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Trip Report

Madagascar

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List of Acronyms

ADRA	Adventist Development and Relief Agency
ASERN	Association of Organizations for Nutrition Education and the Rehabilitation of Malnourished Children
BASICS	Basic Support for Institutionalizing Child Survival
BCC	behavior change communication
BFHI	Baby Friendly Hospital Initiative
CA	cooperating agency
CITE	Centre d'Information Technique et Economique
CRS	Catholic Relief Services
CS	child survival
CVA	comite voluntaire d'animation
DHS	demographic health survey
DID	Developpement international Desjardins
FACS	Food Assisted Child Survival
FFH	Freedom from Hunger
GAIN	Groupe d'Action Intersectorel sur la Nutrition
GRET	Groupe de Recherche et d'Echanges Technologiques
IEC	information, education, and communication
IMCI	integrated management of childhood illness
IR	intermediate result
JSI	John Snow Incorporated
KAP	knowledge, attitude and practices
KPC	Knowledge Practice Coverage
LAM	lactational amenorrhea method
MCH	maternal and child health
OMNI	Opportunities in Micronutrient Intervention
PCV	Peace Corp Volunteer
PNAN	Programme National d'Alimentation et Nutrition
RA	Resident Advisor
SALFA	Department de Sante de l'Eglise Lutherienne
SEECALINE	Surveillance et Education des Ecoles et des Communautes en matiere d'Alimentation et de Nutrition Elargies
SFPP	Service de la Formation et du Perfectionnement du Personnel
SNUT	Service Nutrition
SO	strategic objective
TBA	traditional birth attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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I Executive Summary

A planning team from the LINKAGES Project visited Madagascar from 12-30 April 1999 to discuss with the USAID mission and its partners the strategy and content of the second phase of LINKAGES' program in the country During the first phase of work (1997-1998) attention was focused on identifying and harmonizing national nutrition policies and program strategies Building on this foundation, it is proposed that the second phase of work (1999-2001) should focus more on field interventions at the community and health facility level to improve breastfeeding practices as well as related complementary feeding of young children and maternal nutrition In addition, attention will be given to increasing the adoption of LAM in the project sites of selected field partners

This report presents the results of the planning of a two year program for LINKAGES in Madagascar The program would begin in June 1999 with an objective of improving breastfeeding and related complementary nutrition and maternal (BCM) nutrition practices, as well as increasing the adoption of the Lactational Amenorrhea Method (LAM) as a family planning method in selected focus districts To achieve these objectives, LINKAGES has planned a two-pronged strategy that supports key activities at both the national level as well as the community and health facility level

At the **national level,** LINKAGES will promote BCM and LAM by supporting the development of appropriate national policies and program interventions, as well as the revision of nutrition training strategies Support will be channeled through four sets of activities including

- assisting the Groupe d'Action Intersectoral sur la Nutrition (GAIN) to promote BCM in policies and program interventions (including the Baby Friendly Hospital Initiative),
- supporting the Baby Friendly Hospital Initiative (BFHI),
- revising pre-service curricula in BCM and LAM given at national training institutions, and
- developing a Nutrition Information Hub

At the **community and health facility level,** LINKAGES will promote positive behavior changes in BCM and support the adoption of LAM by working with the following implementation partners

- JSI's Smaller, Healthier Families Project,
- CRS' Food Assisted Child Survival Project,
- CRS and Freedom from Hunger's Credit with Education Project,
- ADRA's Child Survival Project, and
- Other PVOs and NGOs, including GAIN members and USAID Child Survival/Food Security partners

A number of important issues related to LINKAGES office and staffing were also discussed during the planning trip It is proposed that LINKAGES have a small core team working out of Antananarivo consisting of a nearly full-time LINKAGES Resident Advisor as well as Malagasy technical and office staff As part of the community-level partnership with JSI, it is recommended that LINKAGES hire Malagasy nutrition IEC/BCC staff who will be out-posted and would function as key members of the JSI field teams now being formed in 8 to10 start-up districts

It is also proposed that LINKAGES share office accommodation with the JSI project This is expected to be cost effective and should facilitate the coordination for LINKAGES and the JSI project to plan activities In addition, another USAID supported CA working on related program activities, the MEASURE project, as well as a local mass-media NGO, InterMedia, will also be share the overall office premises with JSI and LINKAGES

The LINKAGES planning team would like to express its gratitude to those individuals from USAID/Madagascar who guided the team during the planning trip Appreciation is also extended to the JSI team as well as those individuals from CRS, Freedom from Hunger, DesJardins Internationaux pour le Development and OTIV who arranged the field trips to Ansiribe and Tamatave In addition, the LINKAGES team is grateful for the useful inputs provided by individuals from the Government of Madagascar, university offices, UNICEF as well as other PVOs and NGOs whom the team met during the visit

II Background

USAID/Madagascar Program Strategy

In order to understand the programmatic context within which LINKAGES is planning its next phase of work, it is necessary to provide some background on the program structure of USAID/Madagascar The overall goal of USAID/Madagascar is to ***reduce poverty*** One of the two major indicators to be used to measure progress towards reaching this goal is the level of child nutritional stunting in the country as it provides a measure of both poverty and food insecurity Within USAID/Madagascar's country program framework Strategic Objective 2 relates most closely to nutrition and is as follows

SO2 Smaller, healthier families

IR2 1 Family level increased use of services and healthy behaviors,

IR2 2 Community Level Increased community participation leading to improved health and food security,

IR2 3 Health Center Level Increased access to quality health services,

IR2 4 Institutional level Increased capacity to plan and manage programs,

IR2 5 Policy Level Improved policies, program advocacy, and decision-making

In addition to using the level of child stunting as an overall country program indicator, USAID/Madagascar has also identified two additional nutrition indicators at the level of IR2 1 (family level) These two indicators are the percent of children (6-36 months) who are not anemic and the percent of infants 0-4 months who are exclusively breastfed

In recent years USAID/Madagascar has funded a variety of nutrition activities as part of the Mission's strategic objective of smaller, healthier families Apart from LINKAGES, these nutrition oriented groups have included US PVOs such as Catholic Relief Services (CRS), CARE, and the Adventist Development and Relief Agency (ADRA) as well as the Peace Corps The USAID-centrally funded BASICS project, which will be described in detail later, has also been a significant player in implementing nutrition activities

USAID/Madagascar was also instrumental in developing a Memorandum of Understanding on Nutrition (1997-1998) with UNICEF The MOU has been important since it has provided an overall structure for addressing malnutrition in the country The three priority areas identified included 1) women's nutrition, 2) child nutrition (through breastfeeding and LAM, complementary feeding, growth monitoring/promotion and, counseling), and 3) micronutrient malnutrition The MOU called for a nutritionist who could coordinate the Government of Madagascar (GOM), UNICEF, PVOs and USAID Cooperating Agencies (CAs) on nutrition activities This led to the placement of the first Resident Advisor for LINKAGES whose mandate and accomplishments are discussed in the following section

Past LINKAGES Support to Madagascar

LINKAGES' first support to USAID/Madagascar was a short-term consultancy in April 1997 [1] Later in 1997, LINKAGES engaged more fully in Madagascar with the placement of a Resident Advisor (Dr Ellen Girerd-Barclay) from August 1997 through October 1998 The Resident Advisor was shared with the OMNI project and also had responsibilities for micronutrient activities The workplan at that time was wide ranging and encompassed a variety of activities These included strengthening the Baby Friendly Hospital Initiative, integrating LAM into family planning and MCH programs, integrating breastfeeding, complementary feeding, maternal nutrition, and LAM into pre-service curricula for medical and nursing training colleges, developing maternal nutrition initiatives, and analyzing nutrition relevant data from the Demographic Health Survey (DMS)

Early on in the program, however, it became clear that much more groundwork was needed at the national level to identify the priority nutrition issues and establish a sustainable mechanism by which to address them It was recognized that a collaborative effort was necessary to bring together government, international donors, and PVOs as well as local NGOs to discuss nutrition issues and take concerted action Thus, although not originally recognized as a priority activity in LINKAGES' first workplan for Madagascar, the Resident Advisor gave much priority to national level policy coordination This focus resulted in the establishment the 'Groupe d'Action Intersectoral sur la Nutrition' (GAIN), which is comprised of members from the Government, international donors, PVOs as well as local NGO groups Since its formation a number of sub-committees have been organized on 1) weaning foods, 2) nutrition IEC, 3) maternal nutrition, 4) breastfeeding, and 5) food security The entire GAIN group (Grand Gain) meets every three months, while each of the sub-committees meets more regularly to implement work plans related to each technical area

Since its inception, the GAIN has proven itself to be a valuable mechanism through which discussion can take place and a consensus achieved on a number of nutrition issues having both national policy as well as programmatic importance for community-based interventions Additional achievements of the GAIN have included harmonizing key nutrition messages across different stakeholder groups in the country, developing a national nutrition IEC strategy, standardizing micronutrient protocols, as well as analyzing the 1997 DHS data which included disseminating information to members of the GAIN Today there are about 75 members of the GAIN and this provides an apt reflection of the importance now being accorded to nutrition in Madagascar

