

# USAID Impact in Madagascar



## USAID Value Added

USAID is providing valuable assistance to Madagascar by responding to its unmet need for contraception and reducing the maternal mortality rate. The 2009 coup d'état caused the government to lose donor funds, resulting in a deterioration of health services for poor and rural populations. USAID is playing a key role in ensuring that men and women continue to have access to voluntary contraceptive services by directing funds to NGOs such as Marie Stopes Madagascar and Population Services International. Many donors and implementing partners highlighted Madagascar as an “aid orphan” and “donor desert,” with USAID contributing the largest proportion of donor support.

An estimated 40 percent of Malagasy women who use contraception receive their services through Marie Stopes Madagascar. Since USAID funding began in 2010, the impact of Marie Stopes Madagascar has doubled. Between 2010 and 2014, U.S. funds enabled 436,000 women and men to receive voluntary contraceptive services, averting an estimated 915 maternal deaths and 631,000 unintended pregnancies. USAID funding has allowed Marie Stopes Madagascar to offer contraceptive services that were previously unavailable (e.g. long term reversible and permanent methods) and to expand its services to remote areas where people lack access to them. USAID funding has enabled Marie Stopes Madagascar to provide 60 percent of all long-term contraceptive services through extensive networks of private sector providers and mobile outreach teams (16 of 20 received the majority of their funds from USAID). USAID has also funded Marie Stopes Madagascar to reach the most vulnerable and poor populations through voucher schemes.

## Reaching the Underserved

USAID funding has enabled implementing NGO partners such as Marie Stopes Madagascar to reach vulnerable populations, including adolescents and poor women through outreach and voucher programs. With the lowest contraceptive prevalence rate and the highest unmet need among rural, hard-to-reach communities, Marie Stopes Madagascar brings contraceptive services and choice as near as possible to the people who need them. Madagascar's challenging roads and climate make it difficult to deliver services to the most remote communities. Mobile outreach teams, typically consisting of four people (doctor, nurse, assistant, and driver), travel directly to underserved rural and remote areas to offer a range of contraceptive choices to women and men where other providers are absent. Outreach teams counsel clients to ensure they receive comprehensive information about contraceptive options and make informed choices. Most outreach clients select long-acting or permanent contraceptive methods that are otherwise absent in public facilities, but Marie Stopes Madagascar outreach teams also carry short-term contraceptives in case stock-outs occur at public facilities. This approach complements existing services by ensuring that high-quality, long-acting and permanent contraceptive methods are also available alongside short-term methods.

Financial barriers to accessing health services are a significant impediment in a country where 91 percent of the working population earns less than \$2 a day. Voucher programs promote equity and enable adolescents and poor people to access contraceptive services free of charge. Marie Stopes Madagascar implemented a model that delivers information and services to young people and allows them to redeem free services with a cell phone code.

“A shift in the priorities of US development assistance would have a serious impact on what we can achieve for this country in maternal health. If either UNFPA or USAID were to disengage, the consequences on the availability of commodities and services would be dramatic.”

UNFPA staff

“When people in remote areas have a choice, they tend to choose long-term methods.”

Implementing NGO Partner

# 133

133 BlueStar providers delivered about 48,276 contraceptive services, of which 31% were long-acting methods (2014).



## Increasing Contraceptive Choice and Commodity Security

USAID funding has facilitated its implementing NGO partners to deliver a variety of contraceptive services to people. It has also led to an expanded choice of contraceptives, including long-term and permanent methods, ultimately shifting the contraceptive method mix in Madagascar. USAID and UNFPA supply approximately 90 percent of the contraceptive commodities in Madagascar. USAID is further increasing contraceptive choices by pioneering the introduction of new contraceptives.

