



MADAGASCAR

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Despite its rich resource base and traditionally high education levels, Madagascar is one of the poorest nations in East and southern Africa. Located on the world's fourth largest island, Madagascar has been identified as the world's single highest biodiversity priority because of its abundant and unique flora and fauna, and the degree to which they are threatened by human encroachment. Since the 1980s, Madagascar has moved from a dictatorship to a multiparty democracy and made significant strides toward a free-market economy. Increasing poverty, exacerbated by high population growth and poor health conditions, threatens both the fragile ecology and the favorable political and macroeconomic trends of the 1990s.

USAID Strategy

With a current fertility level of more than six children per family, the high population growth rate is a major contributor to the country's declining standard of living. USAID supports a rapid expansion of culturally acceptable family planning and child survival services in Madagascar. USAID also provides assistance against another major threat to Malagasy society, the HIV/AIDS pandemic. By reducing the fertility rate and improving overall health conditions, USAID's strategy will help take pressure off the country's natural resource base. The strategy integrates family planning, child survival, and HIV/AIDS prevention activities, and focuses on five levels of intervention: the family, the community, health centers, institutions, and the policy environment.

Major Program Areas

Improving Family Planning Services. USAID supports community-based distribution of a variety of contraceptives and is facilitating broader distribution through social marketing of condoms, pills, and injectable contraceptives. USAID provides technical assistance and other support to strengthen the national family planning program's management information systems, logistics, training, service delivery, and behavior change communications efforts. The mission and its partners are also supporting the public and private sectors in rehabilitat-

ing family planning facilities and providing training in clinical skills, supervision, and quality assurance.

Promotion of Child Survival. USAID has promoted the development of several important national health policies, including a policy for Integrated Management of Childhood Illness (IMCI) and a national cost recovery policy. USAID collaborates with UNICEF to support the national immunization program and plays a major role in Madagascar's polio eradication effort. USAID also supports various nongovernmental organizations (NGOs) that provide child survival services.

HIV/AIDS Prevention and Control. USAID is supporting the development of a comprehensive strategy for control of HIV/AIDS and other sexually transmitted infections (STIs). USAID-supported preventive interventions include condom social marketing and behavior change communications in high prevalence areas, community- and worksite-based distribution of condoms, and further preventive activities under grants to UNICEF and local NGOs.

Results

- Use of modern contraceptive methods doubled from 5 percent of women in union in 1992 to 10 percent in 1997.
- The number of health centers distributing contraceptives increased five-fold to 750 between 1992 and 1997, significantly exceeding USAID's target.
- USAID's strong support for the 1997 Polio Eradication Initiative led to an extraordinary success, with a 99 percent coverage rate.
- Through USAID-supported social marketing efforts, condom sales began in July 1996 and by the end of 1997, over 4 million condoms had been sold at over 6,600 sales points.

Success Stories

Reduced donor support for immunization in the first part of the decade, coupled with the Ministry of



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Health's inability to compensate for this decline, had a negative impact on access to immunization services. In response, USAID increased its contribution to Madagascar's Expanded Program for Immunization (EPI) and provided half of EPI donor assistance in 1997. With USAID support, the availability of working refrigerators and other vital cold chain equipment requirements rose from 39 percent of immunization sites in 1995, to 64 percent in 1997. Innovative social mobilization approaches in two target districts helped raise full immunization coverage in these areas from 40 percent of children in 1996, to 60 percent in 1997. As these approaches are generalized, better immunization results are expected at the national level.

USAID's policy agenda has led to the articulation and approval of national policies in the areas of IMCI; information, education, and communication (IEC); child survival messages; and syndromic treatment of STIs. Pilot projects are already under way to field test the approaches embodied in the IEC and STI treatment policies in preparation for national implementation. IMCI, a USAID and World Health Organization joint effort, has been fully adopted by the Ministry of Health; the Ministry has reorganized its structure to meet IMCI goals. Meanwhile, USAID is supporting further policy initiatives for the development of nutrition messages and health sector cost recovery.

Continuing Challenges

While population and health conditions have improved significantly in Madagascar, there are ample opportunities for improvement. USAID plans to consolidate and build on the gains achieved over the past five years through an integrated, collaborative, and innovative program. USAID will strengthen linkages between food security, environment, and population efforts and expects to serve as a pilot model for multi-sectoral partnerships, state-of-the-art behavior change approaches (especially in nutrition), and current quality of care work. Given that Madagascar is one African country where a rapid, targeted prevention effort could still arrest the rapid spread of HIV/AIDS, USAID will intensify support to implement behavior change communications programs to reduce high-risk sexual behavior.



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