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Providing sexual and reproductive health services for communities in Velondriake, southwest Madagascar: Project Development Plan 2009-2011

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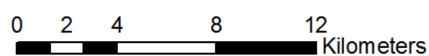
Map of the Velondriake region, indicating primary and satellite clinic sites



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Background

With a population doubling time of approximately 20 years, an average fertility rate of over 5 births per woman and nearly half of the country's population under fifteen years of age, Madagascar has one of the fastest growing populations of any country in the world (Institute National de la Statistique Ministère de l'Economie, 2005). Currently only one in five women in union has access to contraception (U.S. Census Bureau, 2008).

The importance of meeting the need for family planning services is clearly recognised, by the Government of Madagascar as well as by non-governmental organisations (NGOs) working within the country. A considerable commitment has been made by the government to meet the challenge of providing reproductive health services. This effort has seen impressive results, particularly in urban areas, with increasing numbers of women in union having access to contraception. Few of the country's less accessible, rural areas, however, have so far benefited from this commitment.

In addition, Madagascar is experiencing huge increases in the incidence of sexually transmissible infections (STIs), with a number of infections having reached epidemic proportions in recent years (Donnelly, 2004). With the increasing movement of people within the country, even geographically isolated communities are witnessing an increase in the incidence of STIs. Many of these communities have no access to health care. Current HIV prevalence in Madagascar is under 2% (Mohan, 2004), but this prevalence is predicted to increase dramatically if the appropriate measures to avoid an HIV epidemic are not taken (Donnelly, 2004).

The remote coastal village of Andavadoaka, with a population of 1,500, is situated in the arid southwest of Madagascar, approximately 200km north of the regional capital, Toliara. Its inhabitants belong mainly to the Vezo ethnic group, a semi-nomadic people with close cultural ties to the marine environment, for whom fishing is commonly the only source of family income. The region has very limited public facilities, and road access to Andavadoaka and neighbouring Vezo villages is very difficult. Communities depend on travel by traditional Vezo pirogues (sailing canoes) to journey between villages, with transport limited by the state of the wind and sea. Owing to the isolation and lack of infrastructure, access to sexual and reproductive health services is very limited. Initial research revealed the average fertility rate in the village to be higher than the national average, with anecdotal reports suggestive of high rates of untreated STIs in the village.

The rapidly growing coastal population of the southwest region poses a serious threat to the sustainability of the region's coral reefs and other marine resources, upon which the livelihoods and economic wellbeing of the Vezo communities depend. Ensuring adequate provision of family planning services is recognised as being an important component of environmental management efforts focused on promoting more sustainable resource use. In August 2007, Blue Ventures, a conservation and development NGO based in Andavadoaka, supported the development of a family planning clinic for the village (Mohan, 2007 & 2008).

Following the successful establishment of the clinic within Andavadoaka, the service received widespread demand for expansion of its scope and outreach to incorporate neighbouring Vezo communities along approximately 40km of coastline. Responding effectively to meet this demand is considered a priority for conservation planning in the region. In addition to taking measures to prevent an epidemic of HIV and other STIs in the region, this has led to the development of an action plan to expand Blue Ventures' sexual and reproductive health service to reach 24 further villages in southwest Madagascar (please see map on page 2). All of these villages currently work in partnership with Blue Ventures scientists as part of efforts to support the development of the Velondriake network of community managed marine and coastal protected areas (http://www.livewiththesea.org).

This document summarises the strategic plan for expansion and development of sexual and reproductive health services to the villages of Velondriake.

Objectives

1. Continue to deliver a weekly family planning clinic in Andavadoaka.
2. Establish weekly satellite clinics in two additional villages, providing access to clinic services to all of Velondriake's 25 communities.
3. Broaden the range of contraceptives offered to include long-acting reversible contraceptive methods.
4. Identify and tackle barriers to the use of contraception within the target population.
5. Work with local, regional and national stakeholders to ensure the project meets the needs of the population, aligns with the national agenda, and collaborates wherever possible with the work of other agencies.
6. Develop and implement a strategy to promote safer sex practices within the target population.
7. Communicate the progress and achievements of the project to stakeholders, the medical and conservation communities, and the wider public.
8. Generate sufficient funding to ensure the financial security of the project over the next three years, from 2009-2012, with a view to expansion beyond Velondriake.