Marie Stopes Madagascar delivers 40 percent of all modern contraceptives and 60 percent of all long-term contraceptives used by Malagasy women. With USAID funding, Marie Stopes Madagascar has expanded the types of contraception available, with a large majority of clients choosing a long-term method (48.8 percent of clients who received contraceptive information through Marie Stopes Madagascar chose a long-term method compared with national a national average use rate of 6.6 percent). The availability of long-term methods offers effective contraception that lasts for years as opposed to months. USAID funding has increased contraceptive choice by providing supplies to 150 private sector BlueStar providers who, after receiving USAID-funded training, distribute long-term services. Almost all Marie Stopes Madagascar outreach beneficiaries have chosen either long-term or permanent contraceptives, demonstrating how USAID funding complements existing public distribution of short-term contraceptives and increases access to the full range of contraceptive methods in hard-to-reach areas.

## Enhancing Economic Opportunities

Beyond improved health outcomes, USAID funding has enabled front-line health workers to receive training and resources to improve their ability to deliver services and ultimately grow their business and gain financial security. BlueStar providers have doubled their client load as a result of USAID-funded training and the introduction of voucher schemes. BlueStar providers report that not only have vouchers generated more clients, they have been prompted to improve their skills. A Marie Stopes Madagascar BlueStar provider highlighted that USAID-funded training gave her the skills to deliver youth services, which expanded her client load and allowed her to make additional investments to improve her clinic. USAID funding has also supported community health workers to deliver counseling in remote areas along with short-term contraceptives. Community health workers receive income from the sale of short-term contraceptives or for referring clients to places where they may obtain long-term and permanent contraception. The benefits include a secure economic opportunity for local women who work as community health workers, and expanded health access for communities.

The model includes an SMS-based electronic voucher that reaches young people with an integrated package of contraception and STI services. Vouchers make contraception services available at no cost to the client and, by targeting the poorest and those at higher risk of unintended pregnancy, they increase the cost-effectiveness of supply-focused interventions. Vouchers give beneficiaries both a choice of contraceptive method they wish to use and which health provider they wish to consult. The program ultimately strengthens the healthcare system because it encourages service providers to improve their quality of care if they wish to attract voucher users.

## Strengthening the Public and Private Sectors

USAID funding has been used to train service providers in both the public and private sectors. These trainings have enabled providers to deliver a greater range of contraceptive options, client-focused care, and youth-friendly services. USAID funding has allowed Marie Stopes Madagascar to build a network of private sector providers who deliver high-quality sexual and reproductive health services under the BlueStar brand. Through the USAID-funded youth and poverty voucher programs, BlueStar clinics offer free services to clients who cannot afford care.

With USAID support, Marie Stopes Madagascar replicated the BlueStar model in public sector primary healthcare centers that had closed or had difficulty providing services following the 2009 political crisis. Marie Stopes Madagascar modified the BlueStar model to increase the ability of service providers in government facilities to offer a variety of high-quality voluntary contraceptive methods to the people in their communities. These public sector facilities are known as “CSB Stars.” Marie Stopes Madagascar is using USAID funding to strengthen them by training service providers to offer client-centered care and to ensure operational compliance. Additionally, current partnerships with other USAID-funded projects will be reinforced by recruiting additional service providers in the public sector to integrate contraceptive services into their child and maternal health outreach programs.

# 40,000+

More than 40,000 youth vouchers were redeemed for voluntary contraceptive and STI services. Most young people (78%) chose to take up a long-term method, compared with 20% who chose a short-term method, and with more than half (51%) also benefitting from STI counselling as part of their voucher services (2014).

Dr. Florence has been a BlueStar network member since 2010. She runs a small clinic on the outskirts of Antananarivo providing a broad range of contraceptive services. Since joining the network, she has received training in long-term contraception (methods that were not previously provided), infection prevention, counseling, and interpersonal communication with young people. Dr. Florence redeems youth and poverty vouchers at her clinic. Approximately 25 percent of her clients pay her standard fee, 40 percent are poor and use vouchers, 20 percent are youth who use vouchers, and 15 percent pay on credit. Since the concept of youth vouchers was introduced, the number of young people visiting her clinic has doubled. Her income is based on service fees or voucher reimbursements, so the frequency of client visits is important. On average, she now sees 15 to 20 clients per day who seek contraception and 10 for general medicine.

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