Madagascar

Maternal, Newborn & Child Survival

March 2012
DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (000)</th>
<th>Year</th>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>20,714</td>
<td>2010</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,305</td>
<td>2010</td>
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<tr>
<td>Births (000)</td>
<td>732</td>
<td>2010</td>
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<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>62</td>
<td>2010</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>43</td>
<td>2010</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>22</td>
<td>2010</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>44</td>
<td>2010</td>
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<tr>
<td>Maternal mortality ratio, adjusted (per 100,000 live births)</td>
<td>440</td>
<td>2008</td>
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<tr>
<td>Maternal mortality ratio, reported (per 100,000 live births)</td>
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<td>2002-2007</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
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<td>2008</td>
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<tr>
<td>Total maternal deaths (number)</td>
<td>3,000</td>
<td>2008</td>
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</table>

Causes of under-five deaths

Globally more than one third of child deaths are attributable to under nutrition.

Causes of under-five deaths, 2008

Causes of neonatal deaths, 2008

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %) 15 (2003-2008)

Introduction of solid, semi-solid or soft foods (6-9 months, %) 86 (2008-2010)

Low birthweight incidence (%) 16 (2008-2010)

Underweight prevalence

Percent of children <5 years underweight for age

Based on 2006 WHO reference population

Stunting prevalence

Percent of children <5 years with low height for age

Based on 2006 WHO reference population

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Immunization

Percent of children immunised against measles

Percent of children immunised with 3 doses DPT

Percent of children immunised with 3 doses of Hib

Pneumonia treatment

Percent of children <5 years with suspected pneumonia taken to appropriate health provider

Percent of children <5 years with suspected pneumonia receiving antibiotics

Vitamin A suppletion

Percent of children 6-59 months receiving two doses of vitamin A during calendar year

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea receiving oral rehydration therapy (ORS, recommended homemade fluids or increased fluids), with continued feeding

Malaria treatment

Percent of febrile children <5 years using anti-malarials

Malaria prevention

Percent of children <5 years sleeping under ITNs
**MATERNAL AND NEWBORN HEALTH**

Proportion of women with low BMI (< 18.5 Kg/m²), %


Demand for family planning satisfied, %

- 60 (2008)

Total fertility rate

- 4.7 (2010)

Adolescent birth rate (births per 1000 woman-aged 15-19 yr)

- 147 (2005)

Antenatal visit for woman (4 or more visits, %)

- 49 (2008)

Early initiation of breastfeeding (within 1 hour of birth, %)

- 72 (2008)

Institutional deliveries (%)

- 35 (2008)

Postnatal visit for baby (within 2 days for home births, %)

- - (2008)

Postnatal visit for mother (within 2 days, %)

- 46 (2008)

**HIV AND AIDS**

HIV prevalence among young women (15-24 yrs, %)

- 0.1 [0.1 - 0.1] (2009)

HIV prevalence among young men (15-24 yrs, %)

- 0.1 [0.1 - 0.4] (2009)

HIV+ children receiving ART (%)  

- [1 - 2] (2009)

Orphan school attendance ratio

- 0.74 (2008)

**EDUCATION**

Survival to last grade of primary school (total, admin data, %)

- 49 (2008)

Survival to last grade of primary school (male, admin data, %)

- 48 (2008)

Survival to last grade of primary school (female, admin data, %)

- 50 (2008)

Primary school net enrolment ratio (total, admin data, %)

- 99 (2007)

Primary school net enrolment ratio (male, admin data, %)

- 99 (2007)

Primary school net enrolment ratio (female, admin data, %)

- 100 (2007)

**WATER AND SANITATION**

**Drinking water coverage**

Percent of population by type of drinking water source, 2010

- 33%

**Sanitation coverage**

Percent of population by type of sanitation facility, 2010

- 37%

**CHILD PROTECTION**

Women aged 20-24 years who were married or in union by age 18 (%)  

- 48 (2008)

Birth registration (%)  

- 80 (2008)

Female genital mutilation/cutting (%)  