Implementation Plan

OBJECTIVE 1: Continue to deliver a weekly family planning clinic in Andavadoaka

Current position

A weekly family planning clinic is now firmly established in Andavadoaka. Patients needing access to this service outside normal weekly clinic hours can also be seen by Blue Ventures medical staff on an *ad hoc* basis. The clinic is run by the Blue Ventures medical officer and a trained interpreter, with good regular attendance and a high profile within the community.

Proposed actions

Continue to ensure the delivery of this service, through support of and regular communication with the Blue Ventures medical officer	Ongoing
Ensure the continued use of effective interpreters in the clinic, through supporting and training the interpreter, and identifying and training possible additional staff to assist with interpreting work	Ongoing

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

Current position

The Velondriake network comprises 25 villages along the southwest coast of Madagascar, all within 25 km of Andavadoaka. Velondriake villages are working together cooperatively, with the support of Blue Ventures, to manage their coastal resources sustainably. Visits to all of the villages within Velondriake have identified an unmet need for sexual and reproductive health services in all of these communities, and a clear local desire to have access to the same service that is being provided in Andavadoaka.

Research conducted by medical students in the area has identified the villages of Tampolove and Belavenoke as possible sites for satellite clinics. The sites have been chosen on the basis of ease of access from Andavadoaka for the clinic staff, access to an appropriate building within the village from which to run the clinic, and most importantly, proximity to other surrounding villages to ensure all communities within the Velondriake region have easy access to a clinic.

Proposed actions

Visit villages of Tampolove and Belavenoke by clinic staff to establish their suitability as sites for satellite clinics.	3 months
Identify a member of each village to be employed in the role of community liaison, to assist in education and awareness-raising work within the village, and make the necessary clinic arrangements each week in preparation for the visiting clinic team	3 months
Acquire a motorised pirogue for the project and recruitment of a full-time boat captain to manage project transport and fuel logistics	3 months
Medical officer to organise and initiate monthly satellite clinics	6 months
Medical officer to recruit a trained nurse capable of running the satellite clinics independently within 12 months of starting training	12 months
Recruit a local project co-ordinator to ensure appropriate planning and coordination of activities, provision of supplies, management of project field expenses and finances, training and support of project staff, relevant communication of project activities to UK support staff and national partners	3 months

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

Current position

Currently four methods of contraception are being offered at the Andavadoaka family planning clinic: the combined oral contraceptive pill; the progestogen-only pill; condoms; injectable DMPA (Depo-Provera). Both types of oral contraception being offered require a pill to be taken daily. Depo-Provera is an intra muscular injection given every 12 weeks. Other methods of contraception are available, which can provide reversible contraception for longer periods of time.

Progestogen implants can provide reliable contraception for up to three years. Intra-uterine contraceptive devices can provide contraception for up to five years. Offering a wider range of long acting contraception methods (LARCs) has the potential for providing contraception to women without the need for frequent clinic attendance. This would overcome some of the logistical challenges to enhancing the project's outreach, currently posed by the remoteness of some of the communities within Velondriake. It will also increase the contraceptive choices available to women, and reduce the risk of user-related contraceptive failure.

Proposed actions

Liaise with Marie Stopes Madagascar (MSM) on investigating local availability, suitability and acceptability of LARCs	3 months
Based on response, train clinic staff in the use of LARCs	6 months
Establish regular supply of LARCs and incorporate use of LARCs in clinics	6-12 months

OBJECTIVE 4: Identify and tackle barriers to the use of contraception in the target population

Current position

Currently approximately 30-50% of women of reproductive age from Andavadoaka attend the village's family planning clinic regularly. However, the need for contraception expressed in surveys of the women of the village is known to be higher than this. A key objective for the project is to reduce this unmet need, and an important next step is to identify and tackle the barriers to the use of contraception. This may require significant changes to the way the service is delivered, or the use of more pro-active measures to reach those who cannot or do not attend the weekly clinic.

