



TOKO TELO

MAHAMASA-NAHANDRO

ASPIRE Consortia experience:
How can we strengthen health-environment
partnerships to maximise impact for coastal
communities?

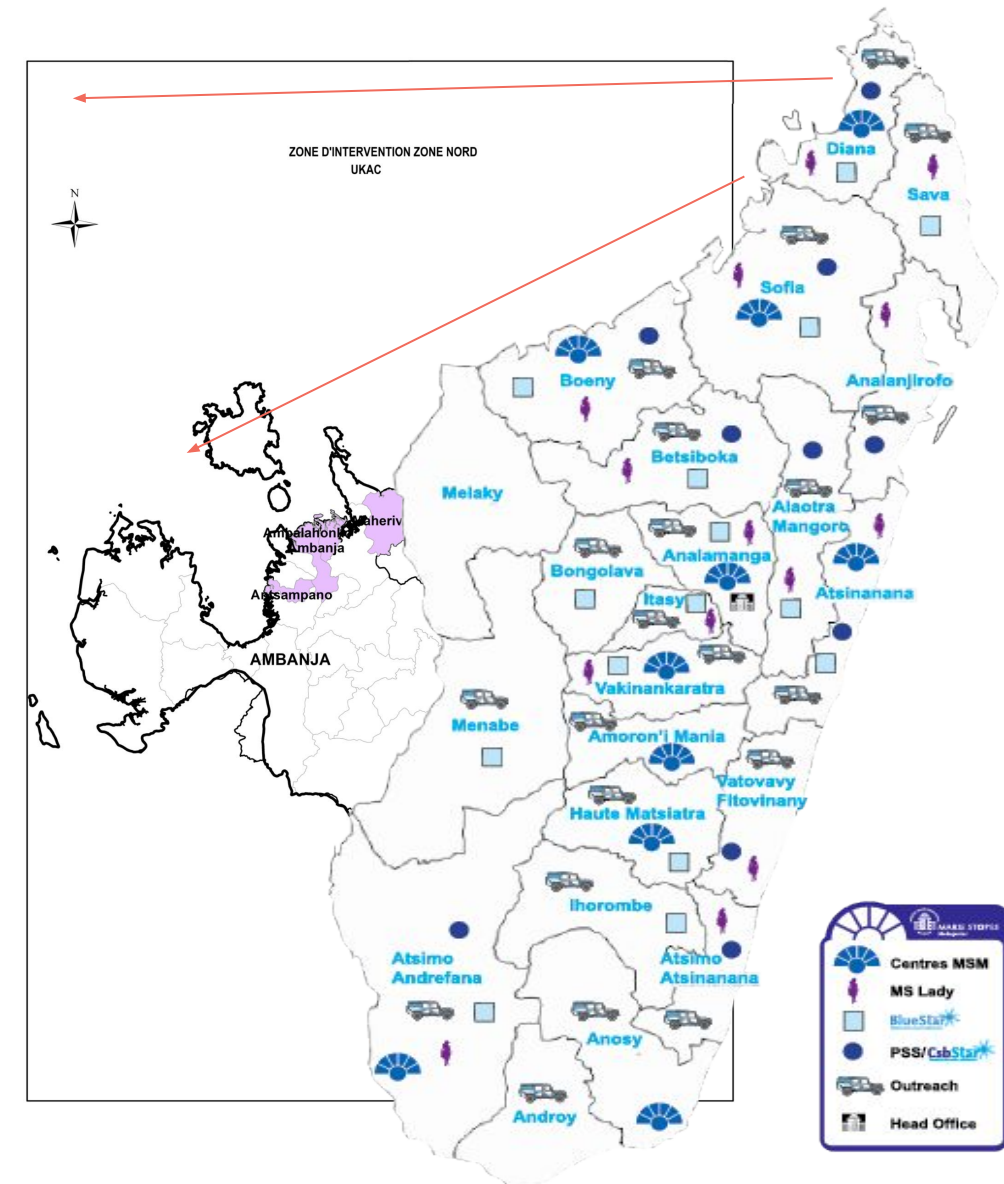
REACHING THE HARDEST TO REACH WITH HEALTH SERVICES : HOW BEST TO LEVERAGE HEALTH-ENVIRONMENT PARTNERTHIPS

MSI REPRODUCTIVE CHOICES

Ella Disaine
MSI Madagascar

SERVICE DELIVERY CHANNELS

- Operating in Madagascar since 1992
- Currently serving within
- 22 regions with 10 centers & maternities
- 22 Outreach teams
- 92 Single Providers Outreach
- 93 Public Sector Strengthening
- 98 Referral network providers



WHOM ARE WE PARTNERING WITH ?



North regions

- DIANA : Blue Ventures, Madagascar National Park
- SAVA : Lemur Conservation Fund

Northwest regions

- BOENY : Blue Ventures, Durell, Regional direction of Population, Women association
- SOFIA : Durell

ASPIRE PROJECT

(Advancing SRHR through the Promotion of Innovation & Resilience)

OBJECTIVES:

1: Availability, quality of, and continuum of care surrounding comprehensive SRH services is improved

2: Resilience in climate-change affected communities through integrated SRHR, conservation, and livelihoods programming is increased.

Specific objective for ASPIRE Madagascar: Resilience through integrated SRHR, climate change and Population health environment approaches is increased

PILOT ACTIVITIES IN NORTH WESTERN MADAGASCAR

The challenge:

- a. High marine biodiversity (coral reefs, mangroves, seagrasses) but a lack of livelihood alternatives is leading to overexploitation of mangrove forests and overfishing
- b. Increased frequency of cyclones, floods, water scarcity, rising sea levels
- c. Gender analysis findings (1):
 - Division of labour inequality: women 2-3x more work than men, including child care, household and community responsibilities
 - Women have access to resources and assets, but men have more control over them
 - Women's participation in public decision making tends to only be accepted in health and education
 - Men tend to be disengaged in SRH, but have broad control of girls' and women's sexuality and reproductive lives
 - Limited aspirations and self-esteem seen in girls and women

Health Indicator	Diana Region
Contraceptive Prevalence Rate (CPR)*	31.5%
Unmet Need for FP*	15.9%
Maternal Mortality Ratio (MMR)**	335/100,000 (All Madagascar)

*DHS 2020

** WHO, 2000 – 2017

1: Gender analysis conducted by consortium partner CARE International

COLLABORATION BLUE VENTURES – MSM

Health: Support for CHWs on maternal and child health, SRH and WASH



BV team and mobilizers share planning with SPOs on a regular basis

BVs mobilizers sensitize local community about SRH

MSM providers offer FP services at identified sites

- Two Single Providers Outreach working in Diana region
- Travel from one site to another one based on needs
- Collaborate with BV in Ambanja district at Tsimipaika Bay, targeting fishers at coastal bay
- Provision of SRH services: voluntary long acting reversible contraception (LARC) to complement existing availability of short term methods and expand method choice

RESULTS & CONTINUUM OF CARE

During ASPIRE project, in total, from August to end of November 2021, 269 SRH-related services were delivered of which 90% LARC services. Among the beneficiaries are:

- 19% adolescents
- 18% adopters (not currently using modern contraception at the time of the visit)

Unmet need for FP is still high, and only 4% of women of reproductive age have been served so far and 25% of people sensitized (629 men, 456 women sensitized among 29,561 population).

To ensure serving the population in need, SPOs continue to offer FP services in Tsimipaika Bay, in collaboration with BV.



WHAT WE HAVE LEARNED



<http://www.endeavourtraining.org/2014/10/23/working-in-partnership/>