

[Original Article]

Community-based maternal and neonatal care in MadagascarMitsuaki MATSUI¹⁾, Azusa IWAMOTO¹⁾

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Abstract

Background International society has made huge efforts towards achievement of the Millennium Development Goals, however there is a little progress made in sub-Saharan African regions. Since there are several barriers of access to health services, “community-based disease management programme” has been introduced in Madagascar in 2007, which intends to provide earlier treatment of diarrhoea, acute respiratory infections and malaria for children between two months and five years old by community health agents. This paper aims to describe the present situation of the programme and to discuss possibilities of and necessary assistances to community-based health services in Madagascar.

Method We have reviewed health policy papers on the programme, collected data on the programme and made interviews to the community health workers in Mahajanga II district, Boeny region, where the programme is implemented.

Results The programme was operated in 10 villages with 19 workers in 2008, though 45 workers from 24 villages received initial training in 2007. Interruption of the programme was caused mainly because of non-cooperative attitude of local authorities, lack of appropriate support from the district health bureau and health centres. Coverage rate of the programme is 48% for villages with a distance between 5 and 10 km and 22% for ones more than 10km from a public health facility. The utilization rate of the programme is 1.17 consultations per person per year and 0.87 for children under 1 year old and between 1 and 5 years, respectively.

Conclusion It has been confirmed that the programme has assured proximity to health services for the children in remote areas. Questions are how we can consolidate the continuity and ensure universal access to the programme. Health policy formulation is definitely required for the implementation of the programme. However policy itself is frequently transformed to authoritative pressure, which disturbs the spirit of self-determination of the people. Our principal challenge is how we can harmonize “uniformity” of health policy and “autonomy” of people in implementation of community-based health services.

keywords : Madagascar, Community Health Agent, Childhood Illness, Public Health Policy