Proposed actions

Hold discussions and focus groups with key community representatives to identify barriers to the use of contraception and access to the current service	3 months
Liaise with MSM and other stakeholders on possible strategies for tackling these barriers	6 months
Develop and implement appropriate actions for tackling the identified barriers	12 months

OBJECTIVE 5: Work with local, regional and national stakeholders to ensure the project meets the needs of the population, aligns with the national agenda, and collaborates wherever possible with the work of other agencies

Current position

Blue Ventures is the only NGO based within the Velondriake region. Through regular meetings, and frequent sexual and reproductive health awareness events in Andavadoaka, project staff currently benefit from regular feedback from local stakeholders regarding the service being provided. However, such regular meetings and events are not currently held in any other villages. Expansion of these feedback and communication events to other Velondriake villages will be an essential component of the programme's evolution.

Channels of communication have been developed with some of the key regional stakeholders. Effective collaboration with these regional stakeholders remains at an early stage, however. At a national level, the project is fortunate to be working in partnership with MSM. However, links have not yet been developed with the Ministry of Health and Family Planning, or with other NGOs working in this field.

Proposed actions

Action	Timeframe
Maintain good levels of awareness of current needs and issues relating to sexual and reproductive health in Andavadoaka, through regular communication with the key community groups in the village	Ongoing
Develop a system for regular communication with satellite clinic villages	6 months
Maintain regular communication with the Medical Inspector of Morombe, and Mayor of the region	Ongoing
Liaise with MSM in Tulear to identify other key regional stakeholders	6 months
Liaise with MSM in Tana to identify other key national stakeholders	6 months
Meet and start to work collaboratively with key regional and national stakeholders as appropriate	12 months

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

Current position

Experience from working in the region, as well as research carried out elsewhere in Madagascar (Mohan, 2008), has shown that the use of condoms, and awareness about the importance of using condoms, is low. Pioneering work in Andavadoaka, involving the use of theatre to raise awareness about the importance of safe sex practices, has successfully raised awareness of this issue within the community. Anecdotal reports suggest this has led to an increase in condom use by men in the village. If an epidemic of HIV (and other STIs) is to be averted, a systematic strategy will need to be implemented, reaching all of Velondriake.

Proposed actions

Investigate the most effective interventions for the adoption of safer sex practices, through a review of the literature and liaison with local, regional and national stakeholders	6 months
Develop specific interventions designed to facilitate the adoption of safer sex practices	12 months
Pilot these interventions in Andavadoaka or other appropriate area	12-18 months
Based on an evaluation of the pilot project, deliver appropriate interventions throughout Velondriake	24 months

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

Current position

It is believed by the author that the delivery of sexual and reproductive health services for coastal communities is an essential part of enabling these communities to use their resources sustainably, and is a novel undertaking for a marine conservation NGO. Experience has demonstrated that it is possible to successfully integrate such a service into the work of such organisations, and Blue Ventures have developed a replicable model for this. A key component of the contribution this project can make to coral reef conservation, and sustainable development throughout the tropics, is to enable other NGOs, working in the field of reef conservation and beyond, to develop a similar service (assuming it meets the needs of the communities they work with and will enable these NGOs to achieve their own objectives).

Given the novel nature of this project, and the integrated approach to sexual and reproductive health, sustainable resource use and conservation that it represents, a key project objective is to communicate the progress of the project and raise awareness of the integral nature of these issues to as wide an audience as possible. Communicating to the medical and conservation communities in particular is likely to lead to further opportunities for collaborative working, learning through the sharing of expertise, implementation of similar projects elsewhere and identifying sources of funding. In addition, keeping all funders and collaborators informed of the project's progress is an important and integral process.

Currently communication on the progress of the project has been limited to 6 monthly report writing, and *ad hoc* communication with members of the medical and conservation communities.

