake of LARCs in year 3 has also been encouraging, and is expected to increase in coming years as awareness and acceptability of these long-lasting options further increase once the first adopters share their positive experiences. Four implanon implant fitting days were held during year 3 of the programme, resulting in a total of 97 implanon implants being fitted, providing each recipient with up to 3 years of contraceptive protection. A total of 4 intra-uterine devices were also fitted during year 3 of the programme, providing each recipient with up to 10 years of contraceptive protection.

Figure 3 Couple years of protection provided from August 2007 until end of July 2010



Couple years of protection provided				
Type of contraceptive	Year 1	Year 2	Year 3	Totals
Oral contraceptive pill packs	10.5	14.9	45.6	71
Depo-provera injections	29	48.5	107.8	185.1
Implanon implants	0	0	242.5	242.5
Intra-uterine devices	0	0	18.4	18.4
Totals	39.5	63.2	414.3	517

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.

The number of CYPs increased by more than sixfold in year 3 due to a surge in the uptake of oral contraceptives and depo-provera injections, as well as the successful introduction of two LARCs – implanon implants and intra-uterine devices – that provide clients with long-lasting contraceptive protection. Indeed, implanon implants accounted for more than half of the 414.3 CYPs provided during year 3 of the programme.

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

Experience from running the programme 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 also been identified within different subgroups of the population, and for those who do not live in a village where a clinic is held, lack of access to family planning services remains a barrier.

To tackle awareness and attitudinal issues, a programme of community education has been implemented, drawing upon established behaviour change communication and social marketing methods. A variety of methods are being employed including peer education, theatre, sports and film. The research conducted to identify current awareness of, and attitudes towards, sexual and reproductive health has informed the design of this community education programme. Interventions have been developed and implemented to target different sectors of the population in order to effectively facilitate sustained behaviour change within each of these demographic subgroups.

Meanwhile, a programme of community-based distribution has been implemented in order to tackle the ongoing issue of lack of access to contraceptives. Local women have been recruited and trained to distribute a limited range of contraceptive options and offer basic sexual health education, according to clear protocols and under clinical supervision. Blue Ventures provides them with these contraceptives at cost price so that they can sell them within their villages for a small income.

Population Services International (PSI), in-country experts on community-based distribution, are collaborating with Blue Ventures on this initiative and trained 18 local women as community-based distributors (CBDs) in June 2010, enabling them to distribute condoms and oral contraceptive pill packs. Six of the CBDs are based in the north of Velondriake, six in the south of Velondriake, three in the inland villages, and three in Andavadoaka. Two of the CBDs in Andavadoaka have been appointed as supervisors, and preliminary reports suggest a high level of uptake and community satisfaction with this service. A total of 641 CBD consultations were held during year 3 of the programme.

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 Commune Medical Inspector in Morombe and Regional Health Director in Toliara. The programme has the full support of the Ministry of Health, and we provide them with regular reports on our activities. Good working relationships have also been developed with state doctors working in Tampolove and Belavenoke, as well as medical staff in the newly opened private Andavadoaka hospital.

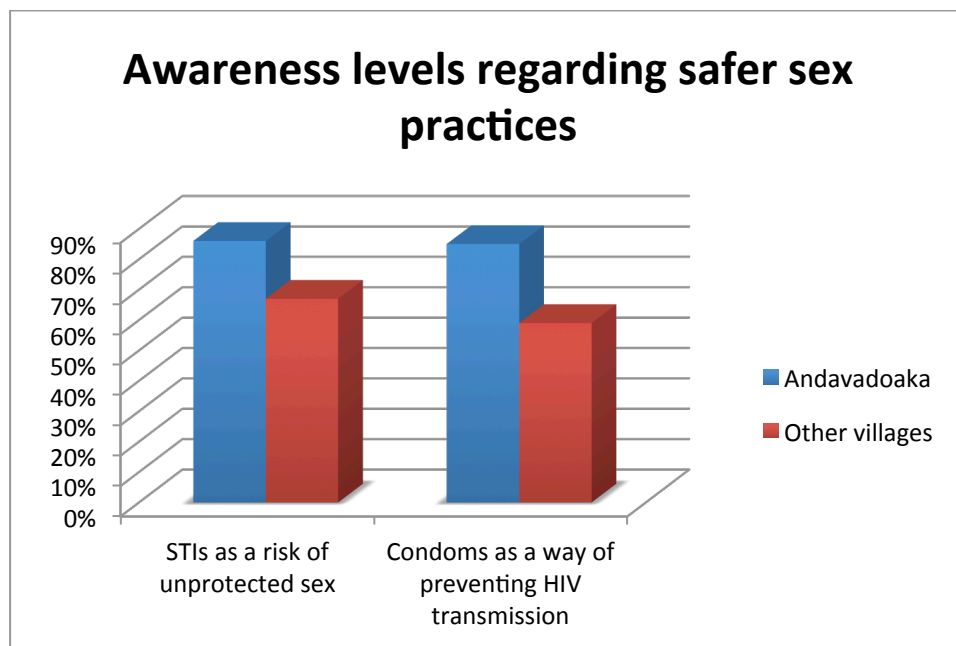
The programme continues to enjoy an excellent working relationship with MSM, most notably in 2010 through collaboration on the introduction of LARCs in Velondriake. The programme has also strengthened its relationship with PSI, through accessing regular contraceptive supplies from them and through implementation of the community-based distribution model.

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

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 health education initiatives, and results from surveys conducted in 2009 demonstrated higher levels of awareness about the risks of unprotected sex and the importance of using condoms in the village of Andavadoaka (where the majority of education activities had taken place up until that time), compared to the other villages, providing strong evidence for the effectiveness of these interventions. Over the coming years, we will be expanding our community health education to cover the whole of the Velondriake area, particularly through our newly established network of CBDs who have been trained to offer counselling and advice to their peers.

Figure 4 Awareness levels regarding safer sex practices – difference between Andavadoaka and other villages



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 to all stakeholders, several papers are in the process of being produced on various aspects of the programme, and it is hoped that they will be published in peer-reviewed medical or conservation journals.

Dr Vik Mohan, the programme director, was invited to give a presentation at an International Policy Symposium on *"The Connection between Population Dynamics, Reproductive Health and Rights, and Climate*

Change” in March 2010, while Rebecca Hill, the programme coordinator, attended an international meeting on population and sustainable development to discuss linkages between population dynamics, climate change and sustainable development.

In addition to this, the programme has achieved international recognition as a 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, the programme manager in Madagascar, wrote an article for the Woodrow Wilson Center’s New Security Beat blog, which was the top post for November 2010.

We have also been featured on the following websites: IUCN; Reproductive Health Matters; K4Health; Population Sustainability Network; Priori; WIOMSA; Year Out Group; Social Enterprise Group; Our Future Planet; and Population Action International.

It is 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.

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 have ensured the programme’s financial viability for its third year. 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. We are immensely grateful for these efforts.

At the beginning of 2010, Rebecca Hill secured a Vodafone World of Difference Award, enabling her to work for two months as a paid staff member in the UK.

As a result of the rising profile of our work, the programme attracted the attention of the United Nations Population Fund (UNFPA), and secured six months of core project funding. This was a hugely symbolic step, and the first PHE programme that 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 UNFPA.