In October 1998 the original LINKAGES Resident Advisor left Madagascar As an interim measure, LINKAGES hired consultant Dr Agnes Guyon to serve as part-time resident advisor Dr Guyon assisted the GAIN in completing its program of work during the period from November 1998 until February 1999

[1] See Trip Report to Madagascar by Dr Edwin Kimbo, LINKAGES Consultant, dated 6 February 1998

Other Key Players in Nutrition

Since LINKAGES first began to work in Madagascar in early 1997, the nutrition landscape in the country has changed dramatically As described above, there has been a significant strengthening of nutrition policy and program formulation at the national level that was brought about to a great extent by the USAID-supported work of LINKAGES This effort has resulted in better communication and collaboration between the key nutrition stakeholders in Madagascar including the government, university, PVO/NGO, and donor communities

In addition to the progress seen at the national level, progress also has taken place in community nutrition activities supported by other donors Noteworthy is the planned national expansion of the World Bank supported SEECALINE Nutrition Project which will go to scale to cover most communities and many schools in the country by the end of the year 2004 The SEECALINE Nutrition Project has been an active member of the GAIN Another long-standing player in nutrition in Madagascar has been UNICEF UNICEF is active in the implementation of an area-based community nutrition project in sites across the country Additionally, it has given support to the Baby Friendly Hospital Initiative UNICEF has been highly successful in promoting salt iodization in the country

From 1995 until its closure in late 1998, the USAID centrally funded BASICS project made a major contribution to the development of health and nutrition program strategies in Madagascar, especially in child survival IEC/BCC at the community level BASICS' mandate was to address the child morbidity and mortality problems found in Madagascar, and a large part of their focus was placed on the problem of malnutrition because of its immense contribution to child mortality At the national level, BASICS introduced Integrated Management of Childhood Illnesses (IMCI) which has since been taken up as a national child survival policy The project was focused in supporting the health management teams in two districts (Antsirabe II and Fianarantsoa II)

To complement the support given to improving health service delivery, BASICS also developed a community-based behavior change strategy that focused on key health and nutrition messages that provide guidance to Malagasy families on the do-able actions they can take to improve the well being of young children The strategy has seven key health and nutrition themes [2] Each IEC kits consists of four elements

1) **Counseling cards** a set of cards on each theme was developed which illustrate small, do-able actions being carried out by a typical Malagasy family These cards are used to support counseling and village theater,

2) ***Gazety*** a low-cost newspaper containing similar messages and illustrations as the counseling cards They are distributed by health agents to community groups,

[2] There are seven sets of the BASICS counseling cards Breastfeeding (4 cards), Complementary Feeding from 6 to 12 months (4 cards), Complementary Feeding from 12-24 months (4 cards) , Diarrhea (4 cards), Malaria (2 cards), EPI (4 cards) and ARI (4 cards) A new set consisting of two cards is now being developed for LAM as a modern method of contraception

3) **Radio spot cassettes** the action-oriented messages are tied to the key behaviors contained in the counseling cards, and

4) **Village theater scenarios** a number of suggested scenarios per health and nutrition theme are outlined in bulletins

BASICS' community communication strategy used three channels through which the key health and nutrition messages were transmitted 1) health workers, 2) community volunteers, and 3) mass media Both health workers and community volunteers received basic training in communication and negotiation skills using the counseling cards Today in Madagascar the BASICS counseling cards are used by many different Government, PVO, and NGO groups working on child survival activities The counseling cards are available to any group that is interested and can be purchased for a small cost

In regard to nutrition, three of the IEC kits focus on nutrition key behaviors for optimal child feeding at different ages 1) exclusive breastfeeding for infants 0-6 months, 2) complementary feeding and continued breastfeeding for infants 6-12 months, and 3) complementary feeding and continued breastfeeding for young children 12-24 months However, a number of the other IEC kits also integrate important nutrition messages, especially on the feeding of children during and after illness

At the end of the BASICS project impressive results had been accomplished in a number of areas including nutrition [3] Much credit has been given to the innovative community IEC/BCC strategy that was used to reach families In BASICS project areas, the percentage of women who began breastfeeding within the first hour after delivery increased from 21 percent in 1996 to 69 percent in 1998 The percentage of infants 0-6 months who were exclusively breastfed increased from 48 to 72 percent during the same period Improvements were also seen in complementary feeding practices in children 12 to 24 months of age with the percentage receiving at least five meals a day increasing from 10 to 42 percent from 1996 to 1998

In summary, during recent years a number of donors have been involved in promoting nutrition at both the national and community levels and many key lessons have been learned about what works It will be important to incorporate the lessons learned from these past efforts into the design of LINKAGES' future program in the country

Key Child and Maternal Nutrition Issues in Madagascar

Of the nineteen sub-Saharan African countries for which DHS data are available, Madagascar has the highest level of children under the age of three who are stunted (low height for age) with 48 percent affected (1997 DHS) Levels of maternal malnutrition in Madagascar are also the highest

[3] Taken from BASICS Madagascar's Monitoring and Evaluation Table for Strategic Objective 2, December 1998

found in sub-Saharan African with about 21 percent of women categorized as malnourished using the criteria of low body mass index It is important to recognize the intergenerational effects of maternal and child malnutrition as malnourished (especially stunted) women tend to give birth to smaller babies In the abject poverty found in countries such as Madagascar, these babies are at great risk of becoming malnourished adults, and so the cycle continues between mother and child Another indication of the poor nutritional status of Malagasy women is the very high rate of anemia seen in close to 42 percent of women (hemoglobin value below 12 g/dl, 1997 DHS)

There are multiple causes of child and maternal malnutrition in Madagascar These causes arise from inadequacies in household food security, maternal and child care, as well as health levels No single intervention in any one sector can be expected to solve the problem In addition, the causes of malnutrition vary considerably across the country and will depend on agricultural, environmental, cultural, and other factors Thus, to address the various determinants of malnutrition in Madagascar, there needs to be a concerted effort taken by different groups in the country to address its food, care, and health dimensions, from the level of the individual child up to the level of national policy formulation However, in order to mobilize such an effort across the necessary sectors outside of nutrition's traditional base in health, much more attention will be needed at the policy level to advocate malnutrition as a central development issue of high priority Today in Madagascar, decision-makers from the family level up to the national policy arena are not aware of the massive impact that maternal and child malnutrition have on mortality, educability, and productivity outcomes An important part of this message must include presenting malnutrition as a problem not to be solved solely by nutritionists Rather malnutrition has to be presented and understood as a problem that requires the attention of professionals from a number of key sectors to address its food security, economic, care, social, and environmental dimensions

The mandate of the LINKAGES project addresses a very specific but extremely important dimension of the malnutrition problem, namely that of inadequate breastfeeding and related complementary feeding and maternal nutrition practices Poor feeding practices are a major contributing factor to the growth faltering and subsequent stunting that takes place early on during the first year of life In most Malagasy children this decline in growth begins to be very evident by four months of age and continues to worsen until about 12-16 months of age Most of the stunting seen in children in developing countries occurs by the time a child reaches its second birthday Thus it is imperative to address malnutrition during this critical period Equally as important is addressing the problem of maternal malnutrition in and of itself as an issue, but also as it relates to the problem of child malnutrition

In Madagascar, the Ministry of Health and WHO recommend that infants under six months of age should only receive breastmilk. As shown in Table 1, in 1997 only 48 percent of Malagasy infants under six months were exclusively breastfed Thus, over half of all infants were not exclusively breastfed during the first six months of life, and instead received other liquids and foods other than breastmilk In the context of the widespread poverty found in Madagascar, the early introduction of these other liquids and foods before six months puts an infant at much greater risk of pathogens which can later result in sickness and death In addition, in developing areas of the world these other liquids and foods given are far inferior from a nutritional standpoint to breastmilk.

