

SO: 687-005

Program Title: Selected Health Services and Products

05 SO Performance Overview:

The Mission Health, Population and Nutrition program completed the transition to full implementation mode, establishing a strong foundation for its two main bi-lateral activities (SanteNet and Social Marketing), and developing innovative complementary field support programs in the areas of water (the Hygiene Improvement Project or "HIP"), behavior change (the Health Communication Program), and HIV (the HIV Alliance).

Strategic Objective performance data demonstrates that the overall health program is on track. Linkages Rapid Assessment Procedure (RAP) survey in USAID intervention zones data also shows that the USAID vaccination efforts are continuing the upward trend, with 91% of children 12-23 months old completely vaccinated, compared to the national rate of 53%. About 3.5 million children aged between 6-59 months received Vitamin A, for a coverage rate of 97%. The RAP results also showed improvements in family planning indicators, with 33% of mothers with infants practicing the natural family planning method, Lactational Amenorrhea Method (LAM), up from 2% in 1999, and 22% of women using modern contraceptives as compared to the national contraceptive prevalence rate of 18%. During FY05, USAID sold 1,383,363 cycles of oral contraceptives giving 111,547 couple years of protection and 544,401 doses of injectable contraceptives giving 160,414 couple years of protection, an increase of over 11% and 21% respectively from last year sales. SO5 achieved most of the output targets with just a couple of minor exceptions that were beyond the control of SO5. As a result of strong program performance, Madagascar was selected as one of two Africa region USAID "focus countries" for Family Planning and was awarded an additional \$350,000 in population funding.

Three Social marketing products fell short of targets due to production delays and funding issues. Sur 'Eau, the safe water solution missed sales targets because of a two month promotional production delay, there were global shortages of Insecticide treated Nets and so in spite of placing early orders, intensive distribution efforts and high demand, there were not enough nets in country to meet the target. STI kits sales did not meet targets this year because the promised funding from the World Bank MAP project was canceled. To address these management challenges, USAID and PSI will discuss and set realistic targets based on the national context, taking into consideration all the factors including freely distributed products, demand, and actual available funding. USAID will also discuss PSI and USAID's monitoring systems to determine the information that is collected through annual monitoring systems and how USAID might use or adapt these data to provide convincing evidence of progress towards behavior change. USAID will also need to activate additional dialogue with donors, World Bank and the GOM about the broader concerns related to complementarity between social marketing and free distribution of products, equity, reaching the poorest of the poor, market segmentation and building more sustainable systems for supply.

05 SO Performance:

Improve Access To Clean Water & Sanitation

Diarrheal disease is one of the primary causes of mortality and morbidity among children under five in Madagascar. According to the 2003-2004 DHS, some 65% of Malagasy households do not have access to safe water. USAID interventions to address these problems are showing a positive impact, which can be attributed to the increased availability of highly subsidized socially marketed water treatment solution coupled with increasing the knowledge of hygiene and sanitation messages by rural households.

According to the DHS 2003-2004 results, diarrheal diseases decreased in Madagascar. USAID continues to be a leader in offering simple, effective, and cheap potable water solutions for the Malagasy. In 2004, USAID worked to develop a new smaller bottle with higher concentration solution, Sûr'Eau Vaovao, which reduced production costs as well as the price to consumers. Each bottle provides up to 2 months of clean water for a family of six for approximately \$0.15. From October 2004 to September 2005, 601,372 bottles

were sold, an increase of 10% from 2004.

At the national level, USAID is also supporting an “at scale”, “all stakeholders in the room” approach to strengthen the Water, Sanitation, and Hygiene Initiative, through HIP. Madagascar is one of the 5 Hygiene Improvement Project (HIP) focus countries. Through this initiative, USAID will bring to scale successful water and sanitation interventions in Madagascar and develop a comprehensive Behavior Change Communication strategy.

