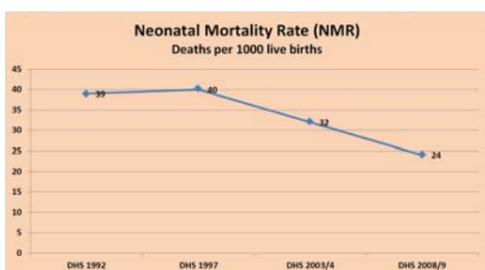


# Neonatal Health in Madagascar

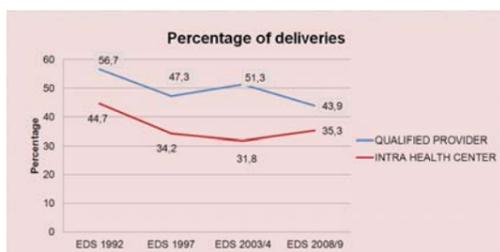
## INTRODUCTION

Madagascar is an island nation located in the Indian Ocean with an area of 596,790 sq.km. and a total population of approximately 22,000,000. It is one of the poorest countries in the world, ranking 151/187 on the human development index (2011), with a deteriorating economy since the political crisis which started in 2009. The last Demographic and Health Survey (2008/9) showed some improvements in basic health indicators over the preceding 5 years with the following reductions in mortality: under-five mortality from 92/1000 to 72/1000, infant mortality from 59/1000 to 48/1000 and neonatal mortality from 32/1000 to 24/1000 live births. It appeared that Madagascar was well on the way to reaching the MDG targets of 53, 39 and 21 respectively. Use of modern contraception rose from 18 to 29 percent. However, maternal mortality remains high and unchanging – at 498/100,000 (MDG target is 122/100,000). Total fertility is 4.8 (DHS 2008/9) and only 44% of all births are assisted by a skilled birth attendant. In this setting the MOH and many other donors are contributing to some MNH program components which could lead to improved neonatal outcomes but they are not coordinated and consistent throughout the country.

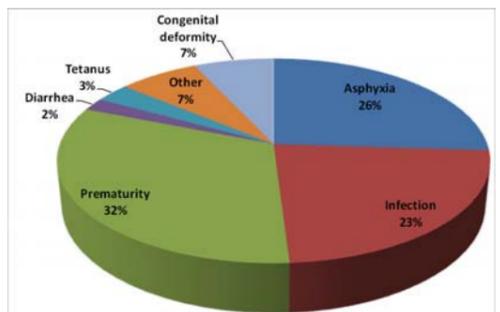
### NEONATAL MORTALITY TRENDS



### DELIVERY TRENDS



### Main causes of neonatal death



Source: "Donnons sa chance à chaque nouveau-né d'Afrique" -WHO - <http://www.who.int/pmh/media/publications/opportunitiesfr.pdf>

### Existing policies linked to neonatal health

- National Reproductive Health Policy (2000)
- Reproductive Health Standards and Procedures (2006)
- National Child Health Policy (2005)
- Roadmap for Maternal and Neonatal Mortality Reduction (2005-2015)
- National Community Health Policy (2009)
- PMCT policy

### Key interventions

- Family Planning
- Safe motherhood: antenatal, partum and postnatal/partum care
- Malaria Control – Insecticide Treated Nets, IPTp (prevention)
- EmONCEssential Newborn Care
- Nutrition/Breastfeeding/Micronutrients (Fe/Folate)
- Community-based IMCI (integrated Management of Childhood Illness)