Table 1 Comparison of Exclusive Breastfeeding Rates between 1992 and 1997, by age of infant (months)

Age	Percent of infants exclusively breastfed	
	1992 DHS	1997 DHS
0-1 9 months	53	78
2-3 9 months	42	49
4-5 9 months	17	22
0-6 months	35	48

The data contained in Table 1 indicate that there was a marked improvement in the exclusive breastfeeding rate for infants 0-6 months, from 35 percent in 1992 up to 48 percent in 1997 The improvement is particularly noticeably in infants under two months of age In addition, there have been similar improvements in other aspects of breastfeeding practices For example, according to the 1997 DHS, about 34 percent of infants were reportedly breastfed within an hour after birth, and 79 percent within 24 hours after birth These figures are both much higher than the levels of 6 percent and 45 percent, respectively, recorded during the 1992 DHS

The reasons for the improvements seen in exclusive breastfeeding rates and early initiation rates are not known Some observers have suggested that these positive changes could be the result of the efforts made in the country since 1993 to implement a Baby Friendly Hospital strategy aimed at promoting optimal nutritional practices for newborns However, this needs to be confirmed Further investigation is needed, especially to determine whether some of these differences may in fact be artifacts of differences in the field methodologies used in two surveys

From the age of about six months, WHO recommends that infants should also be given solid/soft foods to complement breastmilk In Madagascar, 87 percent of infants between the ages of 6-9 months are receiving complementary foods, however, it is hard to discern the types, amounts and frequency of the foods given Thus, although this figure seems high and indicative that the introduction of complementary foods is taking place at the right time in an infant's life, this should not suggest that there is not a problem with complementary feeding as the anthropometric data from the DHS indicate otherwise In addition, using the reverse statistics, about 13 percent of infants are not receiving complementary foods of any type and this should be cause for concern In addition, the results of a number of qualitative studies conducted in Madagascar have indicated serious problems with inadequate meal frequency and meal quantity, as well as insufficient meal quality especially in regard to food variety Thus in light of the very high rates of stunting and the

evidence from the studies conducted, inadequate complementary feeding practices of young children also appears to be a major problem

Family Planning and LAM

Overall contraceptive prevalence use in Madagascar is very low Only 7 percent of the rural women surveyed by the 1997 DHS reported using a modern method of contraception The total fertility rate is high with Malagasy women In addition, the median period of post-partum abstinence is low and estimated to be about 3 5 months in rural areas, and even less in the capital city of Antananarivo at only 1 3 months

In regard to the Lactational Amenorrhea Method (LAM), there are no solid data to document its practice Certainly there is no concerted effort to promote LAM within the existing family planning services or during other contacts with pregnant or post-partum women However, family planning experts in the country believe that LAM, if promoted correctly, could provide an important option to women for contraception protection during the post-partum period In addition, LAM is also seen as an important bridge to attract women to other modern forms of contraception LAM has recently been introduced as a family planning method in Madagascar, so this presents an ideal opportunity to begin concerted action to promote it within the health sector

It should also be noted that the opportunity to reach pregnant women with health and nutrition related advice (e g on exclusive breastfeeding, LAM and micronutrients) is great since close to 77 percent of women attend at least two or more antenatal clinics Close to 40 percent of pregnant women attend four or more times Post-partum contact, however, is thought to be much lower, although there are no data to document the situation However, it is known that in rural areas about 66 percent of women deliver at home and 33 percent deliver at a health facility (1997 DHS) Because of the tradition of keeping a new mother in 'confinement' for an extended period of time, new mothers are often not seen at health facilities Babies can be seen at health facilities for immunizations and well-baby care, but they may be accompanied by a caretaker other than the mother The lack of post-partum contact represents a lost opportunity to provide important health and nutrition support, for example, in providing post-partum vitamin A supplements as well as advice on exclusive breastfeeding and family planning methods including LAM

Rationale for Supporting BCM and LAM in Madagascar

Given the above review of the serious nature and magnitude of the nutrition problems that exist in Madagascar, it is clear that much more attention needs to be given to improving breastfeeding, complementary feeding, and related maternal nutrition problems, as well as promoting LAM There is a clear need to implement field interventions to address these problems at the level of the child and mother However, there is also the need to advocate nutrition at the policy level to garner more support for it as a central development issue that requires the attention of many sectors, not just health These issues will be the focus of LINKAGES' second phase of work in Madagascar

III Objective of the Planning Trip

In January 1999 a meeting was held in Washington DC between LINKAGES and USAID/Madagascar's new PHN Officer (Dr Sue Anthony) to review the next steps to develop phase II of LINKAGES' program After this meeting a strategy paper was prepared to serve as the basis for a planning visit to Madagascar by LINKAGES staff in April 1999

A LINKAGES Team visited Madagascar from the 12-31 April 1999 and included the following individuals

Dr Victoria Quinn, 12-24 April (Team Leader, LINKAGES Africa Coordinator)
Dr Agnes Guyon, 13-30 April (LINKAGES Consultant and designate Resident Advisor)
Ms Anne McArthur, 12-30 April (LINKAGES Program Officer for Africa)
Dr Ann Brownlee, 18-26 April (LINKAGES Consultant on Pre-Service Training and BFHI, Wellstart)

The overall scope of work for the team included the following

- Discuss and strategize with the Ministry of Health, USAID, and UNICEF for future LINKAGES interventions in Madagascar Review the Memorandum of Understanding between the three parties and revise as necessary

- Meet with other cooperating agencies, NGOs/PVOs, and SEECALINE in Antananarivo to brief them on LINKAGES activities and discuss areas of possible collaboration

- Begin the initial steps for collaboration with CRS and DesJardins Internationaux pour le Development on the Freedom from Hunger Credit with Education program

- Attend a 'grand GAIN' meeting to receive feedback from GAIN members and to debrief the GAIN on LINKAGES' and its future interventions in Madagascar

- Review the proposed scope of work for the new LINKAGES Resident Advisor with the USAID/Madagascar PHN Officer

Specific components of the scope of work included

- Meet with UNICEF's BFHI coordinator to discuss the status of BFHI in Madagascar,

- Discuss breastfeeding issues and needs with the Ministry of Health,

- Review in-service and pre-service curriculum with the university and mid-wifery schools,

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'Possible Next Steps to Continue Promoting Breastfeeding, Complementary Feeding, Maternal Nutrition and LAM in Madagascar', 26 January 1999

- Interview NGOs and PVOs on their information needs and identify potential nutrition information hub sites,
- Discuss administrative issues with USAID and the possibility of sharing office space with the new JSI bilateral project,
- Determine staff and logistic needs of the LINKAGES local office

A major deliverable from the LINKAGES Planning Mission is a Two Year Workplan and Budget for Phase Two

The Team met with over 20 groups during the three-week visit In addition, a two-day field trip was made to visit the CRS/Freedom from Hunger pilot site in Tamatave (Quinn, Guyon and McArthur) A three-day field visit was also made to visit the new JSI bi-lateral project in the former BASICS sites near to Antsirabe (Quinn, Guyon, McArthur, and Brownlee)

IV Findings

The major findings of the LINKAGES planning trip are given below First, a summary of the discussions held by the LINKAGES team with key nutrition players in Madagascar is provided This is followed by a synthesis of the issues that have most relevance to LINKAGES' future work in Madagascar Annex 3 contains a listing of events planned for the coming months which are of relevance to LINKAGES future work in Madagascar

A) Groups Met

1) USAID/Madagascar

As described earlier, poverty and nutrition concerns rank high in the priorities of the USAID/Madagascar Mission This is evidenced by the inclusion of a number of key nutrition indicators in their overall program strategy as well as their support to LINKAGES, OMNI, as well as to PVOs and NGOs working on nutrition issues The Mission also places high priority on shared results and coordinated efforts among their Cooperating Agency partners and US PVOs In regard to LINKAGES' future work, the USAID HPN Officer (Dr Sue Anthony) indicated that priorities should include focused support to the GAIN, the development of a joint work program with the new JSI Smaller, Healthier Families Project, support to CRS nutrition activities, as well as assistance to the Ministry of Health on the Baby Friendly Hospital Initiative There was also interest on the part of the USAID Mission to improve the pre-service nutrition training given to key health service providers as well as to link those Malagasy professionals working on nutrition to relevant professional and training activities outside the country This might include, for example, having a Malagasy attend the West Africa nutrition focal point meetings organized by CRAN in Togo The Mission also emphasized their desire that LINKAGES be able to report demonstrable progress in this second phase of work in the next R4 due in February 2000

2) Ministry of Health

General Information on the Health Structure In Madagascar there are there are 111 districts contained in 10 provinces The country is in the process of decentralization At the provincial level, different cadres of health workers are posted including nurses, health assistants, mid-wives and health inspectors The reality for most parts of the country is that there is a vast and serious problem of too few trained health staff in comparison to the sheer size of the population and their serious health needs At the district level there is a District Medical Officer in addition to a support team that includes an IEC officer At the community level there are Community Health Agents (CVAs) who are volunteers chosen by the communities and are supervised by the district health workers Both health workers and CVAs were targeted by BASICS in their two focus districts for IEC training in child survival and nutrition

Service of Nutrition (SNUT) Nutrition is located in the Department of Preventative Medicine The plan of the Ministry of health is to have two nutritionists in each province, however, in light of the severe manpower shortages that exist, achieving this goal will be years in the making At the present time, a member of the provincial health team is responsible for nutrition

A small but very enthusiastic Nutrition Unit (Service Nutrition) exists in the Ministry of Health in

