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MCH PROGRAM DESCRIPTION

Madagascar



Overall MCH and health sector situation

Madagascar, an island nation with a population of approximately 20 million people, is a country with enormous potential and major development challenges. Rich forests, arable land, untapped mineral resources, abundant sea life, a democratically elected government, and an industrious workforce are important elements for progress. However, poverty, corruption, weak social, educational, and health systems, illiteracy, low productive investments, harmful natural resource practices and exploitation, and a meager economic infrastructure hamper progress. Life expectancy is 55 years; approximately 30 percent of the population is illiterate; and the per capita income of approximately \$280 per annum is one of the lowest in the world. Sixty-one percent of the population lives on less than \$1 per day. Madagascar's unique biodiversity is threatened by pressure for agricultural land expansion, partially due to a 2.8 percent annual population growth rate; about 44 percent of the population is under the age of 15.

Within this development context, Madagascar continues to face major health challenges that threaten social and economic development. Health service quality is substantially below standards, and basic medicines and supplies are regularly in short supply. Public and nongovernmental sector capacity to plan effectively and manage health programs is weak, particularly in the areas of financial and administrative management, and the use of data for new activity planning. National health infrastructure, information and logistics systems are extremely weak, and much remains to be done at central and provincial levels to ensure sustainable health financing. Some of the major MCH problems are high U5MR (94 per 1,000), high MMR (469 per 100,000), low contraceptive prevalence rate (24 percent), low percentage of fully vaccinated children (47 percent), chronic malnutrition (42 percent), and limited access to potable water and sanitation (31 percent).

Nevertheless, because of the strong commitment of the Government of Madagascar, favorable policy indices, and the work of USAID and other development partners, key indicators have begun to improve with concerted, strategically planned assistance. Most significantly, there has been a dramatic national-level decline in child mortality, from 164/1,000 in 1997 to 94/1,000 in 2004.

MCH interventions at the Mission level

Diarrheal diseases remain the primary causes of mortality and morbidity among children under 5, but acute respiratory infections, malaria, and poor newborn health are also critical contributors. By addressing infectious diseases, malnutrition, prenatal and delivery care, IMCI, and hygiene and sanitation practices, USAID contributes to improvements in maternal and child health, which ultimately improve human capacity for a productive life, sustainable livelihoods, and economic growth.

Key subelements are birth preparedness and maternity services; newborn care and treatment; immunization, including polio eradication; maternal and young child nutrition, including micronutrients; treatment of child illness; household water sanitation hygiene; and the environment. The planned 5-year results are to continue to lower Madagascar's maternal, child, and infant mortality rates, in line with the Madagascar Action Plan. Recognizing that

little attention has focused on activities to promote newborn health, USAID began to support the development of activities promoting optimum care of the newborn with FY07 funds.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID/Madagascar's health, population, and nutrition program addresses priority maternal and child health problems through integrated programs using state-of-the-art approaches, such as mobilizing communities to action, private-public partnerships, BCC, and social marketing. The overarching focus is on increasing demand for, and availability of, quality health services on Madagascar. The Champion Commune approach, which is tied to governmental budgeting at the decentralized level, is a key component of USAID support for community-based programming on Madagascar.

Specific actions supported as part of the MCH approach

USAID provides expertise in MCH planning, service delivery, and monitoring at all levels of the health system. USAID supports a decentralized health system to promote people-level impact through active engagement of the private sector, community, and civil society. At the national level, support will reach the entire Malagasy population through policy dialogue, institutional capacity development, mass education and communication, and strengthening commodity and health information systems. At the local level, state-of-the-art approaches will mobilize communities to action, engage the private sector, and promote positive behavior change.

The USAID program's geographic focus

USAID/Madagascar's work at the regional, district, and community levels focuses on geographic zones that were selected according to four criteria: building upon existing USAID program activities; population density; availability of some level of public sector health facilities and services; and potential links to other USAID programs, particularly environmental and economic growth. The current intervention zones cover 14 of the 22 regions and approximately two-thirds of the population. Support at the national level for activities such as policymaking, training, BCC, and health systems strengthening has an impact on the whole country.

