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Country: Madagascar

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget USD	Approval Track	Disburse-ment Date
		HSS Prop.	Nat. Health Plan			
MDG	3	2007-2010	2007-2011	11,215,608.40	**First Submitted**: March 2007 **App. W conditions**: May 2007 **Not approved**: n/a **Resubmitted**: 05/10/2007 **Final Approval**: 28/11/2007	30/04/08

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

- Improve legal and institutional health system frameworks, national health policy and sector's plan implementing WHO and MAP priorities,
- Promote health management decentralisation and decision-making, organisation and management,
- Improve availability of qualified human resources, health coverage and quality of service,
- Strengthen health funding,
- Reduce maternal mortality rate from 469 to 156 p/100,000 live births and neonatal mortality from 32% to 20% by 2012 and infant and child mortality rate from 94 to 73 p/1,000 live births by 2012.

Proposal Goals

- Contribute to the development of a sustainable and effective health system,
- Contribute to the improvement of routine immunisation services and to assure the equitability of the services offer through to a peripheral level.
- Offer a better response to the needs of the population, especially in terms of child and maternal health-care including acceptable and sustainable immunisation

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
	The proposal targets 40 SSDs in 10 regions. • Strengthen quality health services provision for the entire population, • Improve health sector human resources management, • Increase mobilisation and improve the allocation of financial resources, • Stimulate the demand and use of the health services, • strengthen and institutionalise a monitoring and evaluation system.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Poor use of the health services: mother-child care due to poor quality of the provision of basic health services, • Validation process of the PTA of the districts is too slow, • Geographic access difficulties to certain health centres, • Limited financial accessibility to users, • Decentralisation intentions not yet reflected in the budget, • Low proportion of the population benefit from the equity fund for the targeted health care facilities, • Lack of policy documents establishing community health strategies	• Create a plan for strengthening the Equity Fund • Introduce and test out different strategies to increase the population's financial access to health services • Carry out an audit of the FANOME program • Identify the factors that limit population's use of services • Develop and institutionalize community health strategies.	1,147,196.10	10.2
Human Resource Development/Performance Management. • Lack of human resources • Attrition and changes to other facilities by qualified health staff has negatively affected the performance of planned activities	• Contract and train health workers on data for decision making • Provide "coaching" support in target areas • Train target district peripheral-level coordinators in financial and program management. .	2,860,269.50	25.5
Drugs, Equipment, Supplies, Facilities	• Equip 10 SSDs with a 4X4 vehicle, centre supervisors with 2 vehicles and 120 CSBs with motorcycles • Establish a cold chain that is functional throughout the year • Renovate CSBs, 15 per year.	5,010,591.40	44.7
Monitoring and Evaluation • Limited consolidation of district Annual Work Plans (PTA), • Weak epidemiological surveillance on the HIMS, • No culture of monitoring the health system, • Insufficient audit and monitoring priority health activities.	• Assess the procedure for transferring health data from CSB to a central level • Carry out periodic monitoring and supervisory reviews on CSBs.	1,884,520.70	16.8
Overheads	Management of HSS	313,035.80	2.8
TOTALS		**11,215,613.5**	**100.00**

Health financing Gap: Not quantified.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2005	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			
• National DPT3 coverage (%)	92.2%	95%	Immunization service reports
• #/% of districts achieving ≥80% DTP3 coverage	67.6%	80%	
• Infant and child mortality rate (per 1000)	94%	54%	DHS 2003/04
• Infant and child mortality rate (per 1000)	58%	47%	*Same indicator different targets!
• Usage rate of the CSB external consultations in the targeted areas	49% (2006)	56%	SSSa
• # of physicians contracted to work in targeted areas	n/a	50	DDDs
• # of midwives and/or nurses contracted to work in the targeted areas	n/a	100	
• % of the state budget allocated to the health sector	8.74%	10%	Budget act
• % of births taken place in health care facilities in targeted areas	23% (2004)	30%	SSSa
• Rate of post natal consultations as a % of the # of births in the CSBs in target areas	72.5%	85%	Health Sector Statistics Year book

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: DGS/DDDS
Channelling/Management of funds: Funds will be transferred from an HSS open account by the DGS/DDDS (with a letter of approval from UNICEF) to a National bank specifically for HSS GAVI support of Madagascar. Funds transferred via bank transfer to the accounts of the Regional Health Directorate and district after ratification by the Coordinating Committee of the health sector.
Strategies proposed for sustainability of activities: The Government expects that management of health services and financial management training provided on and in particular, will improve sustainability. The introduction of SWAp would enhance efficiency in resource allocation but government recognizes that additional (external) resources would be required to ensure financial sustainability.
Collaboration with/ Involvement of other organisations in *i)* *Proposal Design & Planning*: Directorate General for Health (DGS) and the Directorate for the Development of Health Districts (DDDS). ii) *Proposal Management*: The DGS, DDDS, DEP, DSF, the Immunisation Service, WHO, UNICEF, WB and USAID. iii) *Proposal Implementation:* DGS/DDDS
Other Financial Support for HSS: Internal sources such as State Counterparts and taxes and IDA and ADB/ADF.

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