

AT A GLANCE

An estimated 4.8 million Madagascan women will be of reproductive age in 2010.

24% of married women have an unmet need for contraception.

17% of all pregnancies are unintended.

Less than 4% of the total demand for FP is met by use of the most effective methods.

Addressing unmet need for FP can avert nearly 3,000 maternal deaths and more than 185,000 child deaths by the MDG target date of 2015.

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Government of Madagascar has been on track to meet its goal of achieving a contraceptive prevalence rate (CPR) of 28% by 2009. However, to fulfill its population's unmet need for family planning (FP) in support of the fifth Millennium Development Goal (MDG), it would need to reach a CPR of 51% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Madagascar faces a daunting FP challenge. The unmet need for FP is now 24% among married women, and the population continues to grow. By 2015, there will be 970,000 more women of reproductive age in Madagascar than there are today. To meet the government's contraceptive goal, 1.9 million women will need to be served.

Yet if the recent trend were to continue, Madagascar would be expected to reach

a CPR of 39% by 2015, which is 76% of what it would take to fulfill the fifth MDG. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent contraceptive methods (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals.

While the prevalence of modern methods more than tripled in Madagascar from 1992 to 2003, the contribution that LA/PMs make to the modern method mix dropped from 35% to 11%. Fewer than 10% of FP users currently rely on LA/PMs.

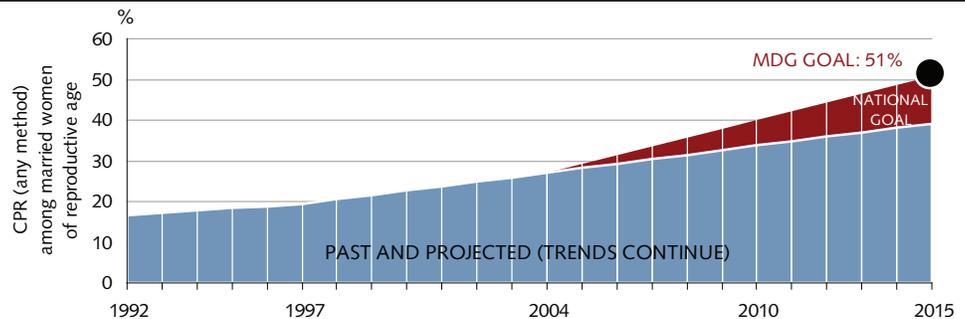
HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Madagascar could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples.

continued on back >

* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING MADAGASCAR'S NATIONAL GOALS



Sources: 1992, 1997, and 2004 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

Only half of the women who want to space or to limit births in Madagascar are using an FP method. (See Figure 2, below.) Though IUDs and implants are the most effective methods for women who want to space their births, very few of those using FP to space births in Madagascar rely on these methods. Among women and couples who do not want any more children, more than four times as many are using traditional methods as are using sterilization. Greater access to correct information and LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

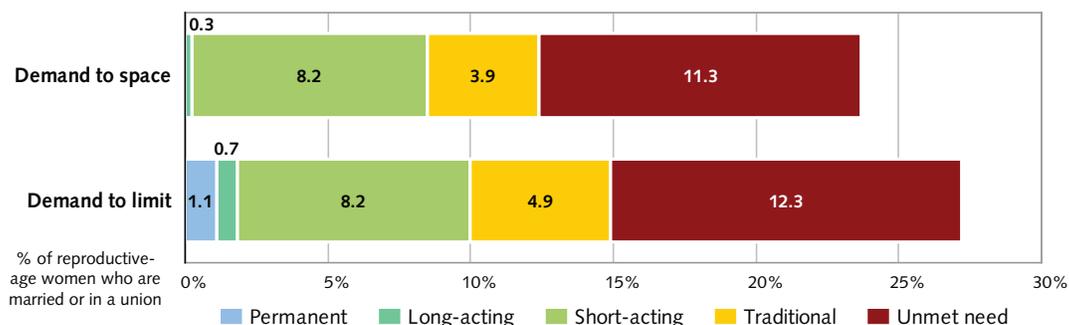
RESPOND TO MADAGASCAR'S NEEDS

The RESPOND Project can assist the Ministry of Health and the USAID Mission's implementing partners to improve RH in

Madagascar by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- State-of-the-art technical assistance to strengthen service delivery support systems (training, supervision, and contraceptive security) and communications campaigns to address LA/PMs
- Strategies to revitalize specific methods, such as sterilization, the IUD, and implants, including the introduction of Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), for which registration is currently under review in Madagascar
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

FIGURE 2: MADAGASCAR'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2004 Demographic and Health Survey