Antananarivo Dr Simon Rakotonirina (Dr Simon), Chief of SNUT and staff members Dr Bakolalao Randriamanalina (Dr Bako) and Dr Hanitrarivo Adrianallson (both of whom are Wellstart Associates) promote nutrition-related programs within the health sector The SNUT staff are all medical doctors Dr Simon emphasized his view of the importance of the GAIN and the desire of the Ministry for LINKAGES and USAID to continue supporting the group His expressed an interest in having LINKAGES assist the GAIN logistically (e g organizing meetings), technically (e g in BCM, nutrition IEC/BCC, policy analysis and advocacy) and financially (e g funding GAIN initiatives) In addition, Dr Simon was interested in LINKAGES providing technical input into the development of a future mandate, strategy, and workplan for the GAIN that would clearly specify the role and responsibilities of its different members Dr Simon would like all the active members (e g the Ministry of Health, USAID, UNICEF, Seecaline, etc) to split up the responsibility for coordinating the GAIN He also expressed his desire to see the GAIN decentralized down to the provincial level

Early on in its involvement in Madagascar, LINKAGES supported the **Baby Friendly Hospital Initiative** This included supporting the SNUT and Wellstart Associates to develop a BFHI monitoring tool and monitoring plan The tool was subsequently used to monitor Baby Friendly Hospitals by Dr Bako and the SNUT supervisory team LINKAGES also worked with UNICEF to ensure compliance with BFHI criteria in those hospitals that had received certifications At the present time, 53 hospitals in Madagascar have been designated Baby Friendly However, there has been concern that after receiving their certification, hospitals tend to slide back and not adhere to the Baby Friendly criteria The planning team visited a number of Baby Friendly facilities in Antsirabe and found that more could be done to maintain the motivation of staff In addition, there are a number of opportunities that Baby Friendly Hospitals provide that could be more fully exploited For example, giving vitamin A to post-partum mothers could be done in addition to incorporating LAM and other aspects of breastfeeding into the family planning clinics of Baby Friendly Hospitals

Regarding **nutrition policy and advocacy**, Dr Simon was very interested in the up-coming PROFILES training in July 1999 which will be funded by the MEASURES project LINKAGES will be providing logistic support to this activity through the services of its new Resident Advisor who will assist in identifying participants as well as assist in coordinating other aspects of the training Dr Simon also made a request to LINKAGES for a computer, related software and printer, as the Nutrition Unit does not have computing capacity at this point in time

The LINKAGES team also paid a courtesy call to the Director of Preventative Medicine (Dr Hanta) who is both a strong supporter of nutrition and who has the authority to call GAIN meetings Dr Hanta emphasized her interest to see support given to the Baby Friendly Hospital Initiative, pre-service training as well as to nutrition policy analysis and advocacy

Some members of the LINKAGES team (Guyon and Brownlee) were able to attend a Working Group for **Pre-Service Curriculum Revision** which was called by Dr Simon of the SNUT The consensus was that the present curriculum on nutrition for health service providers is extremely inadequate The Working Group included representatives from the SNUT, Faculty of Medicine, l'EEMS, university hospitals, WHO, UNICEF, JSI, SFPP, and LINKAGES At the meeting it was reaffirmed that there was a high level of interest in re-activating plans to strengthen the medical, nursing (Ecoles d'enseignement medico-sanitaire -EEMS), and public health school curricula in

the areas of nutrition (based on the Essential Actions for Nutrition[4]) This would include infant feeding, as well as LAM What is now needed is to develop a Plan of Action for pre-service curriculum revision in areas of nutrition, infant feeding, and LAM Activities discussed by the Working Group that could follow, as part of the plan, include

1) a sensitization/advocacy meeting to gain support from key faculty/administrators at the schools of medicine, EEMS, and public health for pre-service curriculum revision,

2) an assessment by a local consultant of the current curricula content in nutrition, infant feeding, and LAM which includes examining the current "job descriptions" of health personnel and identifying resources available for curricula reform, and finally a

3) a two-day workshop to review, revise and complement the work of the consultant (tentatively planned for middle/end July)

In regard to these proposed activities, UNICEF agreed to support the work of the local consultant LINKAGES agreed to help fund the two-day workshop Further steps in the curricula revision process would include curricula writing, development of course outlines, session plans, and teaching materials, training of faculty on the new content and teaching strategies, as well as implementation, monitoring, and evaluation of the new curricula

In addition, the same members of the LINKAGES' planning team were able to participate in a workshop organized by the Service de la Formation et du Perfectionnement du Personnel, which is part of the MOH The workshop was held to validate the national training policy and included a wide array of participants including central directors, interregional directors, and central chiefs of service of the MOH, as well as representatives from WHO, UNFPA, UNICEF, the European Union, USAID, the International Handicap Association, BASICS, JSI, French, Swiss, and German aid organizations, and NGO partners The group reviewed and discussed the document outlining the present situation related to pre-service training, specialization, and continuing education during the morning session, giving recommendations for finalization In the afternoon the document covering "Norms and Procedures for Continuing Education" was discussed A working group on training was organized at the end of the workshop The workshop provided LINKAGES with an understanding of the current organization, constraints, norms and procedures related to both pre-service training and continuing education within the Ministry of Health, as well general strategies for improvement

3) The JSI "Madagascar Smaller, Healthier Families Project"

This four year project, awarded in November 1998, has been designed to be the centerpiece of USAID/Madagascar's SO2 It follows on from USAID/Madagascar's previous bilateral project in reproductive health (MSH/APPROPOP) and the Child Survival activities supported under the centrally funded BASICS Project, both of which ended in late 1998 The project will be implemented by John Snow Inc and its partners (Academy for Educational Development, The

[4] Essential Actions for Nutrition are the same as the six behaviors promoted in the MINPAK strategy developed by BASICS

Futures Group and PACT) The objective is to strengthen family health through improved health services and will focus on three key areas 1) reproductive health (family planning, sexually transmitted infections, safe motherhood), 2) child survival (IMCI), immunization and nutrition) and 3) community empowerment A major focus of attention will be on short-term skills training for health service providers as well as community and health facility based IEC activities to support small do-able actions to improve behaviors in both reproductive health and child survival including nutrition

At the field level, the JSI Project will work closely with the Ministry of Health in about 20 districts of two major regions in the country Fianarantsoa and Antananarivo This geographical area contains about 4 5 million people The project will aim to reach communities directly as well as through basic health centers (CSBI & II) and NGOs (via grants) In the first year, between 8-10 districts will be chosen covering a population of about three million people JSI will be out-posting staff for at least 18 months to each of the first 8-10 districts in the first phase of the project's roll-out

The strategy of the JSI project is to use EPI and breastfeeding as the programmatic 'entry points' to move into communities Follow-on activities will include training and logistical inputs in family planning delivery at the health facility and community levels (especially in the five-short term methods including LAM), nutrition (including BCM and micronutrients), and reproductive health JSI's ultimate objective at the health facility level is to create the total integration of reproductive health, child survival and maternal-child nutrition services through cross training and integrated IEC approaches Since low levels of access to and utilization of health facilities are major issues in Madagascar, the JSI project strategy will focus much attention on community participation both within communities themselves as well as through the basic health center level

JSI's approach to address the child survival and nutrition aspects of the program stems from the past IEC/BCC community based strategy used by the BASICS project in Madagascar (two of JSI staff were previously working with BASICS in Madagascar) Thus at the community and health facility level, BASICS counseling cards on health and nutrition actions will be used in addition to the village theater, printed materials (e g Gazety) and radio spots New materials will need to be developed for the family planning aspects of the project However, a major difference in the JSI project strategy is the training intensity will not be as great as the BASICS project Instead the JSI project aims to reach wider coverage of tne population at a faster rate

During the first meeting with JSI (Dr Mary Carnell and Dr Peter Gottert), LINKAGES was invited to work closely with the JSI project and take responsibility for all nutrition-related components (e g breastfeeding, complementary feeding, maternal nutrition, and LAM) Later when the members of the planning team met with the Director of the JSI project (Dr Nancy Harris), she emphasized her interest to see JSI and LINKAGES develop joint workplans for fieldwork In essence, JSI would like LINKAGES to develop, coordinate and implement all interventions related to BCM and LAM in their project sites This would include, for example, developing training protocols and materials (e g guides, new IEC/BCC tools), training health workers and CVAs, as well as designing and implementing a monitoring and evaluation system for BCM and LAM

The JSI Director was very keen that LINKAGES provide support to LAM within the family

planning component of the JSI project since it was one of the five non-clinical methods of contraception being promoted (e g pill, injectables, condoms, spermicides, and LAM) The first Family Planning training will be conducted in late May this year and JSI has requested LINKAGES to assist in the LAM aspects of the training In addition, a new counseling card on LAM has been drafted by JSI and was shared with the planning team to take back to LINKAGES' Washington staff for comments The LINKAGES team also discussed with JSI and USAID/Madagascar whether there was a need to bring an experienced francophone LAM trainer to work with the LINKAGES Resident Advisor as well as with JSI project staff responsible for family planning training A decision on this will be made in the near future after more consultations with USAID and JSI The Director of the JSI project also expressed an interest for LINKAGES to conduct operational research on the effectiveness of LAM as a transition to other modern methods of family planning The LINKAGES planning team agreed that this was a possibility and would investigate the options for operation research on LAM once back in Washington