The Mission program's relationship to the country's health sector and development plans and strategies

Madagascar's efforts to provide health for the poor focus on increasing the availability of quality services and ensuring their financial accessibility. Health is a key goal of the Madagascar Action Plan (MAP) 2007–2012. MAP sets very ambitious targets for reductions in maternal and child mortality, fertility, malaria, tuberculosis, STIs, and HIV/AIDS control, and malnutrition in children under 5. These include the following expectations between 2004–2005 and 2012: average life expectancy increases from 55 to 65 years; the IMR is reduced from 94/1,000 to 47/1,000 and the neonatal mortality rate from 32/1,000 to 17/1,000; percentage of children receiving supplementary micronutrients increases from 80 to 100 percent; the percentage of 1-year-olds immunized against measles increases from 84 to 100 percent; the MMR is reduced from 469/100,000 to 273/100,000; the contraceptive prevalence rate is increased from 18 to 30 percent; and HIV prevalence among pregnant women is reduced from 0.95 percent to 0.8 percent. The Ministry of Health, Family Planning and Social Protection (MOHFPSP) and other Government of Madagascar partners in the health and water sectors are focused on priority programs and activities designed to achieve these goals. The USG is committed to assisting the Government of Madagascar in working toward MAP goals. USG assistance to Madagascar directly supports the Mission Strategic Plan goal to expand and improve health care services.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

PMI supports the National Malaria Control strategy and will contribute to the Malagasy Government's objective to halve malaria mortality by 2012, which will also have a consequent large impact on U5MR. In addition, USAID, UNICEF, and MOHFPSP are working closely together to support household diarrhea and pneumonia treatment.

Improving water supply, sanitation, and hygiene is a national priority for Madagascar. With FY08 funds, USAID will scale up activities in hygiene and sanitation to complement water supply activities being planned with the new FY08 DA funds for water. These activities are being jointly planned with the Environment and Rural Development program, and will be jointly managed.

USAID's Title II grantees have a strong focus on maternal and child health, and work closely with the Health Office's community and national programs.

Investments and initiatives of other donors and international organizations

The USG's health programs reinforce key partnerships to improve cooperation, leverage funding, and assure better alignment of activities. The USG is the single largest bilateral donor in the health sector. Other key players include the World Bank, UNICEF, the World Health Organization, the Global Fund, French Cooperation, and the Japan International Cooperative Agency.

The USG's commitment to partnership has paid off through substantial leveraging of funds to support key MOHF-PSP programs. In child health, the combined efforts of UNICEF and USAID helped the MOHFPSP develop and implement a child health policy. WHO, World Bank, and UNICEF are key partners for immunizations. USAID, WHO, and the World Bank collaborated to support the national health policy and the national nutrition action plan. USAID also collaborates with the World Food Program and UNICEF in nutrition.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program aims to contribute to the goal of decreasing U5MR to 47 per 1,000 by 2012, as stated in the MAP indicators. USAID also aims to contribute to reducing maternal and infant mortality.

MCH COUNTRY SUMMARY: MADAGASCAR	VALUE
MCH FY08 BUDGET	6,695,000 USD
Country Impact Measures	
Number of births annually*	698,000
Number of under-5 deaths annually	66,000
Neonatal mortality rate (per 1,000 live births)	32
Infant mortality rate (per 1,000 live births)	58
Under-5 mortality rate (per 1,000 live births)	94
Maternal mortality ratio (per 100,000 live births)	469
Percent of children underweight (moderate/severe)	42%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	80%
Percent of women with at least four antenatal care (ANC) visits	38%
Percent of women with a skilled attendant at birth	51%
Percent of women receiving postpartum visit within 3 days of birth***	32%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	62%
Immunization	
Percent of children fully immunized at 1 year of age	47%
Percent of DPT3 coverage	61%
Percent of measles coverage	59%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	32%
Percent of children receiving adequate age-appropriate feeding	78%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	76%
Percent of children under 6 months exclusively breastfed	67%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	58%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	39%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	47%
Percent of population with access to improved sanitation**	12%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. (Unless otherwise noted, the data source is the 2003-04 Demographic and Health Survey)</small>	