



Photo credit: GHSC-PSM

Saving Lives and Improving Health Outcomes in Madagascar through Increased Access to Contraceptives

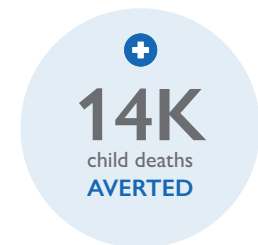
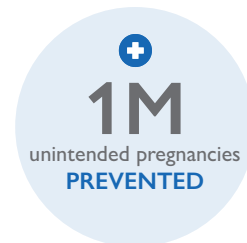
Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program—Procurement and Supply Management (GHSC-PSM) project.¹

With a population of 27 million²—more than double what it was in 1990—the average woman in Madagascar gives birth to 4.1 children in her lifetime.³ In 2019, approximately 24 percent of women in Madagascar had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.⁴

The maternal mortality ratio in Madagascar is 335 per 100,000 live births, compared to 534 for sub-Saharan Africa, on average.⁵ The child mortality rate is 51 deaths among children under 5 per 1,000 live births, compared to 76 for the sub-Saharan region.⁶

To address Madagascar’s maternal and child health needs, the Government of Madagascar is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 36.7 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷

Estimated health impacts from USAID procurement investments



¹Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID’s contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²World Bank, population (2019).

³Population, total - Madagascar | Data (worldbank.org). Accessed December 18, 2020.

⁴Fertility rate, total (births per woman) - Fertility rate, total (births per woman) - Kenya, South Africa, Congo, Dem. Rep., Tanzania, Madagascar | Data (worldbank.org). Accessed December 3, 2020.

⁵Family Planning 2020, “Madagascar: FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report,” [Madagascar_2019_CI_Handout.pdf](https://familyplanning2020.org/Madagascar_2019_CI_Handout.pdf) (familyplanning2020.org). Accessed December 18, 2020.

⁶World Bank, Maternal Mortality Ratio. <https://databank.worldbank.org/reports.aspx?source=2&series=SH.STA.MMRT&country=>. Accessed December 18, 2020.

⁷World Bank, Child Mortality Rate. <https://data.worldbank.org/indicator/SH.DYN.MORT>. Accessed December 18, 2020.

⁸Family Planning 2020, Madagascar, 2018. [Madagascar_2019_CI_Handout.pdf](https://familyplanning2020.org/Madagascar_2019_CI_Handout.pdf) (familyplanning2020.org). Accessed December 18, 2020.

USAID Contraceptive Investment



In partnership with the Government of Madagascar and other in-country stakeholders, USAID has supported the procurement and distribution of over 17,061,356 FP/RH products to USAID-supported facilities and organizations in Madagascar from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 2,703,822 million couple years protection⁸ and to help prevent:

- 1 million unintended pregnancies
- 2,000 maternal deaths
- 303,000 abortions
- 14,000 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$28 million** in direct spending on healthcare—resources that can be reinvested in Madagascar's health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Madagascar meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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“The number of family planning users in our community keeps growing thanks to word of mouth. People particularly like talking about the positive impacts of FP on their financial life, which helps convince new users.”

– Midwife Nivo, FP provider at a health center in Tulear, Madagascar. (Quote credit: USAID ACCESS project/MSH)



A client receives a contraceptive injection in Madagascar. Photo credit: Lan Andrian

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Combined contraceptives	5.3M
Copper intrauterine device	39K
Implantable contraceptives	112K
Injectable contraceptives	6.6M
Standard days method	39K
Condoms	5M
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	17,061,356
TOTAL VALUE OF COMMODITIES	\$7,767,104**

*Data through Q2 of FY 2020

**This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

⁸CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

⁹This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

¹⁰GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹¹<https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>, Accessed March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)