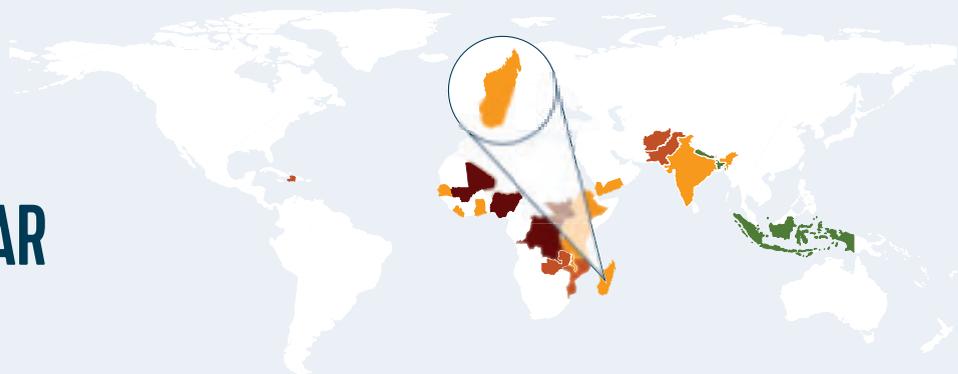


# MADAGASCAR



UNDER-5 MORTALITY RATE:

- ≥100
- 75-100
- 50-74
- <50

## ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

	2009	2010	2011	2012	2013	2014	TOTAL
	Fiscal Year						
<b>USAID \$ IN MILLIONS</b>	<b>37</b>	<b>57</b>	<b>51</b>	<b>50</b>	<b>48</b>	<b>49</b>	<b>293</b>

### USAID HAS COMMITTED TO:

*Expand reach of high-impact interventions:*

- **Scale up integrated community case management** for simple pneumonia, diarrhea, and malaria through training and support of more than 17,500 community health volunteers in 8,000 villages, leveraging resources from the President's Malaria Initiative.
- **Pilot and scale the delivery of chlorhexidine** for infection prevention, pregnancy test kits to increase family planning uptake, misoprostol to prevent postpartum hemorrhage, and pre-eclampsia case management through community health volunteers.
- **Advance Community-Led Total Sanitation, an innovative hygiene behavior change methodology** that mobilizes communities to eliminate open defecation.
- **Improve emergency transport systems**, including motorized cyclo-pousse ambulances, bicycle ambulances, wheeled stretchers, and canoe ambulances.

- **Expand mobile phone health tools, like the The Village Phone Project**, which enables community supply points to more efficiently report stock levels, and place orders for socially marketed products
- **Improve immunization outreach and links** between communities and services.

*Strengthen quality family planning services:*

- **Improve access and demand for quality family planning services** through private sector social franchising, social marketing, mobile outreach, and community health volunteers.
- **Provide vouchers and e-vouchers for family planning services** through mobile phones for lowest wealth quintile population.

### WORKING TOGETHER, WE CAN DO MORE:

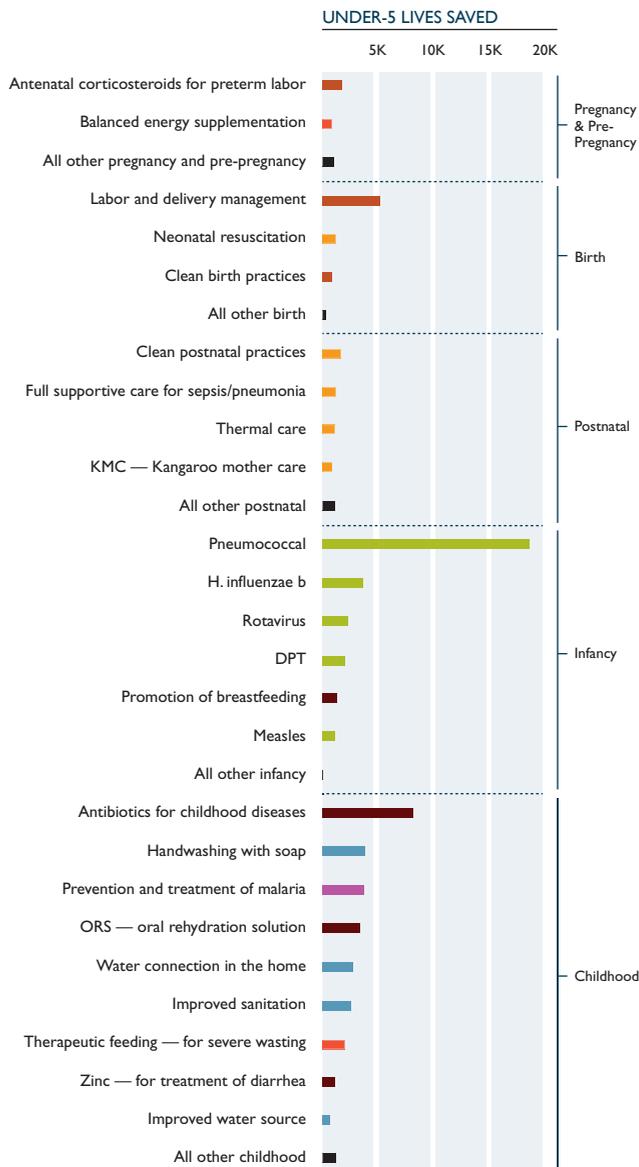
- **Strengthen critical health system functions**, including human resources, supply chain, health information, and health financing, which will improve the sustainability and quality of and access to RMNCH services.
- **Increase focus to reduce under-nutrition in children**, improve primary healthcare services, increase facility-based delivery and safe caesarian delivery, and increase contraceptive coverage.
- **Strengthen the integration of health and environment programs** and promote resilience to support prevention, mitigation, adaptation, and recovery during shocks.
- **Advocate ensuring maternal and child health programs are well reflected** in the Ministry of Health's budget levels.
- **Build capacity in the Ministry of Health** and incorporate evidence-based monitoring and governance.
- **Strengthen the national commodity distribution system** to prevent frequent stock-outs of essential commodities.
- **Improve access to services**, including through effective referral and emergency transportation systems, as more than 65% of the population lives more than five kilometers or a one-hour walk from a clinic.

