

Madagascar

FACTFILE

Title Developing a Sexual and Reproductive Health Centre for Young People

IPPF Member Association Fiakaviana Sambatra (FISA)

Set up in 1967, FISA is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To contribute to the improvement of the sexual and reproductive health and rights of young people in the Tanjombato commune by providing youth-friendly services and awareness raising.

Duration Five years: 2003–2007

KEY ACHIEVEMENTS

► Understanding about sexually transmitted infections in the community increased from 44 per cent of young people surveyed at the start of the project to 97 per cent of young people surveyed at the end of the project period.

► When the project started most young people preferred the rhythm/calendar method to modern contraceptive methods. However, at the end of the project period, most young people stated that modern contraceptive methods were now their preferred choice of contraception.

► Primary health care centres in the commune now refer unmarried young people to the youth centre for services and advice.

PROJECT OVERVIEW

Young people empowered to ask for what they need

Prior to the youth centre opening, unmarried young people seeking contraceptive advice or services were often turned away from the local primary health care centres. This meant they were unable to take control over their sexual and reproductive health. Both the provision of services for this target group and training with service providers contributed to a change in this area.

“Young people are no longer scared to ask for condoms from us.”

Service provider

Inclusive strategy resulted in well-targeted information, education and communication campaign

The project's support committee aimed to manage all information, education and communication initiatives and was carefully formed to include people from all sections of the community; the mayors of both communes were consulted when the strategy was created.

One mayor advised the project that many young women working in the factory areas of the commune were at a higher risk of ill-health as there was only a partial insurance system in place to look after them.

One mayor advised the project that many young women working in the factory areas of the commune were at a higher risk of ill-health as

KEY PROJECT STATISTICS

Number of HIV prevention, testing and treatment services provided to young people: **3,234**.

8,836 other sexual and reproductive health services were provided to young people.

Number of condoms distributed: **20,566**.

Number of people who attended events about preventing sexually transmitted infections and HIV: **40,431**.

222 radio programmes and **18** television programmes were aired focusing on young people's sexual and reproductive health and rights.

425 round-table discussions were held in the community.

The project distributed **79,910** information, education and communication materials.

there was only a partial insurance system in place to look after them. Workshops and training, and information, education and communication materials capitalized on this local knowledge and enabled the project to specifically target these women and others at risk.

At the mid-term evaluation, it was noted that the parents of young people needed to be more involved in the project.

FISA noted that the partnerships it established with local authorities, mayors and the local community in the project areas were essential to the successful implementation and acceptance of its project.

Involving parents of young people to address community attitudes

At the mid-term evaluation, it was noted that the parents of young people needed to be more involved in the project in order to contribute to its success.

A workshop dedicated to gaining feedback from parents on their attitudes towards young people's sexuality was conducted and this was used to create a strategy to work in partnership with parents. Both the educational and extra-curricular activities of the youth centre were formalized as a result of the workshop, which allowed parents to openly approve the centre's activities.

The government is firmly committed to providing sexual and reproductive health services for young people through a network of youth centres.

Two-way collaboration with government

The government is firmly committed to providing sexual and reproductive health services for young people through a network of youth centres, as

LESSONS LEARNED

In order to further reach those affected by HIV, or those living with HIV, the centre should partner with HIV positive associations and organizations.

Making the centre more youth-friendly increased young people's willingness to attend the centre. This included providing staff and volunteers with training in youth-friendly service provision.

Involving the parents of young people as well as partnering with local health services and government can greatly enhance the effectiveness of public advocacy.

set out in its action plan 2007–2012 and its health development plan 2007–2011.

Although the project was not a formal part of these strategies to address adolescent sexual and reproductive health, the project centre contributed to the contraceptive prevalence goals set by the government by submitting regular reports to the district health service.

Staff from the government primary health care centre in the commune were also sensitized about young people's sexual and reproductive health and rights. Staff then began to refer young people seeking contraceptive services to the youth centre.

A formal agreement was also put in place for any client aged over 25 visiting the youth centre to be referred back to the primary health care centre.

IPPF and UNFPA working together in-country

The project was formed with UNFPA's strategy for Madagascar for 2008–2011 in mind, which highlights the need to address adolescent sexual and reproductive health including early pregnancy, sexually transmitted infections, HIV and unsafe abortion.

In addition, FISA also relies on UNFPA as a partner in advocacy on youth and sexual and reproductive health and rights issues.

"My mother told me I should come and spend time here in the afternoon."

Youth centre user

Project continuation and future prospects

A number of young peer educators continue to come to the centre and continue their work with no remuneration.

Given the government's priorities on adolescent sexual and reproductive health, it is feasible that the youth centre could become integrated within the government's plans to provide young people's services, focusing in particular on contraception.



COUNTRY STATS

Population is 18.9 million, with 44 per cent under the age of 15.
(2008, Population Reference Bureau)

32 per cent of population is aged between 10 and 24.
(2006, Population Reference Bureau)

Human Development Index ranking: 143 out of 177 countries.
(2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 58.4 years.
(2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 75 per thousand live births.
(2008, Population Reference Bureau)

The total fertility rate is 5.3 (2000–2005) with only 27 per cent of married women aged 15–49 practising family planning.
(1997–2005, UNDP Human Development Report 2007/2008)

Population living with HIV/AIDS (aged 15–49) is 0.5 per cent.
(1997–2005, UNDP Human Development Report 2007/2008)

Only 51 per cent of births are attended by trained personnel.
(1997–2005, UNDP Human Development Report 2007/2008)

