

# Marie Stopes Madagascar: Delivering Comprehensive Sexual and Reproductive Health



## Context

In Madagascar, approximately 91 percent of the population lives on less than \$2 per day.<sup>1</sup> Despite slow economic growth, the population is growing rapidly at 2.8 percent a year, representing an annual increase of about 600,000 people.<sup>2</sup>

A coup d'état in 2009 led to slow economic growth, withdrawal of the majority of nonemergency aid, and limited funding from development partners. By 2013, the U.S. Government was again a leading development partner, giving Madagascar \$66 million in bilateral aid, 81 percent of which was targeted to improving health outcomes, including sexual and reproductive health.<sup>3</sup>

## The Need for Contraception

Madagascar's population is projected to nearly double to 42.3 million people by 2050.<sup>4</sup> While the total fertility rate is steadily declining, the average is 4.8 births per woman.<sup>5</sup> Madagascar has a high level of unmet need for contraception. According to the 2009 Demographic Health Survey (DHS), 19 percent of married women of reproductive age wanted to space or limit their births but were not using contraceptives. Although this trend has improved, the overall level of contraceptive use needs additional attention and investment, particularly as the population grows.<sup>6</sup>

Allowing young people to take full charge of their reproductive choices enables them to have opportunities to achieve their educational and employment aspirations. Contraceptive access is critical to tackling poverty, building more equitable societies, and ultimately achieving the goals of sustainable development.

## Marie Stopes Madagascar

Since 1992, Marie Stopes Madagascar has been working with national governmental and nongovernmental partners to provide a full range of sexual and reproductive health services including contraceptive services, maternal health, postabortion care, and screening for sexually transmitted infections and HIV. In 2014, Marie Stopes Madagascar provided 809,562 client visits, averting 300,000 unintended pregnancies and 87,000 unsafe abortions.

Marie Stopes Madagascar currently delivers services through 15 centers that include a maternity hospital, 5 centers specifically for young people, 20 outreach teams, 150 private BlueStar doctors, 143 MS Lady midwives, and 70 CsbStar state primary health centers.

## Providing services to the underserved

Twenty outreach teams consisting of a doctor, nurse, coordinator, and driver travel through rural and hard-to-reach parts of the country offering long-acting and permanent contraceptive services. In addition to the short-acting methods available at community and primary health centers, these outreach teams ensure that people have access to the full range of voluntary contraceptive information and services.

In 2012, Marie Stopes Madagascar began using light-weight inflatable tents that are easy to transport and quick to assemble for use in hard-to-reach areas. The tents enable outreach teams to serve rural areas where a suitable building is not always available. The washable tents have three rooms that can be used for counseling, procedures, and recuperation, and are an innovative way to ensure that high-quality contraceptive services can be offered even in the most remote locations.

**“When contraceptive prevalence increases, states can have higher levels of economic growth, become less dependent on foreign aid, see more girls continue their education, are more stable and secure, and have less gender inequality.”**

Time to Invest, Marie Stopes International 2015

**Young people under 15 represent 45% of the total population.**

Madagascar DHS, 2008-2009

### Private- and public-sector partnerships

Marie Stopes Madagascar works with public health facilities to provide training that improves quality standards and choice for contraceptive services in the public sector. To reach women in remote communities, Marie Stopes Madagascar employs 143 trained midwives (known as MS Ladies) who travel by bus, bicycle, or on foot to visit women in nearby communities.

Marie Stopes Madagascar also has a franchise network of 150 doctors, known as BlueStar doctors, who receive training and supervision from Marie Stopes Madagascar personnel and, in turn, provide high-quality voluntary contraceptive information and services to women, men, and young people. Marie Stopes Madagascar also distributes vouchers to young people and those at the lowest income levels. Clients may redeem vouchers at BlueStar clinics and receive either free or highly subsidized (\$0.07) services.

### Future Commitments for Reproductive Health in Madagascar

Greater investment in comprehensive sexual and reproductive health is essential for improving health outcomes and securing economic opportunities. U.S. policies have a critical effect on resource mobilization and financing for contraceptive services, particularly in low-income countries such as Madagascar. In the past, reinstatement of the Mexico City Policy has led to significant cuts to contraceptive services, HIV screening, and maternal and child health programs.<sup>7</sup>

The continued commitment of the U.S. Government to sustain financing for contraception will create greater access to reproductive health and contraceptive services for the most underserved and marginalized populations. This progress has multiplier effects on the progress made toward achieving other sustainable development goals such as education attainment, overall health, and economic stability.

**“Prior to the current administration, we were de-funded for 8 long years. That would affect Madagascar and is a global issue. If we talk about who’s doing things, seriously, bringing resources to maternal health in the country, USAID is on the podium.”**

UNFPA staff



**A Marie Stopes Madagascar doctor describes contraceptive options**



**Clients receiving contraceptive services offered by the Marie Stopes Madagascar mobile team**

1. Madagascar International Monetary Fund Country Report No. 15/24, 2015
2. World Bank Population Reference Bureau, Madagascar, 2011
3. Congressional Research Service, June 2012
4. World Bank Population Reference Bureau, 2011
5. Madagascar Enquête Démographique et de Santé, 2008-2009
6. World Bank, 2011
7. Engender Health, <http://www.engenderhealth.org/media/info/definition-global-gag-rule.php>