USAID’s Title II child health and nutrition programs worked to increase the use of hygiene and sanitation-related products by rural households. Title II partners trained 556 community-based sales agents to conduct the activity. They improved local water and sanitation infrastructure, building wells and latrines for target communities. In some intervention zones, the percentage of households using latrines increased from 39.7% to 67.29%. Title II partners also created 16 Water User Associations during FY 2005, doubling targets. Through these Water User Associations, communities are aware of the importance of maintaining and managing their water systems.

Improve Child Survival, Health & Nutrition

The success of USAID investments in child survival is shown in the decrease in child mortality, which fell from 164/1,000 in 1997 to 94/1,000 in 2004. Madagascar continues to fully integrate nutrition, effectively linking micronutrients, community-based and clinic-based activities and breast feeding, by effectively using resources including PL 480 Food assistance.

USAID continues to achieve key targets in child health and nutrition. Results from the Linkages Rapid Assessment Procedure (RAP) survey in USAID intervention zones show that breastfeeding practices were significantly higher than the baseline rates of 2000. Seventy-eight percent of women initiated breastfeeding within one hour after birth - well above 34% at baseline. Sixty-eight percent of women exclusively breastfed infants under 6 months of age as compared to the baseline of 46%. RAP data also shows that the USAID vaccination efforts are continuing the upward trend, with 91% of children 12-23 months old completely vaccinated, compared to the national rate of 53%. About 3.5 million children aged between 6-59 months received Vitamin A, for a coverage rate of 97%.

USAID continued to support the MOHFP in child survival strategic planning and financial support of interventions. USAID contributed to the development and validation of two key documents: The National Child Health Policy and the National Nutrition Policy and action plan. These documents serve as reference points for all child health and nutrition related interventions implemented under the newly created National Nutrition Office. USAID also supported Essential Nutrition Actions through the Inter-Sectoral Nutrition working group. USAID worked through Linkages to implement the strategy based on the Essential Nutrition Actions as a package to be implemented at the six critical contacts (Prenatal care, delivery, postnatal care, immunization, well baby visit, and IMCI). The seven Essential Nutrition Actions include the promotion of breastfeeding, complementary feeding, feeding of sick child, and women nutrition, and the control of Vitamin A deficiency, of anemia, and of iodine deficiency. Essential Nutrition Actions activities such as Vitamin A show encouraging results. The proportion of postpartum women receiving vitamin A supplementation increased from 15% at baseline in 1999 to 48%. Past year’s efforts demonstrate that an integrated behavior change strategy can achieve significant results across several program areas. Breastfeeding provides the programmatic entry point and serves as a common ground for maternal health, child survival, family planning and nutrition programs. This permits important program synergies such as improvements in vaccination lead to decreases in child illness and improved nutrition. USAID also played a leadership role in the development of treatment and implementation protocols for zinc as a new diarrhea treatment for community based distribution of antibiotics to manage Acute Respiratory Infection cases. USAID also contributed substantial financial and technical support for the MOHFP response to the polio outbreak in the south. The Polio campaign in Toliara results showed coverage of 92.92% among children of 0-11 months and 100% among children 12-59 months in the targeted region.

USAID’s Title II child health and nutrition programs are showing strong results in immunization, diarrheal

prevention, and nutrition programs, including the 'positive deviance' HEARTH model, and interpersonal and radio messages on hand washing, home care of diarrhea, exclusive breastfeeding for children less than 6 months, and the use of locally grown food and knowledge to address malnutrition. In intervention zones, immunization rates of children 12-24 months increased from 29.8% to 88.17%; and exclusive breastfeeding increased from 69.4% to 74.4%.

USAID continued to provide a full range of proven and effective maternal health interventions and approaches implemented at all levels including policy, norms, standards and improving quality of service delivery, especially in the area of safe motherhood. USAID focused activities on improving the health and nutritional status of women using a strategy of household and health worker behavior change for better practices and improved quality of services.

