Madagascar

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MANDATE

Handicap International's mandate in Madagascar is to help prevent disabilities and to foster the development of a more inclusive social environment by involving people with disabilities in the political process and ensuring their needs are taken into account in development policies and activities designed to build the capacities of medical workers.

CONTEXT

After four years of political deadlock, presidential and legislative elections were held in the end of 2013 in Madagascar. The newly elected president, Hery Rajaonarimampianina, took office on January 25 2014. This political stability is still very unsteady, with many changes at ministries level during the past year. This makes still difficult the definition and validation of a real long term development roadmap by the government The political crisis has had a severe impact on the socio-economic development of the country: 92.8% of the population lives on less than \$ 2 a day. In August 2013, the number of unschooled children was estimated at 1.5 million. In addition, it was estimated that one quarter of the population, five million people, are currently living in highly vulnerable situation of natural disasters as witnessed by the recent tropical storms in February and March 2015 which have had catastrophic human and material consequences.

INITIAL ACTIONS

Handicap International is present in Madagascar since 1986. The organization focused, initially, on the rehabilitation of persons with disabilities through the development of equipment and rehabilitation centers in six provinces. Since 1996, the organization also focuses on issues related to human rights and social inclusion of disabled people in society, in partnership with the Malagasy authorities.

KEY FACTS

0 100 200 300 km

Human Development Index (HDI) *	155/187
Life expectancy*	64.7
GNI per capita *	1333 US\$ per year
Population**	22.92 million
Surface area**	587 040 sq km
*!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	

☐ Cities

Convention on the Rights of Persons with Disabilities (CRPD)	Ratified on December 3 rd , 2014
Oslo convention on cluster munitions	Signed 03 December 2008
Ottawa mine ban convention	Ratified 16 September 1999

^{*}UNDP: Human development report 2014

^{**} World Bank 2013



Project of transmission prevention, fight against disease and treatment of disability due to lymphatic filariasis. - Phase 3

OBJECTIVE

Handicap International is working to eliminate lymphatic filariasis and its sequelae in conjunction with health and community operators.

METHOD

- Raising awareness of the disease among communities, patients and their families, and the prevention and case-management of its sequelae
 through home visits, theatre plays discussion groups, etc.
- Building the capacities of health professionals from partner health facilities (surgeons) and informal health staff (community workers) to monitor and support project activities within the community.
- Case-managing the sequelae of lymphatic filariasis: hydrocele treatments; follow-up and assistance for people suffering from lymphedema by community workers.
- Production of shoes adapted to patients with lymphedema¹;
- Raising awareness in schools: hygiene, disease prevention and best practices.
- Support for Mass Drug Distribution (MDD) with the National Programme to Eliminate Lymphatic Filariasis (NPELF)

BENEFICIARIES

- · People suffering from the sequelae of lymphatic filariasis, their families and communities.
- Health staff working in areas covered by the project.
- · Informal health workers.
- Village shoemakers trained to produce adapted shoes
- Students and teachers from 18 schools selected by the project

PARTNERS

- · Ministry of Public Health and the Region of Analanjirofo
- Operational: National Program to Eliminate Lymphatic Filariasis, Analanjirofo Regional Health Department, 5 public health service districts, 3 referral hospitals, 109 primary health centres, 25 districts, 240 villages.

LOCATION

Région Analanjirofo, 5 districts



Prison (or ward) of tomorrow : from detention to inclusion – Phase 2

OBJECTIVE

The Prison Service and organizations of civil society in Madagascar are collaborating to improve prison conditions in respect of the judicial reform and international instruments in force.

METHOD

- Support for improving access to care and optimizing the management of infirmaries;
- Support for the implementation of activities to promote the collective and individual hygiene;
- Awareness of prisoners and community rights of prisoners;
- Support for the organization of educational and socio-cultural activities and activities related to the prevention and protection against abuse and violence in prisons;
- Support for conducting individual psychosocial interviews, development and leading of discussion groups;
- Support for the organization of professional training in prison for rehabilitation;
- Support for maintaining ties detainees with their families;
- Capacity building and support rehabilitation penitentiaries officers for the implementation of psychosocial interventions.

BENEFICIARIES

- Detainees in psychological distress that receive the model of intervention and his activities (approximately 5,000 people in four prisons and 100 minors in Antanimora prison, Antananarivo);
- Families of detainees by the maintenance of family ties and indirectly by the benefit from the activities of preparation for release of prisoners;
- · Stakeholders of civil society in prison;
- Prison officers who receive training and support;
- The prison administration that has experience and results of a model of consolidated approach to supply and implement a coherent strategy for
 progressive reform.

¹ Lymphedema is a swelling caused by the build-up of lymphatic liquid in an affected arm, hand, or the chest wall. This swelling arises when lymph nodes no longer function as effective filters if removed during surgery or damaged during radiotherapy or cancer.

PARTNERS

- Prisoner support committees (CSPD), civil society organizations
- The Ministry of Justice, including the Directorate of Humanization and Preparation for Social Reintegration

LOCATION

5 prisons in Antananarivo (district minors), Toamasina and Vatomandry (Region Antsinanana) Toliara (region Atsimo Andrefana) Mahajunga (Region Boeny)



Access to health program mother and child

OR IECTIVE

Contribute to the reduction of morbidity and maternal and infant mortality by increasing access to / and use of Maternal and Child Health inclusive services and of qualitative reproduction as part of a consortium of 6 international organizations.

METHOD

- Formation of the consortium members and disability health workers
- Support the activities of four 'disability' focal points, including awareness-raising activities by community workers
- · Accessibility at 29 health facilities (health centers and hospital-based) to meet the specific needs of all public
- · Technical support to health workers and staff members of the consortium so that they can consider, identify and prevent disability

BENEFICIARIES

- Pregnant women and women of childbearing age.
- Children under 2 years.
- 225 health workers.
- 362 community workers.
- Community awareness on the prevention of disability.

PARTNERS

- Ministry of Public Health;
- MDM, ACF, GRET, French Movement for Family Planning, Southern Health;
- Regional Directorate of Health (Itasy and Bongolova);
- Personal health centers and hospitals in the two regions;
- FAMI, national association.

LOCATION

Region of Itasy and region of Bongolova

MAIN FUNDING BODIES

French Development Agency



Ministry of Foreign Affairs of Luxembourg