Proposed actions

Continue to produce and publish 6 monthly reports on the Blue Ventures website, signposting collaborators and funders to the reports	Ongoing
Investigate the most appropriate way of communicating with the medical community, to include writing in medical journals, presenting at medical conferences and meetings	6 months
Investigate the most appropriate way of communicating with the conservation community, and marine conservation community in particular	6 months
Identify and support those with the skills and interest in communicating to the wider community, using a variety of media, to raise awareness about the project among as wide an audience as possible	6 months

OBJECTIVE 8: Generate sufficient funding to ensure the financial security of the project over the next three years, from 2009 to 2011, with a view to expansion beyond Velondriake

Current position

The project is very fortunate to have the full support of the Blue Ventures team, and consequently the project running costs are minimal. We are grateful for the financial support we have received so far, and this has ensured the project's short term security. As the project grows, as outlined in this document, the costs will inevitably rise. Also, whilst the site costs so far have been covered in full, the hidden costs of managing the project from the UK have not formally been acknowledged or calculated. These costs will also rise with the growth of the project.

In the medium to long term, in order to manage the project effectively, recruiting and employing a member of staff in the UK to take on the responsibility for managing the project will be important to ensure it continues to run effectively. Fundraising efforts will need to be increased in order to meet these rising costs, and ensure the project's viability. A UK-based project manager will be able to expand fundraising activities, within the intention that this role will cover its own costs and raise substantial additional revenue for the project.

Projected budget (excluding costs for implementation of safer sex strategy):

Running of family planning clinic in Andavadoaka:	
Contraceptive supplies	£400 pa
Staff costs	£300 pa
Travel and transportation costs	£200 pa
Purchase of consumables for clinic and community education	£100 pa
Running of satellite clinics:	
Contraceptive supplies	£800 pa
Salary for clinic nurse	£2,500 pa
Salary for additional interpreter	£1,500 pa
Purchase of consumables for clinic and community education	£200 pa
Fuel costs for travelling to satellite clinics	£1,000 pa
Salary for pirogue skipper	£1,000 pa
Purchase of motorised pirogue for travelling to satellite clinics	£4000

Purchase of additional medical equipment for clinic nurse	£200
Additional costs for management of project from UK	
Salary for part-time UK project manager	£15,000 pa
Communication and travel costs	£500 pa
Purchase of laptops, data projector	£1,500
Additional costs for one visit to Andavadoaka over three year period	£2,000
TOTAL PROJECTED THREE YEAR BUDGET	**£83,000**

Proposed actions

Explore and pursue opportunities for funding from organisations interested in women's health, sexual and reproductive health, HIV, population and sustainability	Ongoing
Recruit fundraising officer to help organise and publicise fundraising events, and explore fundraising	3 months
Raise awareness about the project and the need for funding, through the media, and through scientific and health service channels	Ongoing

Monitoring

In order to ensure, and demonstrate, that the project's aims are being met, a variety of monitoring processes are being put into place. These are outlined in the table below.

Objective	Method of evaluation	Frequency of monitoring
Increase use of contraception by the community	Monitor clinic activity, attendances and contraceptive uptake Household surveys	Weekly Annually
Raise awareness of issues relating to sexual health and fertility	Patient/client exit questionnaires	Every 6 weeks
Provide a service that meets the needs and expectations of the patients/clients	Patient satisfaction questionnaires	Every 6 weeks
Reduce unmet need for contraception in the community	Household surveys	Annually
Reduction in infant mortality	Census data	3-5 yearly
Reduction in maternal mortality	Census data	3-5 yearly

The quality standards for the clinic and patient feedback questionnaire are tabled in Appendix 1 and Appendix 2 respectively.

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Appendices

Appendix 1: Quality standards for family planning clinic

Quality standard	Audit standard
Clinic to be run by medic trained in family planning	100%
Medic to be accompanied by a Malagasy staff member with basic family planning training	80%
Clinic to be run weekly	80%
Clinic to offer 4 contraceptive options (condoms, combined pill, progesterone only pill, depo provera injection)	80%
Clients/patients to be satisfied with the service received, in terms of 1) information given 2) range of contraceptive options available 3) value for money	 70% 70% 70%
Clients/patients to be made aware of the risks of acquiring HIV and other STIs from unprotected intercourse	70%
Clients/patients to be made aware of the range of contraception options available to them	70%
Clients/patients to be made aware of the benefits of birth spacing	70%

Appendix 2: Client exit questionnaire

Were you satisfied with the information given about contraception?

Were you satisfied with the range of options you were offered?

Were you satisfied with the cost of the service?

How would you protect yourself against sexually transmissible infections?

What contraception options does the clinic offer?

What are the benefits of birth spacing?