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Maternal and Child Health Integrated Program

**Year 4 MCHIP ANNUAL RESULTS REPORT/4th Quarter Report
MADAGASCAR**

FY10: October 1, 2009 – September 30, 2010

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In 2009, Madagascar was designated one of USAID's 30 priority Maternal and Child Health (MCH) countries for increased investment. USAID has been a leading supporter of child health and nutrition programs in Madagascar for over 20 years, and to a lesser degree of maternal and neonatal health (MNH) interventions. In recent years, the Mission's MNH support has been focused primarily at the community level through Santénet2 (on the promotion of prenatal consultations, maternal nutrition and prevention of malaria in pregnancy through IPTp) and BASICS III (on neonatal health skills training and job aids for community-based health agents). With additional funding, USAID/ Madagascar wishes to expand its high-quality MCH programming to include a more significant focus on maternal and neonatal health.

Since the coup d'état in Madagascar in early 2009, the US Government and many of the other international aid agencies have either withdrawn or placed restrictions on direct support to Madagascar's government and its public sector agencies, including its Ministry of Health and Population (MOH). These funding restrictions are expected to continue until there is a democratically elected government in place.

USAID/Madagascar provided funding to MCHIP at the end of Fiscal Year 2009 (FY'09) for the initial phase of a new MNH improvement effort. In line with current funding restrictions on direct support to the Malagasy government, MCHIP is restricted to working with and through the private sector, USAID's community focused bilateral health project—Santenet2—and other international agencies to address the quality of care provided to women and infants at all levels. In laying the groundwork for USAID's MNH improvement effort, during the past year MCHIP has:

Completed an in depth review to assess the current MNCH situation in the country: The review included a MNCH desk review, partner mapping and key-informant interviews about.....

The purpose of the MNCH assessment was to provide a more comprehensive understanding of the current MNCH situation in Madagascar and to recommend an evidence-based MNCH investment strategy to guide future MCHIP programming.

The specific objectives of the combined MNH assessment were to:

1. Describe the MNCH situation in Madagascar, including the coverage of essential MNCH interventions, health behaviors and underlying reasons for low or ineffective coverage;
2. Describe the government's current MNCH policies and programs in the context of global evidence and "best practice";

3. Describe the scope, results and future direction of significant MNCH-related programs and initiatives in Madagascar including other bilateral and non-governmental organizations and multilateral agencies such as UNICEF, WHO and UNFPA;
4. Recommend evidence-based approaches to increasing the effectiveness of MNCH interventions;
5. Recommend the specific focus and scope of the maternal newborn child health interventions that should be included within the multi-year MCHIP Madagascar work plan and an approach to integrating these interventions and on-going routine immunization and newborn handwashing activities.
6. Recommend the specific focus and scope of the maternal and newborn health interventions (particularly for interventions addressing the key causes of neonatal mortality, management of neonatal sepsis, management of birth asphyxia, and care of the low birth weight baby) that should be included within the multi-year MCHIP Madagascar work plan and an approach to integrating these interventions and on-going routine immunization and newborn hand washing activities.

The report which was thoroughly referenced included:

- Newborn health profile, Child Health Profile & Maternal Health Profile.
 - a. Review of policies and strategies affecting Maternal, newborn and child health: This review will compare current national and district policies, strategies and guidelines to global evidence and “best practice” in newborn health (such as ANC, AMSTL, ENC, management of neonatal sepsis and birth asphyxia, and care of the low birth weight baby). For curative care, the analysis should describe what is permitted and by whom at various levels of care – hospitals, health centers, community, etc. It should also list the challenges in operationalizing and rolling out national/district newborn health strategies, policies and guidelines, as documented in the available literature.
 - b. Review of maternal, newborn and child health programs and initiatives:
 - c. Monitoring and evaluation: What are the maternal, newborn, child health indicators commonly tracked at national and district levels? What are their current values and how are the indicators used?
 - d. Supervision and quality improvement mechanisms: What are the current national and district-level supervision systems, including any quality assurance systems directed toward MNH care? What are the challenges associated with these systems. What roles do professional bodies play in ensuring quality care for newborns?
 - e. In-service and pre-service training capacity: What evidence-based maternal newborn health interventions have been incorporated into pre-service training for doctors, nurses,

community health workers, etc.? What are the successes/challenges associated with integration of evidence-based interventions in the pre-service curricula of national and district training institutions?

f. Behavior change/communication: What are the current maternal and newborn-specific behavior change communication messages and strategies? Are the associated training, job aides, counseling and educational materials widely available?