The JSI Project Director also expressed her concern about the issue of post-partum care for women The challenge in Madagascar is reaching women during the post-partum period as the majority of births in rural areas, about 66 percent, occur in villages Since most women undergo a traditional confinement period of a few months following the birth of their child, these mothers are not usually seen by health workers during the critical post-partum period Innovative ways need to be identified to reach women during the post-partum period to delivery needed services including counselling on breastfeeding and LAM as well as maternal vitamin A supplements

It was also proposed by JSI that LINKAGES hire Malagasy field staff who would work as part of the JSI district teams and be responsible for all IEC activities to promote BCM In the first year, JSI will be forming these field teams in 8-10 focus districts It was agreed by LINKAGES and JSI that this strategy of having out-posted staff would provide an exciting opportunity to make a major impact on improving breastfeeding in a large population (coverage of close to about three million people in the first 8-10 districts)

Dr Carnell of JSI also advised LINKAGES to take action as soon as possible to include all relevant costs for nutrition field activities (e g training costs, IEC/BCC material costs, etc) into the regional and district grants currently being written up for USAID funding (e g Project Implementation Letters, AAPS in French) In this way, she said LINKAGES could leverage funding to support its field level nutrition activities with JSI

The joint partnership with JSI looks very promising at this early stage and the possibility to achieve impact is good However, it is also recognized that a number of operational details still need to be discussed between LINKAGES and JSI These include, for example

1 The nature of the administrative, logistic, and operational support for LINKAGES staff posted at the district level as part of the JSI/MOH team (e g access to office space, vehicles, fuel, supporting costs, etc),

2 The exact role LINKAGES will have in promoting LAM in the JSI project For example, who will conduct the training (e g JSI Family Planning Trainers, LINKAGES staff, etc)?, will LAM acceptors be followed-up?, how will quality assurance of LAM be handled (e g by JSI along with the other 4 non-clinical

methods)?, how will the development of a health information system to capture data on family planning and LAM proceed?

Another topic requiring more discussion between LINKAGES and JSI concerns monitoring and evaluation (M/E) The M/E system of the JSI project is still in the process of being developed At this early stage, however, it appears that JSI does not plan to use household surveys Instead data from the DHS sample clusters will be utilized to assess impact in project area In addition, JSI plans to conduct health facility surveys to assess the quality of the integrative reproductive health/child survival services being developed During their discussions with JSI staff, LINKAGES learned that Eckhart Kleinau of the Measure project will be visiting Madagascar in late June 1999 to further refine the JSI M/E system In order to maximize resources and provide complementary inputs, LINKAGES will contact Dr Kleinau in Washington D C to see where coordinated inputs could be made

In summary, the joint venture between LINKAGES and JSI is most welcome and provides an excellent opportunity for LINKAGES to achieve wide-level impact especially on improving exclusive breastfeeding practices and increasing the adoption of LAM Is was agreed that the new LINKAGES Resident Adivisor (Dr Agnes Guyon) should begin immediately to work with the JSI team to develop a joint strategy and workplan

4) Catholic Relief Services

Food Assisted Child Survival Project (FACS) In regard to USAID/Madagascar's total Food Security funded portfolio, the CRS Food Assisted Child Survival (FACS) program represents the largest share of the budget for nutrition out of all the PVOs being supported by USAID It receives over 60 percent of all food security funding (from PL 480 Regular and Monetized Funds) given to PVOs In addition, close to 90 percent of the CRS FACS budget is dedicated to nutrition The LINKAGES planning team met with two staff members at the CRS office in Antananarivo_ Mr Mike Culligan who is newly arrived in the country and Dr Gilbert Andrianandrasana who is in charge of health

The CRS FACS project is located in twelve dioceses across the country and will cover 80 health centers, 218 villages, and involve close to 500 community volunteer Health Promoters Each health center serves about three villages Typically there is one Health Promoter for 500 villagers It should be noted that CRS works through diocese supported health centers, not Government facilities Although the FACS project involves food distribution, it is development oriented The major goal of the project is to improve the nutritional status of 1) children below three years of age, 2) breastfeeding women and 3) pregnant women In addition, reduction in child morbidity and mortality are also key goals

The FACS program is operated through Village Committees and the volunteer Health Promoters CRS provides training to the Health Promoters in 1) health education, 2) IEC, 3) management and 4) community development In regard to community nutrition activities, Health Promoters conduct Child Growth Monitoring sessions that include group sessions with child caretakers on health and nutrition education When necessary, home visits are also made by the Health Promoters Food rations are given out to all malnourished kids for an average duration of six months and to all pregnant and lactating women for six months Each CRS assisted Health Center is managed by

two people who also receive training from CRS in IEC, communication skills, and health information systems In each Diocese there is an individual who oversees the health centers and who receives training from CRS in office management, logistics, and management information systems

The M/E system of the CRS FACS project is based on baseline and mid-term KPC surveys (at the time of the LINKAGES' planning visit not all the baseline KPC surveys had yet been conducted in each project site) In regard to indicators, a number of the key indicators identified by CRS are also relevant to the LINKAGES' focus on breastfeeding and complementary feeding These are as follows (the target level of each indicator for the year 2002 is shown in parenthesis)

Impact Indicators

1 increase in proportion of children 0-24 months breastfeeding within one hour from birth (60),
2 increase in proportion of children 20-24 months still receiving breastmilk (90%),
3 increase in proportion of children 0-6 months exclusively breastfed (44%)

Result Indicators

1 increase in children 0-24 months receiving same/more food when experiencing diarrhea during past two weeks (67%),
2 increase in children 0-24 months receiving same/more fluids when experiencing diarrhea during past two weeks (95%),
3 increase in children 0-24 months receiving same/more breastmilk when experiencing diarrhea during past two weeks (95%)

In regard to LAM, CRS staff were not optimistic that it could be included in their program This was primarily because of problems with family planning and the Catholic Church but also CRS felt their existing FACS IEC component already had too many messages and could not be expanded to incorporate a new topic

In summary, CRS was very keen to have LINKAGES work with their field staff to improve the IEC/BCC components of the FACS project that relate to breastfeeding, complementary feeding and maternal nutrition issues It was proposed that LINKAGES' BCC Coordinator, Dr Nancy Keith, should visit Madagascar later this year with one aspect of her scope of work being to work with CRS to develop a joint workplan It is also recommended that the assistance given by LINKAGES to the CRS FACS project should begin in the JSI focus districts to complement inputs and create synergy

Credit with Education Program CRS is also working with Freedom from Hunger (Davis, California) to develop a three-year (Dec 1999 through Dec 2001) Credit with Education' program in a pilot areas in dioceses located around Tamatave Other collaborators include the French credit group DID as well as a local credit union network, OTIV It should be noted that the Credit with Education activities are not funded by USAID However, these activities will be introduced into the USAID Title II funded FACS villages so as to provide other complementary inputs for health and nutrition

The goal of the Credit with Education project is to reach 4,200 women in 140 credit associations with access to small loans as well as weekly education sessions on health and nutrition issues There are a number of impact indicators identified for the Credit with Education project that are relevant to LINKAGES' mandate These include

1 an increase by 20% in the number of children under 24 months breastfed within the first 8 hours after birth,

2 an increase by 20% in the prevalence of infants given only breastmilk (exclusively breastfed) until they are 120 days old (e g for the first four months of life),

3 an increase by 60% in the number of children (12 to 24 months) fed at least 4 meals/snacks per day in addition to breastmilk

It should also be noted that at the global level LINKAGES Washington is providing technical assistance to Freedom from Hunger/Davis to enhance the existing breastfeeding curricula This also involves developing an adaptation tool to use the new breastfeeding curricula in different countries Madagascar will be the first country site where this new breastfeeding curricula and adaptation exercise will take place LINKAGES Washington staff will assist Freedom from Hunger to launch the new curricula in CRS project sites around Tamatave in early September 1999

5) Peace Corps

The LINKAGES planning team met with the Health Officer of Peace Corps, Dr Boda Ranjava At the present time there are 19 Peace Corp Volunteers (PCVs) in the country in 11 sites in Antananarivo and Fianarantsoa Twenty-five more PVC are expected in November 1999 In the past, PCVs have done KAP surveys in different locations around the country on issues related to women and child caretaking behavior including feeding practices Although the data have been analyzed for the individual surveys, unfortunately no synthesis of the major results has ever been made About half of the PCVs time is spent on IEC/BCC on health and nutrition and half on income generating activities in addition to working on child-to-child activities in schools In the past, PCV received IEC training (1/2 day) from the BASICS project on the five killer diseases (including malnutrition) PCVs also worked with BASICS to field test the counseling cards and were involved in promoting village theater and child-to-child activities Dr Ranjava hoped LINKAGES could assist the Peace Corp with IEC/BCC training based on the existing nutrition counseling cards, possibly in October 1999 She also was interested to have PCVs work alongside JSI and LINKAGES field staff in the focus districts