Prevent & Control Infectious Diseases Of Major Importance

Malaria disproportionately affects pregnant women and children under five who are the most vulnerable. USAID is addressing malaria through prevention and treatment interventions increasing availability of highly subsidized socially marketed health products and services, such as insecticide treated net (ITN) and prepackaged malaria treatment for children.

To support the National Malaria Policy, which will be validated later this year, USAID worked closely with the MOHFP to develop a plan for the transition to Artemisinin-based combination therapy (ACT) for malaria treatment and Intermittent Preventive Treatment (IPT) with Fansidar for pregnant women. USAID trained over 1,900 health staff in the implementation of IPT in public health care in over 111 health districts. The Tracking Results Continuously survey conducted in late 2004 shows that USAID social marketing malaria interventions are getting good results: 21% of households have an ITN, and in 90% of the households, it was a USAID ITN, Super Moustiquaire. Other survey results showed that 80% of households can afford ITN at the subsidized price of \$1.30. In FY 05, USAID sold 433,148 ITNs, a 14% increase from last year sales. While this is slightly under target, this is due to global production delays.

Through US Pharmacopeia (USP), USAID is supporting the Central Agency of Drugs (DAM) of MOHFP to improve the capacity to register and manage drugs for the treatment of malaria, which include ACT. USAID trained agents from DAM and National Pharmacist Board on World Health Organization (WHO) drug registration and management software developed and USP sample collection and testing of drugs. With USP technical assistance, DAM has established a pharmacovigilance work plan for anti-malarials and other drugs.

Reduce Transmission & Impact Of HIV/AIDS

USAID/Washington and REDSO conducted a mid-term review of USAID-Madagascar's HIV/AIDS program. They found that SO5 interventions are on target and on track for achieving meaningful and demonstrable results. The reviewers attributed the success of USAID HIV/AIDS interventions to its sharply targeted behavior change interventions offering a comprehensive package of services that are geographically focused in high-risk zones such as mining areas, along truck routes, and in economic growth poles; and targeting the individuals that have the highest risk sexual behaviors. Recent surveys suggest that USAID investments in STI programs are paying off. The 2005 biologic sentinel surveillance shows a substantial decrease in syphilis among pregnant women. The syphilis rate decreased from 10.6% in 1996 to 5.12% in 2005. In addition, among female sex workers, syphilis decreased from 28.4% in 1996 to 16.61% in 2005, and it dropped from 14.7% to 6.82% among STI patients.

USAID's innovative programs have made substantial progress in mobilizing communities and increasing demand for STI/HIV prevention services and products. One example is the Ankoay scouting program that combines participatory life skills, peer education, and community outreach activities with the Scout Merit Badge system. SO5 has trained 100 scout troops in nine of the 22 regions. The World Bank will take Ankoay to scale nationally. With PEPFAR Plus-up funding, USAID is expanding faith-based prevention efforts through a platform of religious leaders that brings together Christians, Muslims and traditional leaders. They work to diffuse correct HIV prevention messages especially regarding

abstinence, faithfulness, and delaying the onset of sexual activity and use churches and faith-based groups to mobilize communities to fight STI/HIV/AIDS. USAID also continued to promote abstinence and delayed onset of sexual activity among youth through "It's my choice" radio show developed with educators, religious leaders, and social workers.

USAID continued important behavior change programs with high-risk groups in select 'hot-zones' including providing condoms and education for truck drivers and mobile men with money along the main highway from Tamatave to Tana and miners in Ilakaka. USAID sold and distributed nearly 16.5 million condoms, an increase of 30% over the previous year. USAID treated 172,886 clients with gonorrhea and Chlamydia and 144,212 sufferers of syphilis and chancroid. In Fort-Dauphin, a major mining city, USAID worked with the government and the mining company to put in place a strong foundation to assure availability of a comprehensive behavior change and prevention and care package including services and education for vulnerable local populations as well as expatriate miners. USAID also supports a network of private sector youth-friendly clinics in the city that will soon include voluntary testing and counseling services along with STI prevention and care. USAID's high quality comprehensive STI/HIV prevention and treatment program for vulnerable youth, 'TOP Reseau', was recognized this year as it became a part of the International YouthAIDS initiative. This was documented through VH1 music network and news articles. TOP Reseau's successful franchised network of youth friendly clinics served over 44,000 adolescent clients in 2005, doubling the number from the previous year, and peer educators reached over 14,500 youth with key prevention messages.

