



Madagascar



Country Snapshot

Population:	19.1 million
Life expectancy at birth:	60 years
Adult literacy rate:	71%
Access to improved water source:	47%
GDP per capita (PPP)*:	US\$932
Infant mortality rate:	68 per 1,000 live births
Maternal mortality rate:	510 per 100,000 live births

Sources: UNICEF State of the World's Children Report 2010, *UNDP Human Development Report 2009

Program Overview CARE opened offices in Madagascar in 1992 with a mission to address the root causes of poverty among Madagascar's poorest communities. We identified these root causes as social exclusion, lack of access to basic resources and services, poor governance, and gender inequality. As of 2010, our projects have benefited approximately five million people.

Good Governance

CARE's projects in Madagascar build the capacity of local government institutions and civil society organizations to deliver quality public services. We aim to promote healthier living in the capital city's poor urban settlements, which suffer from frequent flooding, unemployment, and lack of basic services, including potable water, health centres, and sanitation infrastructures. CARE also trains community leaders to participate more effectively in local government development decisions. In rural Madagascar, CARE works in more than 100 communes to build development committees that work with authorities to identify basic needs and oversee the implementation of agreed-upon projects, such as community washrooms and water pumps and community centres.

Health

CARE works with partner organizations on health issues, particularly malaria prevention, nutrition, diarrhea prevention, family planning, and maternal and child health. The people CARE helps are hard to reach because of mountainous terrain, lack of roads, and frequent flooding and cyclones. Rural residents must travel long distances by foot to reach health centres. The overall goal is to improve access to basic, quality health care at the community level, so CARE strengthens the capacity of local committees to develop sustainable health care. Health interventions include setting up school latrines, hand pumps, and gravity-fed water systems to reduce water-borne and sanitation-related diseases. In addition, community members are trained to maintain the systems and sell water purification products. CARE also works with

continued on back



Katia Rakotobe/CARE



Dasy Ibrahim/CARE



municipal authorities and community groups to draft participatory action plans to meet objectives set for maternal, child, and reproductive health.

Environment

Madagascar is blessed with a unique and fragile ecosystem. Many animal and plant species on and around the island nation are found nowhere else in the world. CARE is engaged in helping communities to earn a living while preserving the environment. Projects have been introduced to protect both the marine environment of coastal regions and the long-term livelihoods of nearby villages. CARE also has designed projects to help farmers replace slash-and-burn techniques with more sustainable practices for managing the forest resources, thus conserving precious primary forests.

Food Security & Nutrition

Food insecurity results from the overall low productivity of agriculture—especially on smallholder plots—and the lack of roads, intermediary markets, and storage facilities. People do not eat a nutritious, balanced diet, which limits their productivity. The common diet consists primarily of rice or cassava, with few vegetables, leading to devastating rates of malnutrition. CARE has established granaries in chronically vulnerable areas in the southern part of the country so that farmers can begin to store food for the lean season. Farmers are also taught new cultivation techniques and are linked with market opportunities for their crops. CARE helps identify buyers and provides demand and price information to farmers. Farmers are also organized into networks to increase their bargaining leverage with suppliers and buyers.

Emergency

CARE is a key actor in influencing national policy to prevent damage from annual disasters. This better enables government, donors, and community groups to respond to and mitigate regular disasters such as cyclones, flooding,

and droughts in the south. CARE also provides technical support to establish a comprehensive risk- and disaster-management information system. Over the past 18 years, CARE Madagascar has developed an efficient, rapid rehabilitation program to get basic necessities to the hardest-hit villages fast. The four critical issues, resolved in the following order, are: 1) food security; 2) shelter; 3) agricultural system repair; 4) and hospital, school and road reconstruction.

Disaster Risk Reduction

CARE Madagascar has intimate and extensive knowledge and experience with disasters in Madagascar, and our emergency unit taps these resources to enhance the disaster risk reduction program. Essentially, this program is cyclone preparedness, which is an effective long-term solution that builds up the natural environment (e.g., tree and mangrove planting) of vulnerable villages to serve as a cyclone barrier. Disaster risk reduction is now a very important part of CARE Madagascar's portfolio, and it constitutes a clear bridge between emergency programming and sustainable development programming. Nevertheless, disaster risk reduction remains very much based in the emergency unit and efforts are being made to mainstream it across all programming.

Major Donors

The U.S. Agency for International Development (USAID), the European Commission Humanitarian Aid Office (ECHO), the Office of U.S. Foreign Disaster Assistance (OFDA), the U.S. Department of Agriculture (USDA), Water and Sanitation for the Urban Poor (WSUP), the International Fund for Agricultural Development (FIDA), the World Food Programme (WFP), the Food and Agriculture Organization (FAO), UK Department for International Development (DFID), the German Federal Government (Ministry for Economic Cooperation and Development & MoFA), the European Commission (EC), and the Global Fund.

Last updated February 2011

CARE Madagascar

John Uniack Davis, Country Director, johnudavis@care.mg

Nivo Ranaivoarivelo, Director of Programs, nivo@care.mg

T: +261 20 22 33885/+261 20 22 33910

F: +261 20 22 63750

Southern Africa Regional Unit

Johannesburg, South Africa

T: +27 11 234 1221

F: +27 11 234 1107



www.care-international.org