6) Measure Project

The Measure Communication Project has been active in Madagascar working with journalists on information dissemination and creating awareness in the media on health issues Measure will have a continued presence in Madagascar and anticipates working with LINKAGES in the future, including sharing some office costs Measure will pay for a PROFILES workshop from the 19-31 July, with Dr Victor Aguayo conducting the workshop LINKAGES will contribute to the effort by having their Resident Advisor help to identify the participants and organize the logistics of the

training plus follow-up advocacy activities

7) Adventist Development and Relief Agency (ADRA)

The LINKAGES team met with Mr James Dick At the present time ADRA is implementing two projects with USAID funds a child survival project and a food security project Both are described briefly below

Child Survival Project A four-year Child Survival Project was started in October 1998 in Tamatave II District in collaboration with the government's District Health System The goal of the project is to improve the capacity of health service delivery through health center and community-based activities that focus on a number of key areas, namely nutrition and breastfeeding promotion, immunization, control of diarrheal disease and STI/HIV/AIDS prevention The project is expected to cover 64,000 people A baseline survey was conducted in January 1999 and covered infant feeding and related child caretaking behaviors Preliminary tables are available, however, they are in need of further refinement

Under the Child Survival project, ADRA will support 24 health centers ADRA also hopes to work with JSI in their focus districts UNICEF is also working in four of the ADRA supported clinics and CRS is also working in about half of the clinics ADRA's team in Tamatave consists of eight staff including an IEC officer, an IMCI officer, a management information system officer, and a training assistant Part of their IEC strategy includes child-to-Child activities in health and nutrition

The ADRA staff with whom the Planning Team met was very interested in having LINKAGES work with them on the nutrition IEC/BCC aspects of the project Again, as with CRS, it is recommended that any work with ADRA begin first in the JSI focus districts to promote synergy and complement the health and nutrition IEC/BCC inputs of the different agencies

Food Security Project Since 1998, ADRA has received USAID funding from the PL 480 Title II monitization food security program to implement a five-year Food Security project in Toamasina (Tamatave) Region (in Moramanga and Aanosibe na'ala Districts) This project will cover a population of nearly 60,000 people representing 10,000 families in 50 communities At the present, time the project is only focused on food security and family planning activities and not on nutrition per se However, according to ADRA staff, in the future it may be possible to include nutrition components into the Food Security project through 1) Women's Family Planning Users Groups, 2) the School Component via health/nutrition curricula, child-to-child and home gardens, and 3) the inclusion of nutrition information in the four-month Model Farmers Training Program that is given to the ADRA Food Security Community Agents (half of whom will be female) Further assessment is needed of the content of this training being offered at the Fianarantasao Training Centre to see whether it includes nutrition or is solely focused on agriculture

It might also be possible to include nutrition into the training given to ADRA's field assessment and planning teams (e g six teams of three persons each) These teams visit new Food Security Project communities and mobilize support to assess the communities' food security situation,

develop action plans to address the problems uncovered and identify available resources Nutrition concerns could be incorporated into the community assessment protocol

ADRA's field staff for the Food Security project consists of two expatriate experts and 22 technical Malagasy experts (who include three health specialists as well as infrastructure, marketing, and environmental education experts) This is in addition to the six teams of three ADRA would also like to see a nutritionist join their team in Antananarivo

8) CARE

The Planning Team met with Mr Chris Dunston (Director) and Dr Eleanor Seoumy (Program Manager) from the CARE office in Antannarivo CARE is currently implementing an urban-based project in Antananarivo that addresses food and livelihood security issues Another livelihood security project is located in selected coastal communities prone to cyclone disasters Both these projects are funded with USAID PL480 regular and monetized funds From the discussions it appears that the CARE program is both nutrition as well as IEC/BCC In 1997, LINKAGES provided technincal assistance to CARE staff for the development of two breastfeeding curricula for extension workers and medical pesonnel A LINKAGES' consultant (Dr Edwin Kimbo) also served as the lead trainer in 2-day workshops to conduct this training

9) ASERN

Dr Rahetiarisoa is the director of ASERN (Association of Organizations for Nutrition Education and the Rehabilitation of Malnourished Children) which is a local conglomeration of government and non-government organizations founded in 1995 Their work focuses on the nutrition rehabilitation of children (0-24 months) in the catchment areas of four hospitals and 15 outpatient clinics where they provide nutrition education and family planning services They are also active members of the GAIN Dr Rahetiarisoa indicated she would welcome LINKAGES providing IEC/BCC training in BCM and LAM for their staff She also mentioned that the Government was starting to encourage local factories that employ women to set up creches for their infants (e g the Pullma Company) LINKAGES could explore this initiative of the government in light of their global mandate to look at breastfeeding in the workplace

10) GRET

Dr Olivier Bruyeron and his colleague described the work of GRET which is a French NGO that works on a variety of projects related to urban and rural development, the environment as well as communication GRET is an active member of the GAIN and recently have been involved in developing a local weaning food through a process of formative research, pilot trials, IEC and community mobilization Their target group is low-income urban mothers They have used a variety of IEC/BCC activities to sensitize mothers to nutrition issues including village theater, folk troops, music and dance GRET plans to conduct an evaluation of their weaning food and IEC work which could be useful to others working on complementary feeding issues

11) Intermedias Group

Intermedias is a network of journalists from different media organizations who cover health, environmental, and social issues in Madagascar They are currently working with Measure/Population Reference Bureau on information and dissemination and they did work with LINKAGES in 1998 on sensitizing journalists to breastfeeding Intermedias is interested in working with LINKAGES on a number of information activities, including helping develop a database of health, environment, and education materials, an information center, and a web site

12) SALFA

SALFA is the Health Department of the Malagasy Lutheran Church The planning team met with Mrs Catherine Quanbeck, Dr Agnes Randriamanantsoa, and Dr Josoa Ralaivao At the present time SALFA works in about thirty secondary and tertiary health centers During 1997 and 1998 SALFA received Child Survival money from USAID to promote IMCI and improved health and nutrition behaviors in nine SALFA centers in Antananarivo and Fianarantsoa regions The major focus was on training the health staff of these centers as well as mobilizing communities in child survival activities This includes working with community women's groups and leaders to promote nutrition, breastfeeding, growth monitoring, immunization, sanitation, and hygiene To date SALFA has trained close to 175 women's leaders, all of whom are volunteers Thereafter these volunteers pair up to train ten more women in each village SALFA has recently submitted a proposal to USAID for Child Survival funds that would allow them to expand to more health centers Some of these proposed new areas also overlap with JSI districts and SALFA hopes to be able to work closely with JSI and another NGO in these areas

13) UNICEF

Along with USAID, UNICEF has been one of the major players promoting nutrition in Madagascar and was a cosigner of the Memorandum of Understanding on Nutrition with USAID From the inception of the GAIN, UNICEF has also been a very active supporter and participant UNICEF's nutrition activities have also been wide ranging and have met with success particularly their promotion of salt iodization Two other projects of interest to LINKAGES, the community based nutrition program and the Baby Friendly Hospital Initiative, are described below

Community Based Nutrition Program (Nutrition AC) The planning team met with Mr Abdullah Dustagheer, the Nutrition Program Officer for UNICEF He described their community-based nutrition program (NAC) which is based on UNICEF's Nutrition Strategy (e g the Conceptual Framework and Triple A Cycle) The NAC operates in 11 districts and with 255 sites covering about 33,000 children Each NAC site is affiliated with a Bamako Initiative (e g health care cost recovery) site The existing core activities include community-based growth monitoring and promotion, IEC on health, nutrition, and hygiene, health service outreach (EPI, antenatal care, de-worming, vitamin A supplementation) and support to household food security (food production, conservation, and transformation) Community volunteers supported by health workers and agricultural extension officers and NGOs implement the NAC activities UNICEF acknowledges that problems have been encountered with implementing the program but has taken actions to address these In addition, UNICEF had worked with the BASICS project to pilot community-based IMCI in NAC areas Other donors in the country who are following the lead of UNICEF in

promoting the NAC approach (based on the UNICEF Nutrition Strategy) include CRS and SEECALINE In the past LINKAGES and UNICEF have worked closely on a number of nutrition initiatives particularly at the national level and future collaboration is envisaged

BFHI The LINKAGES planning team met with Dr Aloys Kamuragiye the UNICEF Chief of Health Programs who is responsible for their support to the Baby Friendly Hospital Initiative Activities that UNICEF supported in 1998 included monitoring of existing Baby Friendly Hospitals, assisting to transform and assess ten new hospitals for BFHI designation, as well as supporting IEC and social mobilization activities These included the use of radio and TV in the health districts and the purchase of BASICS counseling cards UNICEF was also involved in a celebration of World Breastfeeding Week, the transformation and designation of 50 "Baby Friendly Workplaces", as well as the strengthening of the "safe motherhood" (maternite sans risque) program in two health districts

14) CITE

The CITE is a documentation center that provides information to the professional sectors The CITE is a Franco-Malagasy collaboration that brings together the most recent economic information and disseminate it to sites around Madagascar and to anyone who requests it Another component of the CITE is research, and they will research topics upon request The CITE has done some research on nutrition, but very little on health issues The CITE is also a media center where member organizations can come and access computer and media equipment

