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Maternal and Child Health Integrated Program

# **USAID/MCHIP QUARTERLY REPORT**

## **MADAGASCAR**

Q4, FY01: Juillet 1, 2010 – September 30, 2010

## SECTION 1: ACHIEVEMENT

1. MCHIP detailed workplan for the next year
  - a. **Developped and submitted to USAID**
2. MNH quality of care assessment, extending from UN/AMDD/MOH EMOC's review : **on going**
  - a. **Presented to local ethic's comity and JHPIEGO's IRB**
  - b. **Training of 19 observators : standardization in EmONC and use of PDA**
  - c. **Quality of care assessment starting**
3. MCHIP technical assistance leadership activities:
  - a. **Workshop on MCNutrition's community activities document design**
  - b. **Preparation on community Maternal, neonatal and child health curricula : providing learning materials**

## SECTION 2: INDICATORS

INDICATORS	CURRENT COVERAGE	TARGETED COVERAGE (FY01)	TOTAL IN COUNTRY
<b>AO Standard Indicators</b>			
Number of children less than 12 months of age who received DPT3			
Number of children under 5 years of age who received Vitamin A			
Number of liters of drinking water disinfected with USG supported point-of-use treatment products			
Number of cases of child diarrhea treated			
Number of antenatal care (ANC) visits by skilled providers			
Number of deliveries with a skilled birth attendant (SBA)			
Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers			
<b>Mission AO Custom Indicators</b>			
Percentage of women seen at ANC at least 4 times during their last pregnancy with a live birth	Not for this FY01		
Percentage of births attended by a doctor, nurse or trained midwife	Not for this FY01		
Percentage of children between 12-23 months of age who received their 3 <sup>rd</sup> dose of DTP			
Percentage of children age 12-23 months receiving a vitamin A supplement during the last 6 months			
Percentage of children under 5 years with diarrhea in the past 2 weeks who were treated with ORS and/or zinc supplements			
Percentage of children under 5 years with chest-related cough and fast and/or difficult breathing in the last 2 weeks who were taken to an appropriate health provider			
Percentage of infants aged less than 6 months who were exclusively breast-fed in past 24 hours			
Percentage of women who received a high dose Vitamin A supplement within 8 weeks after delivery of their child	Not for this FY01		
<b>Availability of Selected Health Services and Products Increased</b> Standard Indicators (IR2)			
Number of women receiving Active Management of the Third Stage of Labor (AMSTL)	Not for this FY01		
Number of people covered by health financing arrangements	Not for this FY01		
Number of service delivery points reporting stock-outs of specific tracer drugs			
Number of newborns receiving essential newborn care	Not for this FY01		
<b>Mission Custom Indicators (IR2)</b>			
Percentage of women who received two tetanus toxoid (TT) shots (or equivalent) during their pregnancy	Not for this FY01		
<b>Quality of Selected Health Services Improved</b> Standard Indicators (IR3)			
Number of people trained in child health and nutrition through USG-supported health area programs	Not for this FY01		
Number of people trained in maternal and newborn health	<b>19</b>		
Number of improvements to laws, policies, regulations, or guidelines	Not yet available		

Number of USG-assisted service delivery points implementing quality assurance/quality improvement (QA/QI) approaches	Not for this FY01		
<b>Institutional Capacity to Implement and Evaluate Health Programs Improved</b> Mission Custom Indicators (IR4)			
Number of communes with functional health committees	Not for this FY01		
Number of local organizations provided with technical assistance for health related institutional capacity building	Not yet available		
Number of NEW functional (trained, equipped, and supervised) community health workers (new indicator)	Not for this FY01		
Number of functional (trained, equipped, and supervised) community health workers	Not for this FY01		

## SECTION 3: COVERAGE

1. *Not yet for this FY01*

## SECTION 4: PROGRESS OF ACHIEVING THE WORKPLAN

### 1. RESULT AND ACHIEVEMENT

- a. Objective 1: In collaboration with other donors, to lead the design and implementation of an assessment of the demographics and qualitative characteristics of MNCH services, both community and clinical, in Madagascar

<b>Subactivity 1.1: Desk review</b>	<b>Complete</b>
<b>Subactivity 1.2: Rapid assessment and planning missions</b>	<b>Complete</b>
<b>Subactivity 1.3: Assessment of community health services (use of CHWs)</b>	<b>Complete</b>
<b>Subactivity 1.4 : MNH quality of care assessment, extending from UNFPA/PACT/MOH EmONC's review</b>	<b>Ongoing</b>
<b>Subactivity 1.5: Documentation of the development and current status of community case management for childhood illness</b>	<b>Ongoing</b>
<b>Subactivity 1.6: Identify additional formative research needs. Develop terms of reference for supplementary research to be conducted in future years</b>	<b>Ongoing</b>

- b. Objective 2: To develop MCHIP technical assistance leadership activities in accordance with recommendations from the comprehensive maternal, neonatal and child health situational assessment

<b>Subactivity 2.1: Develop job descriptions and recruit MNH Madagascar program staff</b>	<b>Complete</b>
<b>Subactivity 2.2: Define the package of assistance that MCHIP will offer in Year 1</b>	<b>Complete</b>
<b>Subactivity 2.3: Contribute to national-level plans, strategies, norms, standards, curricula – working with and through other partners, notably UNICEF, UNFPA, WHO, BM, Santenet</b>	<b>Ongoing</b>
<b>Subactivity 2.4: Adapt tools and materials to local language and culture and to the needs of private networks and community providers that are the focus in Year One</b>	<b>Not achieved</b>
<b>Subactivity 2.5: collaborate with the UNFPA/ICM midwifery advisor as well as directly with the Federation of Midwives to include sessions in their meetings on targeted interventions such as AMTSL and consider creative ways to follow up their use of these interventions once they return to their facilities</b>	<b>First steps done</b>
<b>Subactivity 2.6: Collaborate with the Pediatric Society whose members include midwives and OB/GYNs to furnish technical updates and advocate for increased attention to ENC and resuscitation.</b>	<b>First steps done</b>

- c. Objective 3: Initiate pilot MNH activities in a number of sites of geographic and strategic importance

<b>Sub-Activity 3.1: Identify pilot sites for implementation in Year two</b>	<b>Done</b>
<b>Subactivity 3.2: Design MNH intervention as an Operation Research (OR) to be implemented in districts of geographic and strategic importance</b>	<b>Changed</b>
<b>Subactivity 3.3: Present the OR to the health ethic comity</b>	<b>Changed</b>

## 2. *ISSUES AND CONSTRAINTS*

- a. Administrative process to open MCHIP's office

### SECTION 5: WORKPLAN MODIFICATION

1. The MNH intervention will not be implemented as a OR
2. The MNH intervention at the 3 district will be planned for the second year (ref to year 2 workplan)