## COUNTRY DATA: POPULATION AND CHILD & MATERNAL MORTALITY

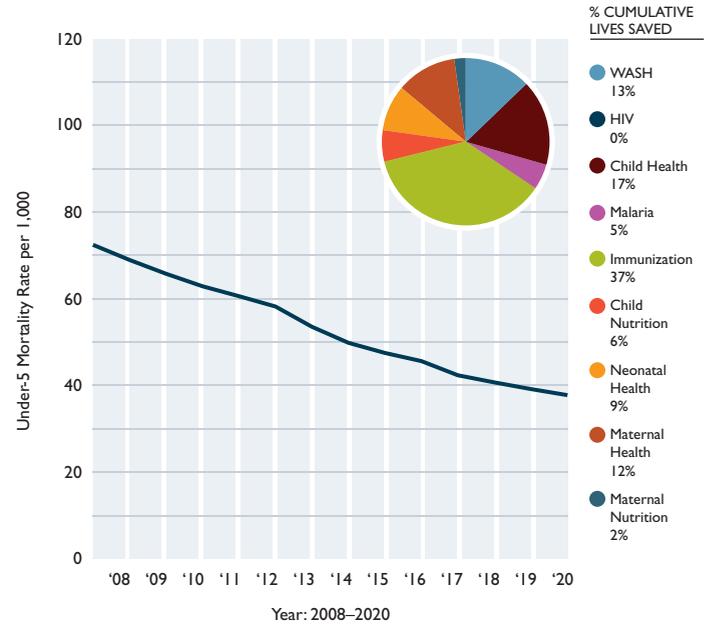
1990	<b>11.6M</b> Total Population ↑	<b>2.1M</b> Population Under 5 Years ↑	<b>80.4K</b> Under-5 Deaths / Year ↓	<b>158</b> Under-5 Mortality Rate Per 1,000 Live Births ↓	<b>530K</b> Births ↑	<b>640</b> Maternal Mortality Ratio Per 100,000 Live Births ↓
2012	<b>22M</b>	<b>3.4M</b>	<b>44K</b>	<b>58</b>	<b>749K</b>	<b>440*</b>

\*2013

## PROJECTED INTERVENTION IMPACTS OVER FIRST 5 YEARS OF LIFE: 2012–2020



## BENDING THE CURVE: REDUCING CHILD MORTALITY



## WORKING TOGETHER, WE CAN REACH THESE GOALS

	Under-5 Mortality Rate per 1,000	Maternal Mortality Ratio per 100,000
2012	58	440*
2020	38	275
2035	20	50

\*2013

BY 2020

**230,000 CHILD LIVES SAVED**

OF WHICH 112,000 ARE DEATHS AVERTED DUE TO FAMILY PLANNING INTERVENTIONS

**8,000 WOMEN'S LIVES SAVED**

OF WHICH 6,600 ARE DEATHS AVERTED DUE TO FAMILY PLANNING INTERVENTIONS

Demographic impact is the projected impact of family planning interventions on reducing the number of deaths due to fewer unintended pregnancies.