USAID strengthened the capacity of the GOM to collect and use information for programming. SO5 helped 20 Local AIDS Coordinating Committees (CLLS) in high-risk zones conduct a HIV mapping exercise, develop strategic frameworks and operational plans. In the 7 cities where the site specific behavior survey, PLACE, was done, CLLS used the information for their strategic plans, and to mobilize funding. USAID supported the establishment of the national HIV second-generation surveillance system, and the CNLS disseminated the behavioral surveillance survey and the preliminary results from the biologic surveillance this year. The Center for Disease Control strengthened the National Reference Laboratory providing a strong foundation for quality biologic surveillance. USAID operations research on the female condom suggests that the level of protection against STIs among female sex workers is increased with the female condom as a back-up to the male condom.

Support Family Planning

USAID Madagascar continues to make good progress in family planning. This is evident from the 2004 DHS results showing an 8 percentage point increase in modern method CPR in six years for use of modern methods. Through USAID support and initiatives, the MOHFP has increased the number of health centers providing family planning in the public sector from 71% to 80%. A Rapid Assessment survey showed improvements in family planning indicators in USAID intervention zones with 22% of women in union using modern contraceptives compared to the national contraceptive rate of 18%.

The President of the Republic is committed to family planning, demonstrated by procurement by the MOHFP of \$500,000 of Madagascar was among the first in sub-Saharan Africa to hold a national conference to position Family Planning as a national health and development priority. The conference, lead by the President of the Republic, brought together the faith-based groups, youth leaders, Provincial Governors, 22 Regional officers, Provincial and District Health officers, Minister of Health and Family Planning, and six other Ministers underscoring the cross sectoral importance of population demographics. USAID Washington commended the GOM and USAID in making great strides in developing a multi-sectoral vision for family planning and how it contributes to health and development goals of the country. In addition, USAID Washington named Madagascar as one of two focus countries for Family Planning, resulting in an extra \$350,000 for SO5's innovative 'the extra mile initiative' to extend access in remote bio-diverse areas. The extra mile was launched in September, 2005 to reach the most food-insecure-hard-to-reach poor rural families with family planning services and products in 14 remote communes.

Increased access to Family Planning services and products, especially through USAID's social marketing program and community-based distribution, has contributed to these improvements in family planning.

During FY05, USAID sold 1,383,363 cycles of oral contraceptives giving 111,547 couple years of protection and 544,401 doses of injectable contraceptives giving 160,414 couple years of protection, an increase of over 11% and 21% respectively from last year sales. USAID is working with faith-based organizations to expand services to underserved populations. USAID worked closely with SAF/FJKM to support a platform of Religious Groups to expand FP services through faith based service arms and reproductive health education through the churches. USAID worked with the MOHFP to engage mass media to advocate for family planning. Through USAID efforts, all the main national and regional radio and television stations are broadcasting daily spots on the health and economic benefits of family planning and birth spacing.

Family Planning is a critical intervention to reduce food insecurity and tavy and pressures on natural resources. USAID Bureau of population supports population activities of two conservation organizations, Conservation International (CI) and World Wildlife Fund for Nature (WWF) that continued to operationally link health, nutrition and family planning activities with conservation efforts in communities near biodiverse priority areas in Toamasina Province and the south of Madagascar (Maps, Annex 7 and 8). These integrated activities are showing good results with an increase the Contraceptive Prevalence Rate (CPR) in target areas from 6% in 2004 to 12% in 2005. Childhood vaccination coverage increased from 30% to 44% in participating areas. CI worked directly with farmers to reduce slash and burn agriculture and improve alternative rice productive techniques.