

Scaling up community-based access to DMPA- SC in Madagascar

Elisohasina Andrianadison RAFALIMANANA, Senior Family Planning Coordinator,
Jimmy RAMAHAVORY, Director of Family Planning, Reproductive Health & HIV,
PSI-Madagascar



BACKGROUND

The Ministry of Health (MOH) of Madagascar committed in 2015 to increase the country's modern contraceptive prevalence rate (MCPR) from 33% in 2012 to 50% in 2020. Contraceptive use is substantially lower in rural areas (37% MCPR) as compared to urban areas (51% MCPR) (ENS/OMD 2012-2013).

Task sharing with community health workers (CHWs) is a promising strategy to expand contraceptive coverage, make access more equitable, and utilize health workers' skills cost-effectively. CHW programs are considered a High Impact Practice by USAID, especially in places like Madagascar with geographic barriers to health services.

In 2015, the MOH decided to introduce DMPA-SC—including community-based provision—to increase women's options.

METHODS

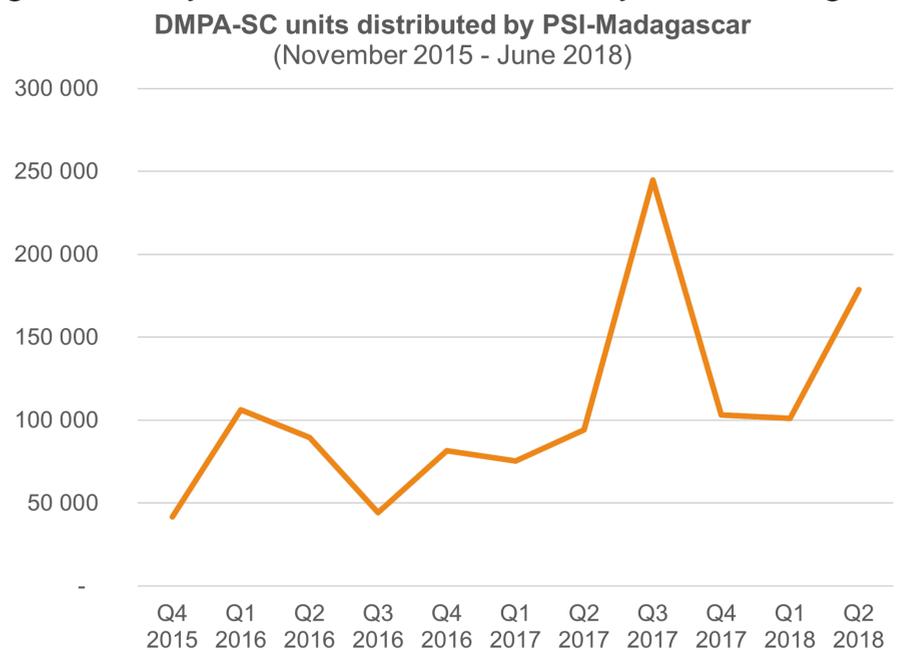
- ▶ Community-based distribution (CBD) of DMPA-SC began in November 2015 in four regions of Madagascar with support from PSI.
- ▶ PSI/Madagascar supplied the Community Supply Points, which directly distribute the product to CHWs
- ▶ Following the introduction, PSI/Madagascar conducted an evaluation of the acceptability of DMPA-SC among women, CHWs, and health providers. A qualitative study was conducted including in-depth interviews with 31 clients, three public sector providers, five social franchise providers, and 16 CHWs.
- ▶ In 2017, PSI/Madagascar conducted a household survey to be used as the national reference to estimate MCPR, including DMPA-SC use, as well as unmet need.

RESULTS

Since its introduction, distributed 1,257,796 units of DMPA-SC despite frequent PSI-Madagascar stockouts at the national level. The national survey conducted in 2017 showed that the national CPR is 38.9% among women in union aged 15-49. The most commonly used method is injectable—at 20.4%—which includes DMPA-SC (1.4% of injectable users). The prevalence of DMPA-SC use in Madagascar is expected to continue growing as DMPA-SC becomes more fully integrated into the health system.

The DMPA-SC acceptability assessment conducted in May 2016 showed that current users found the new product to be attractive, innovative, and easy to use. Users also reported that it causes less pain during the injection. Client concerns included fears of the side effects (e.g. irregular periods), false beliefs and misconceptions (e.g. damage to uterus), and mistrust of the effectiveness of the product. Almost all providers and CHWs rejected the idea of self-injection because it was perceived to be unsuitable in rural areas where the health system would be less able to support correct and safe self-injection.

Figure 1: Sayana Press distribution by PSI Madagascar



CONCLUSION

This program shows that task-sharing of DMPA-SC in such low-income countries as Madagascar can expand the range of quality family planning services accessible to clients, advance countries towards FP2020 goals, and potentially reduce the burden on healthcare systems. By applying a social marketing approach to community-based distribution, this program motivated community health workers to serve more clients within the context of informed choice.

A factor contributing to the success of the DMPA-SC introduction in Madagascar thus far has been market segmentation and coordination among key market actors and facilitators. To enhance sustainability, financing sources should come not only from donors, but also from the national budget line in the Family Planning national strategic plan, with a 5% increase per year of the national budget for family planning.

CONSUMER
POWERED
HEALTHCARE



population-services-international



elisohasinar@psi.mg



PSIhealthylives



@PSIimpact