- -
### Disparities in Intervention Coverage

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Male to Female Ratio</th>
<th>Urban</th>
<th>Rural</th>
<th>Urban to Rural Ratio</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
<th>Ratio of Richest to Poorest</th>
<th>Equity Chart</th>
<th>Source</th>
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<tbody>
<tr>
<td><strong>Demographics</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
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<tr>
<td>Under-five mortality rate (per 1,000 live births)</td>
<td>62</td>
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<td>-</td>
<td>-</td>
<td>106</td>
<td>93</td>
<td>84</td>
<td>64</td>
<td>48</td>
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<td>IGME 2011</td>
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<td><strong>Nutrition</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
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<td>Low birth weight incidence (%)</td>
<td>16</td>
<td>15</td>
<td>16</td>
<td>0.9</td>
<td>17</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td>0.8</td>
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<td>DHS 2008-2009</td>
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<tr>
<td>Underweight prevalence (based on 2006 WHO reference population, %)</td>
<td>37</td>
<td>38</td>
<td>33</td>
<td>1.1</td>
<td>31</td>
<td>37</td>
<td>0.8</td>
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<td>29</td>
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<td>DHS 2003-2004</td>
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<td>Stunting prevalence (based on 2006 WHO reference population, %)</td>
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<td>DHS 2008-2009</td>
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<td>Wasting prevalence (based on 2006 WHO reference population, %)</td>
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<td>18</td>
<td>12</td>
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<td>14</td>
<td>15</td>
<td>0.9</td>
<td>16</td>
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<td>15</td>
<td>13</td>
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<td>Exclusive breastfeeding (0-5 months, %)</td>
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<td>49</td>
<td>53</td>
<td>0.9</td>
<td>54</td>
<td>50</td>
<td>1.1</td>
<td>41</td>
<td>46</td>
<td>60</td>
<td>59</td>
<td>56</td>
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<td>Introduction of solid, semi-solid or soft foods (6-9 months, %)</td>
<td>86</td>
<td>88</td>
<td>84</td>
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<td>89</td>
<td>77</td>
<td>81</td>
<td>95</td>
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<td>Households consuming adequately iodized salt (15 ppm or more, %)</td>
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<td>-</td>
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<td>72</td>
<td>49</td>
<td>1.5</td>
<td>32</td>
<td>47</td>
<td>50</td>
<td>58</td>
<td>73</td>
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<td><strong>Child Health</strong>&lt;sup&gt;5&lt;/sup&gt;</td>
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<td>Care seeking for pneumonia (%)</td>
<td>42</td>
<td>44</td>
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<td>Antibiotic use for pneumonia (%)</td>
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<td>Diarrhoeal treatment - children receiving ORT and continued feeding (%)</td>
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<td>51</td>
<td>48</td>
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<td>62</td>
<td>47</td>
<td>1.3</td>
<td>46</td>
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<td>55</td>
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<td>Malaria prevention - children sleeping under ITNs (%)</td>
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<td>45</td>
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<td>Malaria treatment - febrile children receiving antimalarial medicines (%)</td>
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<td><strong>Maternal and Newborn Health</strong></td>
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<td>Antenatal care coverage at least one visit (%)</td>
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<td>-</td>
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<td>95</td>
<td>85</td>
<td>1.1</td>
<td>73</td>
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<td>95</td>
<td>97</td>
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<td>Antenatal care coverage (4 or more visits, %)</td>
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<td>71</td>
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<td>Skilled attendant at delivery (%)</td>
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<td>82</td>
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<td>Early initiation of breastfeeding (%)</td>
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<td>71</td>
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<td>71</td>
<td>73</td>
<td>1.0</td>
<td>67</td>
<td>72</td>
<td>76</td>
<td>75</td>
<td>73</td>
<td>1.1</td>
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<td><strong>Water and Sanitation</strong>&lt;sup&gt;6&lt;/sup&gt;</td>
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<tr>
<td>Use of improved drinking water sources (%)</td>
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<td>-</td>
<td>-</td>
<td>74</td>
<td>34</td>
<td>2.2</td>
<td>33</td>
<td>36</td>
<td>46</td>
<td>67</td>
<td>95</td>
<td>2.9</td>
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<td>2010 <a href="http://www.who.int/watersanitationprogress/jmp/en/">WHO/UNICEF JMP 2012</a></td>
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<tr>
<td>Use of improved sanitation facilities (%)</td>
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<td>2</td>
<td>4</td>
<td>23</td>
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<td><strong>Education</strong></td>
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<tr>
<td>Survival rate to last grade of primary school (survey data, %)</td>
<td>89</td>
<td>88</td>
<td>89</td>
<td>1.0</td>
<td>94</td>
<td>88</td>
<td>1.1</td>
<td>80</td>
<td>86</td>
<td>88</td>
<td>91</td>
<td>96</td>
<td>1.2</td>
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<tr>
<td>Primary school net attendance ratio (survey data, %)</td>
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<td>78</td>
<td>80</td>
<td>1.0</td>
<td>93</td>
<td>77</td>
<td>1.2</td>
<td>59</td>
<td>74</td>
<td>84</td>
<td>91</td>
<td>96</td>
<td>1.6</td>
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<td><strong>Child Protection</strong></td>
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<td>Women aged 20-24 years who were married or in union by age 18 (%)</td>
<td>48</td>
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<tr>
<td>Birth registration (%)</td>
<td>80</td>
<td>80</td>
<td>79</td>
<td>1.0</td>
<td>92</td>
<td>78</td>
<td>1.2</td>
<td>61</td>
<td>78</td>
<td>86</td>
<td>91</td>
<td>93</td>
<td>1.5</td>
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<td>Female genital mutilation/cutting (%)</td>
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</table>

**Note:** The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, London School of Hygiene and Tropical Medicine and Saving Newborn Lives also provided data. Details on indicators, data sources, and definitions of indicators, can be found at www.childinfo.org.

1. **Disparities** - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

2. **Equity chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except USMIR, which shows a range of 0 to 300 deaths per 1,000 live births.

3. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

4. **Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting** - New international CNIR Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy. Please note that there may be small discrepancies between the totals and the disparity data, as the totals have undergone additional analysis.

5. **Child Health** - All indicators in this section refer to children under 5 years of age.

6. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.