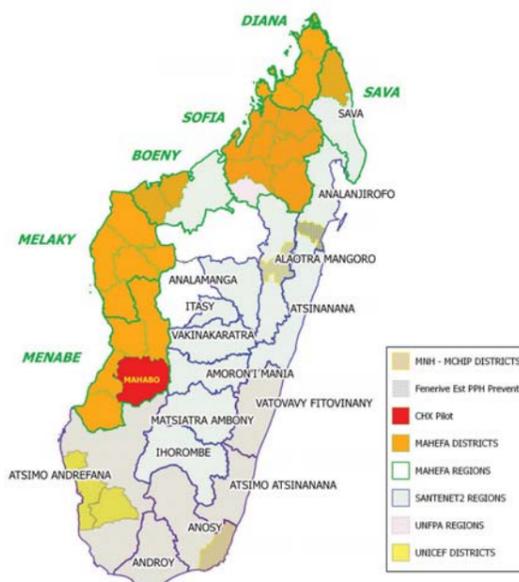


### Key indicators

From Routine Monitoring Data

- # of live births
- # of neonatal deaths
- # of low birthweight babies (< 2500 gms)
- # of still births
- # of women who delivery prematurely
- # of deliveries at health facilities
- # of Caesarean sections
- # of prenatal visits
- # of postnatal visits
- # of neonates with anoxia/hypoxia
- # of neonates with infection/sepsis
- Immunization coverage for BCG/polio (newborn) and TT (mother)
- Percentage of births attended by SBA (survey)

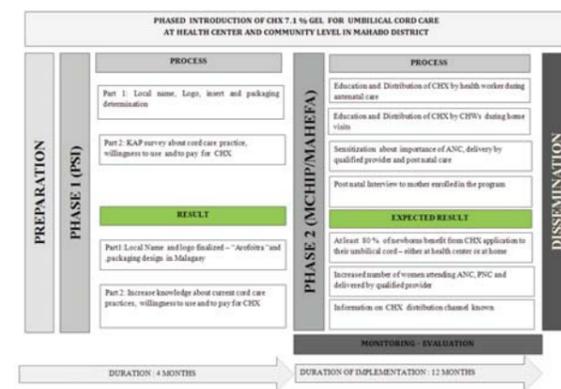
### MNH INTERVENTIONS



### PILOT PROGRAM: NEWBORN INFECTION PREVENTION WITH CHX 7.1% GEL

A technical working group composed of multiple partners (listed below) has developed a protocol for the implementation of a pilot program in one district in western Madagascar (Total population: 160,000. Expected annual births – 6,300) for the introduction of chlorhexidine digluconate 7.1% gel for umbilical cord care. Women who attend the health center for their ANC visits will be provided with information and the product during the 3rd trimester of pregnancy but encouraged to come to the health center for delivery, where the product will also be available. Approximately 80% of women in Mahabo deliver at home and may not attend ANC visits. The existing system of community health workers (CHWs) already trained on c-IMCI, FP interventions and counseling for birth preparedness (supported and supervised by the program MAHEFA) make home visits to pregnant women and will be the source of information and the CHX product.

The pilot intervention has a phased approach (described below). The first phase has been completed and a local name and logo have been selected. Materials are currently being developed for training, counselling and awareness raising plus monitoring tools. The procurement process to obtain the product from LO-MUS company in Nepal is underway.



Arofoitra®

Above: Name and logo selected for CHX 7.1% (meaning is "protected umbilicus")  
Below: Package insert designed for product



## CHALLENGES AND FUTURE DIRECTIONS

There is currently no specific neonatal health strategy although neonates are referred to in both the maternal and child health policies. There is a shortage of essential equipment, manpower, medicines and materials to provide high quality services for mothers and their newborns. There is a roadmap developed to decrease maternal and newborn mortality for the period 2005 – 2015 which identifies strategies for facility, community and household level interventions. Initiatives such as improvement and expansion of the EmONC coverage, introduction of "Helping Babies Breathe" and "Maternité sans Risque" along with improved logistics and support systems should accelerate the reduction in neonatal mortality. The current pilot program to introduce the use of chlorhexidine 7.1% is an excellent example of a collaborative effort to address a leading cause of neonatal mortality and could help to lay the foundation not only for expansion of this intervention but for collective efforts to address other causes of neonatal morbidity and mortality.

### Acknowledgments: Technical and Financial Partners

International: USAID, WHO, WB, UNFPA, UNICEF, Cooperation Française, JICA, European Union, PATH/UPS, UNCoLSC  
National: Public and Private Facilities, Community Health Workers, NGOs  
CHX Technical Working Group: MOH, USAID, PSI, MCHIP, JSI/MAHEFA, UNICEF, MCDI, MSM

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