

Data Sheet

USAID Mission:	Madagascar
Program Title:	Selected Health Services and Products
Pillar:	Global Health
Strategic Objective:	687-005
Proposed FY 2004 Obligation:	\$10,015,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$11,200,000 CSH
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	2008

Summary: The Health, Population and Nutrition (HPN) Program seeks to increase the use of selected health services and products while improving health practices. The program will strengthen institutional capacities to develop, implement, and evaluate health programs. It will also address Sexually Transmitted Infection (STI) and HIV/AIDS prevention and management at the national and community levels, as well as through public-private partnerships. Activities under the Water for the Poor Initiative and an innovative Health, Population and Environment Initiative will be implemented.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase demand for health services and products (\$2,403,600 CSH). Technical assistance and training in marketing and behavior change will be provided to the Ministry of Health (MOH) and selected organizations to increase knowledge of healthy behaviors and demand for modern health services and products. Activities will include community mobilization, child-to-child school health education, and family involvement in malaria care and for integrated management of childhood illnesses (IMCI), a comprehensive prevention and treatment approach. Funds will be used for mass media campaigns and for furthering health education through agricultural and environmental organizations. Principal contractors and grantees include: Population Services International (PSI), CARE, Catholic Relief Services (CRS), Adventist Development and Relief Agency (ADRA) and Voahary Salama (a consortium of local NGOs) and others to be identified.

Increase availability of health services and products (\$2,804,200 CSH). Technical assistance and training to improve the distribution system for medical supplies and contraceptives, will be provided to the MOH, SALAMA, the central procurement agency, and other organizations. Efforts to strengthen private and public sector systems for the direct provision of vaccines; drugs, including pre-packaged home based treatment for malaria; contraceptives; insecticide-treated bed nets (ITNs); safe water products; and nutrient-dense foods will complement this assistance as well as support social marketing operations and health campaigns conducted by partner institutions. Technical assistance, training and limited equipment will be provided to establish a new system of mobile health clinics. The Water, Sanitation, Hygiene Initiative will continue, and essential commodities will be pre-positioned in disaster-prone areas. Implementers are the same as noted above.

Improve quality of health services (\$2,603,900 CSH). USAID will improve services, such as malaria and STI case management, nutrition, integrated management of childhood illnesses (IMCI, a comprehensive prevention and treatment approach), infectious disease control, and family planning, through specialized technical assistance based on improved prevention and treatment protocols. USAID will fund improvements to pre-service training at medical, paramedical, public health, and nursing schools to incorporate the latest standards and guidelines into curricula, with specific emphasis on malaria. USAID will support improvements in drug quality assurance for malaria treatments for pregnant women and children. The Essential Nutrition Action package, a tool for ensuring quality nutrition programming, will be promoted as a national standard, as will guidelines for STI case management for high-risk women and

Intermittent Preventative Treatment of malaria for pregnant women. Operations research on malaria and STI/HIV/AIDS will develop models for innovative interventions. Principal contractors and grantees: PSI and others to be identified.

Improve institutional capacity to implement and evaluate health programs (\$2,203,300 CSH). Technical and management capacity of selected health organizations will be upgraded and support will be provided to NGOs in delivering health services. The MOH's data management abilities will be improved for more informed decision-making and policy-making, as well as to improve its capacity for developing, implementing and evaluating programs. Disease surveillance systems, especially for HIV/AIDS, will be developed. Funds will also be provided for establishing partnerships between the National Medical Association and private practitioners as well as between Madagascar and American medical, public health and nursing schools. Principal contractors and grantees include: PSI, CARE, CRS, ADRA, Voahary Salama, and others to be identified.

P.L. 480 assistance will provide food for child survival programs as well as assist NGOs and community groups to implement nutrition, education, and maternal health programs.

FY 2005 Program:

Increase demand for health services and products (\$2,823,000 CSH). USAID will continue support for community mobilization activities, school health education, social marketing/communication campaigns, and sector-specific health education, particularly HIV prevention and HIV/AIDS stigma reduction. Implementers remain the same as in FY 2004.

Increase supply of health services and products (\$3,493,000 CSH). USAID will continue activities that increase the availability of health services and products, including drug quality assurance and the refinement of methods for improving materials/inventory management and distribution. Additional resources will be used to expand local production capacity for health products, improve marketing, and pre-position disaster assistance commodities. Implementers remain the same as in FY 2004.

Improve quality of health services (\$2,337,000 CSH). Technical assistance, training and other support will continue to improve the quality of health services in STI case management, nutrition, integrated management of childhood illnesses, infectious disease control, and family planning. The number of beneficiaries will be about 40,000. Implementers remain the same as in FY 2004.

Improve institutional capacity to implement and evaluate health programs (\$2,547,000 CSH). Efforts to improve the delivery of quality health services by public and private sector organizations as well as NGOs will continue through public health partnerships and sub-contracts with NGOs, in addition to operational research and pilot modeling activities. Implementers remain the same as in FY 2004.

P.L. 480 food assistance for improved maternal health, child-feeding practices, and improved micro-nutrient status will continue to be provided through NGOs and selected community groups.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring Mexico City policy.

Performance and Results: This is a new strategic objective. Evidence suggests that most targets, under the previous strategic objective "Smaller, Healthier Families, 687-002," were achieved in FY 2003, though national level data are incomplete. The polio campaign saw complete national coverage of children under 5 years and the percentage of children completely immunized rose from 19% in 1999 to 73.7% in 2003. Sales of contraceptives rose by 15% (oral) and 11% (injectables), respectively; condom sales rose 54% to 10,699,191; and 110,680 insecticide treated nets were sold. The GOM and World Bank endorsed USAID's health service delivery methodology by adopting USAID's community approach for nationwide use in their own programs. Health cost recovery policies, suspended in the wake of Madagascar's 2002 political crisis, were reinstated, but do not yet meet program expectations.

Program success will mean that use of selected health services and products will increase and health practices will continue to improve. The Contraceptive Prevalence Rate (CPR), DPT3 (Diphtheria/Pertussis/Tetanus) vaccination coverage, exclusive breastfeeding, condom use, use of ITNs for malaria, and treatment for STIs should all increase. Vitamin A deficiency in women and children should decline. This improved performance should help to reduce the high rates of infant, child and maternal mortality in Madagascar and increase life expectancy. Community-based activities will focus on Fianarantsoa and Antananarivo provinces.

US Financing in Thousands of Dollars

Madagascar

	CSH	ESF
687-005 Selected Health Services and Products		
Through September 30, 2002		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2003		
Obligations	8,293	400
Expenditures	505	90
Through September 30, 2003		
Obligations	8,293	400
Expenditures	505	90
Unliquidated	7,788	310
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	10,015	0
Total Planned Fiscal Year 2004		
Obligations	10,015	0
Proposed Fiscal Year 2005 NOA		
Obligations	11,200	0
Future Obligations	19,183	0
Est. Total Cost	48,691	400