15) INSTAT

INSTAT is a semi-public organization that produces statistics and also provides information and communication to various ministries INSTAT receives requests from the Government, as well as NGOs, for statistical data and produces reports They also do information dissemination and worked closely with Measure on the 1997 DHS

16) PNAN

PNAN is part of the Ministry of Research and Statistics and they do research on nutrition for the government and for NGOs working in Madagascar upon request Once the research is completed, PNAN disseminates the results to groups that can use it PNAN also disseminates a newsletter every trimester that give a review of nutrition activities in both the government and the NGO community PNAN has a nutrition library and also houses the only nutrition database in Madagascar PNAN would be interested in participating in an information hub

17) The SEECALINE Project

From 1992 to 1996 the World Bank supported the SECALINE community-based nutrition project in two food insecure provinces in the country, Toliary and Antananarivo The Bank was able to document a reduction in the rates of moderate malnutrition in the project areas but the Bank acknowledges that this is difficult to attribute to the project in light of other factors that may affect nutritional levels in these areas All project activities were implemented through local NGOs due

to the low quality of public health services and their low utilization rates

The new SEECALINE project will follow on from this first project and cover a five-year period beginning in mid-1998 The total budget is nearly $42 million The SEECALINE project will contain a community nutrition program, a school nutrition program, support to the Ministry of Health (in IMCI), support to the Ministry of Agriculture (in household food security), and will invest heavily in IEC, training, and management Members of the community who are involved in project implementation receive some form of compensation The Government of Madagascar is much more involved in this new phase of the World Bank's support It is envisaged that SEECALINE will benefit 4 1 million people, of whom 900,000 will be children under the age of three years and of these 450,000 will be malnourished In addition, 363,000 pregnant and 363,000 lactating women will be covered, as well as one million enrolled primary-school children and 1 5 million non-enrolled children aged 3 to 14 years Thus coverage of the Malagasy population is expected to be high

The IEC component of the project is of particular interest to LINKAGES SEECALINE will have IEC specialists in six regions as well as a National IEC Coordinator Their SEECALINE IEC staff faces an immense challenge as the plan is to train 4,000 community health workers over the next five years However, at the time the LINKAGES planning team visited the SEECALINE office, the paperwork had not been completed to hire an international IEC firm to provide technical assistance As a result, the Director of SEECALINE, Dr Michelle ?????? was unable to discuss what future collaboration with LINKAGES could be considered However, it was agreed that there is a mutual desire on the part of LINKAGES and SEECALINE to collaborate and coordinate their activities at the field level whenever possible The details of future collaboration between LINKAGES and SEECALINE will need to wait until the IEC Technical Assistance group has been hired and has had time to plan their strategy

B) Summary of major findings

Important findings can be drawn from the planning team's discussions, which have a bearing on the future directions taken by LINKAGES in Madagascar There are a number of positive factors that currently exist in Madagascar that should be built upon in the future workplan In addition, there are a number of weak areas that should be considered in the future for further attention

Strengths

1 **National Level Coordination** At the national level there exists a strong nutrition coalition (e g the GAIN) comprised of government offices, NGOs, PVOs, and international donors This has facilitated reaching a consensus on the key nutrition problems, the types of policies and actions that are needed, and the necessary protocols to implement intervention programs (e g nutrition IEC, micronutrients, IMCI, Essential Actions in Nutrition)

SEECALINE stands for Surveillance et Education des Ecoles et des Communautes en matiere d'Alimentation et de Nutrition Elargie

2 **The Time is Right to Put Policies into Practice** In Madagascar it could be said that the pro-nutrition policies are now in place and the time is ripe to put policies into action

3 **Potential for Decentralizing Nutrition Coordination** In light that most GAIN members have community-level nutrition staff and field activities, the potential for decentralizing the GAIN to the provincial level is excellent and makes for an exciting prospect to improve the coordination of community nutrition actions, including their quality

4 **Strong Donor Coordination** The donor community in Madagascar coordinates very closely on nutrition issues and this has had an immense and positive effect on helping the Government focus attention on nutrition and coordinate its responses to it

5 **Strong IEC/BCC Experience** The past work of the BASICS Project in Madagascar in IEC to address health and nutrition issues at the health facility and community levels has provided an exceptionally solid foundation for developing a strategy to promote positive behavior change in breastfeeding, complementary feeding, maternal nutrition and increase the uptake of LAM

6 **Agreement on Key Behavior Change Messages and Mode of Delivery** Most donors, PVOs and local NGOs involved in Child Survival activities use the BASICS IEC Kits and communication channels This has had a positive impact on reinforcing the same health and nutrition messages in a variety of settings and communication channels across the country

7 **IMCI and Essential Actions on Nutrition are Accepted** Both these strategies have been piloted in Madagascar and are now national policies which means that key child and maternal nutrition actions have been fully integrated into the health service delivery framework

8 **Excellent Opportunities for Field Level Partnerships** At the present time there are many exciting opportunities for LINKAGES to join forces with other nutrition partners at both the national and community levels Combining resources and expertise should enhance impact especially, on behaviors related to breastfeeding, complementary feeding, maternal nutrition, and LAM

8 **Overall Strategy for BFHI is in Place** A BFHI monitoring tool has already been developed and the monitoring system has been partially implemented at the national level to help maintain/improve implementation of the *Ten Steps to Successful Breastfeeding*

9 **High Level of Interest in Nutrition Pre-Service Curricula Reform** The Working Group on pre-service curriculum revision is committed to strengthening the nutrition, infant feeding, and LAM content of pre-service curriculum The emphasis will be placed on providing newly trained physicians and nurses (and possibly public health school graduates) with the knowledge and skills necessary to provide up-to-date

preventative and curative care in these key areas Initial indications are that potential donors are willing to share costs for this initiative

Weaknesses

1 **Low Exclusive Breastfeeding Rates** The 1997 DHS showed that only 48 percent of infants below six months of age were exclusively breastfed Improvement is needed especially in the 2-6 month old age group

2 **Little Attention Given to Maternal Nutrition** Madagascar has the worst maternal nutritional status for all of sub-Saharan Africa Far too little attention has been given to the nutritional problems faced by women, with these in turn having an immense impact on the nutrition, health, and survival of their offspring This is a key area that demands more attention

3 **Complementary Feeding from about Six Months onwards Requires More Attention** Much more attention through IEC/BCC channels needs to be given to promoting adequate complementary feeding behaviors for children six months of age and older Inadequate complementary feeding, especially during and after bouts of sickness, is a major cause of the severe growth retardation and stunting that is found in young Malagasy children

4 **Need for Nutrition Job Aids for Health Workers** Even though nutrition is gaining more attention at the national level and in community programs, there is an immense need for nutrition job aids to guide health service providers in taking the correct actions on nutrition at different points of contact in health service delivery The introduction of the Essential Actions for Nutrition (MINPAK) by BASICS should form the basis of these job aids

5 **Inadequate Nutrition Behavior Change Communication Skills in Front-line Health Workers** Apart from those health workers and community volunteers who received IEC and communication training from BASICS, most health workers, PVO/NGO staff, and community volunteers in Madagascar have had no training whatsoever to promote positive behavior changes in infant and child feeding practices

6 **Use and Knowledge of LAM is Low** Few statistics exist to document the adoption rate of LAM but it is thought to be very low There is no systematic training given in LAM and the knowledge of family planning service providers is weak and that of other health service providers even weaker There are no clear protocols on LAM, nor are data on LAM collected in the Health Information System

7 **Need for Incentives to Maintain Enthusiasm of Community Volunteers** Community health volunteers made a significant contribution to the success achieved in the BASICS project However, concern exists that such enthusiasm could wane in the future and that innovative incentives should be explored to sustain motivation

8 **Difficult to Maintain the Momentum of Baby Friendly Hospitals once Certified** A substantial amount of 'back-sliding' appears to occur once hospitals receive their Baby Friendly label Additional activities or incentives are needed to maintain enthusiasm Additional support is also needed to explore opportunities to support breastfeeding mothers at the community level More work is also needed to increase community awareness of BFHI designation

9 **Need to Strengthen the BFHI Monitoring System** Hospital managers and staff need to be provided with systematic feedback on the implementation of the *Ten Steps* and need to actively engage in planning for actions to maintain/improve adherence to the *BFHI Global Criteria* The monitoring system needs to be decentralized as on-going BFHI monitoring throughout the country is too labor intensive for central (SNUT) staff to continue on their own

10 **Existing Pre-service Nutrition Curricula is Extremely Weak** Medical, nursing, and public health school curricula have only a minimal emphasis on nutrition, infant feeding, and LAM Students receive out-of-date information and little emphasis is given to counseling and clinical skills The Essential Actions for Nutrition (MINPAK), which is already accepted in Madagascar, provides an excellent framework for the content of pre-service training in nutrition

