

2022 UPDATE

FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: MADAGASCAR



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/RH commodities worldwide through the USAID Global Health Supply Chain Program—Procurement and Supply Management (GHSC-PSM) project.¹

With a population of 29 million²—more than double what it was in 1990—the average woman in Madagascar gives birth to 3.9 children in her lifetime.³ In 2022, approximately 20.2 percent of married 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 542 for sub-Saharan Africa, on average.⁵ The child mortality rate is 50 deaths among children under 5 per 1,000 live births, compared to 74 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 45.3 percent among married women aged 15 to 49 by 2022.⁷



Photo credit: GHSC-PSM

ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



2M

unintended pregnancies
PREVENTED



560K

abortions
AVERTED



3.6K

maternal deaths
AVERTED



26K

child deaths
AVERTED



\$106M

in direct healthcare spending
SAVED

¹ Unless 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.

² World Bank. Population, total, Madagascar (2021). <https://data.worldbank.org/indicator/SPPOP.TOTL?locations=MG>. Accessed December 26, 2022.

³ World Bank. Fertility rate, total (births per woman), Madagascar (2020). <https://data.worldbank.org/indicator/SPDY.N.TFRT.IN?locations=MG>. Accessed December 26, 2022.

⁴ Family Planning 2030 Indicator Summary Sheet: Madagascar 2022 Measurement Report. https://www.track20.org/pages/participating_countries/countries_country_page.php?code=MG.

Accessed December 26, 2022.

⁵ World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. <https://apps.who.int/iris/handle/10665/327596>. Accessed December 23, 2022.

⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). 'Levels & Trends in Child Mortality: Report 2021'. <https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021>. Accessed December 23, 2022.

⁷ Family Planning 2030. Country Fact Sheet-2022 (Madagascar). https://www.track20.org/pages/participating_countries/countries_country_page.php?code=MG. Accessed December 23, 2022.

USAID Contraceptive Investment

In partnership with the Government of Madagascar and other in-country stakeholders, USAID has supported the procurement and distribution of over 44 million FP/RH products to USAID-supported facilities and organizations in Madagascar from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 5.1 million couple years protection⁸ and to help prevent:

- 2 million unintended pregnancies
- 3,600 maternal deaths
- 560,000 abortions
- 26,000 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$106 million** in direct spending on healthcare¹⁰—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model¹¹, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database¹².

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID's support of contraceptives to Madagascar's health programs.

For more information, please contact **PSMMonitoringandEval@ghsc-psm.org**.

⁸ CYP 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>

⁹ This 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.

¹⁰ The figures are not adjusted for inflation and based on the costs of services from 2011.

¹¹ <https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>. Accessed November 30, 2022. 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.

¹² GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.







¹³ Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package)



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

“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.

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2022*
 Combined oral contraceptives	14M
 Copper bearing intrauterine devices	39K
 Implantable contraceptives	188K
 Injectable contraceptives	13.3M
 Standard days methods	56K
 Male condoms	17.1M
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	44.8M
TOTAL VALUE OF COMMODITIES	\$15.8M*

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

CONTACT US

John Vivalo

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2165

Alan Bornbusch

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2159