11 **Breastfeeding and the Workplace** Formal sector work (e g in the new factories) in which low-income women are engaged, especially in Antananarivo, is becoming an impediment to optimal infant feeding In addition, few employers are aware of the benefits of providing adequate support for their breastfeeding workers

V Recommendations for LINKAGES Second Phase

Program Objectives, Strategies, and Activities

The overall goal of LINKAGES' future assistance to Madagascar will be the same as USAID/Madagascar's strategic objective, namely, to achieve ***smaller, healthier families***
To contribute to the achievement of this goal, LINKAGES will focus on two specific objectives

1 ***Improved breastfeeding, complementary feeding and maternal nutrition practices in selected districts*** *to improve the health and nutrition of children under the age of two years and their mothers and*

2 ***Improved quality and increased quantity of LAM services in health facilities in selected districts*** *to contribute to the reduction of family size*

To achieve the overall goal and specific objectives, LINKAGES has developed a two-pronged strategy that supports key activities to promote BCM and LAM at the national level and the community health facility level The proposed LINKAGES' program is ambitious and will require a Resident Advisor to coordinate, develop, and implement its various components

At the **national level,** LINKAGES will promote BCM and LAM by supporting the development of appropriate national policies and program interventions, as well as the revision of nutrition manpower training strategies Support will be channeled through four sets of activities including

- assisting the GAIN to promote BCM in policies and program interventions,
- supporting the Baby Friendly Hospital Initiative,
- revising the pre-service curricula in BCM and LAM given at national training institutions, and
- developing a Nutrition Information Hub

At the **community and health facility level,** LINKAGES will promote positive behavior changes in BCM and LAM by working with the following implementation partners

- JSI's Smaller, Healthier Families Project,
- CRS' Food Assisted Child Survival Project,
- CRS and Freedom from Hunger's Credit with Education Project,
- ADRA's Child Survival Project, and
- Others PVOs and NGOs, including GAIN members and USAID Child Survival/Food Security partners

VI Description of Specific Activities

A summary of the specific activities that LINKAGES proposes to support at the national and community levels is given below

A National Level

1 GAIN

Provide technical, financial, and logistical support to enable the GAIN to promote BCM in national policies and programs A variety of activities already being implemented by some of the different Gain Sub-Committees will be supported These include developing essential job aids on BCM (and other aspects of nutrition) and LAM, developing a Maternal Health booklet, developing a Couselling Card for pregnant women, producing a recipe book for complementary feeding, and developing radio spots to support BCM In addition, the following key GAIN activities will also be supported

- IEC/BCC training to improve BCM behaviors,
- Nutrition policy analysis and advocacy to promote BCM and nutrition at the national and provincial levels (PROFILES[5]),
- Workshops on BCM topics (e g BFHI workshop described below),
- Decentralizing the GAIN to two provinces (in JSI areas)

2 Baby Friendly Hospital Initiative

The Baby Friendly Hospital Initiative will be supported by LINKAGES at the national level as well as the health facility level The primary focus will be on supporting those hospitals located in the JSI districts, especially with IEC support The goal is to cover ten hospitals in the first year Other suggested activities include

Plan and implement a "BFHI Workshop" as one of the GAIN activities, for June, 1999, focusing on strategies for maintaining/sustaining the momentum of BFHI both at the national and regional levels and within the designated hospitals themselves

Review recommendations from the BFHI Workshop and **identify priority areas** in which LINKAGES should provide further support Areas to consider may include, for example, collaborating with SNUT and UNICEF to

[5] PROFILES will be conducted in the first instance with funding from the MEASURES project LINKAGES' Resident Advisor will provide logistical assistance to this activity

- ❑ Strengthen the BFHI monitoring system so that all baby-friendly hospitals are provided with adequate feedback on results from the monitoring process and involved in planning their own "actions" to make improvements needed Developing strategies, in addition, to decentralizing the monitoring process, with monitoring done either by district level personnel or hospital staff themselves

- ❑ Work within the JSI/LINKAGES districts to

  - Develop strategies for expanding the BFHI concept to include "Mother-Baby Friendly" family planning services and counseling on LAM and adding key counseling messages related to the essential actions for maternal and child nutrition

  - Purchase and provide training in the use of the BASICS counseling cards within Baby Friendly health facilities Arrange for distribution of the *Gazety* both to pregnant women in the prenatal clinics and mothers using the maternity services

  - Strengthen the liaison between Baby Friendly health facilities and the communities, for example, through organizing Breastfeeding/nutrition mother support groups and encouraging hospitals to refer mothers to them after delivery, working with TBAs to insure that home deliveries are "Mother-Baby Friendly", educating community leaders and members about BFHI, etc

3 Pre-Service Training in Nutrition

Collaborate with the Working Group for pre-service curriculum revision **to plan and implement a process for strengthening the curricula** of the schools of medicine, EEMS, and public health in the areas of nutrition, infant feeding, and LAM Initial activities that LINKAGES has agreed to include

- ❑ On-going participation as a member of the planning group for curriculum revision,

- ❑ Provision of the pre-service "Curriculum Guide" in French and other training materials and documents useful for the curriculum revision process,

- ❑ Provision of financial and technical support for a two-day workshop to review and revise the work of the consultant to assess the current curricula, job descriptions and tasks of health personnel related to the topics, and training materials available for the curricula revision process

Additional activities related to pre-service curriculum reform for which LINKAGES will provide technical and/or financial support will depend on the "Plan of Action" developed by the curriculum revision Working Group and

agreements among donors (UNICEF, WHO, JSI, LINKAGES, etc) on how best to jointly fund and provide technical support for this initiative

4 **Nutrition Information Hub**

Assist the appropriate groups in the country to develop a Nutrition Information Hub that would allow the most up-to-date and appropriate information on BCM, LAM, and other related nutrition issues to be accessible to those groups that need this type of information

- Conduct **an initial assessment** of nutrition information needs of key members of the GAIN, location of the Nutrition Information Hub, identification of members of the Hub, equipment and training needs,
- **Develop a strategy for** the Nutrition Information Hub that is sustainable, and
- Assist to **identify sources for necessary inputs** (e g training, equipment, and electronic links)

B) Community-and-Health Facility Level

The future community and health facility level component of the LINKAGES' program in Madagascar has the advantage of being able to learn from past efforts undertaken in the country to improve child nutrition, particularly BCM behaviors In particular, the experience and successes of the BASICS project in community-level IEC to promote nutrition are particularly valuable and will form the cornerstones of LINKAGES' IEC/BCC strategy with community level partners For example, the four elements of the IEC kits developed by BASICS will be incorporated into LINKAGES' community level BCM strategy These four elements include using counseling cards, *Gazety* newspaper, radio spots, and village theater The three channels through which the key behavior messages will be channeled will also be much the same as the BASICS approach and will include utilizing health workers, community volunteers (CVAs), and the mass media Training to promote BCM and LAM will be a key part of LINKAGES work at the community level with its partners Therefore, it will be necessary for LINKAGES to hire a Malagasy IEC/BCC Training Coordinator to coordinate the many different field activities that will take place around the country

A brief description of LINKAGES' assistance to each of its community-level partners follows It should be noted that whenever possible, LINKAGES will focus its assistance to its community-level partners in the same locations (e g districts and communities) in order to enhance the synergy of different inputs from each to improve BCM practices and the adoption of LAM

1 **JSI Bilateral "Smaller, Healthier Families Project"**

The new JSI Reproductive Health and Child Survival project will be LINKAGES' main community-level partner LINKAGES will work intensively with JSI in their 8-10 focus districts located in Fianarantsoa and Antananarivo provinces (estimated to cover a population of close to three million people) This will include LINKAGES out-

posting Malagasy staff to work as part of the JSI field teams being formed in each focus district These teams will be responsible for training health workers and community volunteers, with LINKAGES having specific responsibility for BCM and LAM related training It is envisaged that the focus will be on 20 health facilities and their surrounding communities in each JSI district The training will be for three days initially, followed up by three 1½ day training sessions in the subsequent 18 months LINKAGES will also develop and validate training guidelines for health workers and community volunteers Local grants (AAPS) have been prepared and submitted to USAID/Madagascar which include much of the field costs for the nutrition training LINKAGES will also share office accommodation with JSI and their partners in Antananarivo and at the district level

The specifics of LINKAGES technical inputs include the following

- Provide all necessary technical and IEC/BCC inputs, including training, to promote BCM and increase the adoption of LAM in about 20 health facilities and their surrounding communities residing in JSI focus districts

2 **CRS Food Assisted Child Survival Project**

LINKAGES will also develop a workplan with CRS to enhance the IEC/BCC aspects to improve BCM in their Food Assisted Child Survival Projects, This will include technical assistance to

- Strengthen CRS affiliated staff's technical capacity to conduct effective IEC/BCC to promote BCM in their Food Assisted Child Survival communities in Fianarantsoa and Antananarivo provinces,

3 **CRS/Freedom from Hunger Credit with Education Project**

- Enhance existing breastfeeding module (from global curricula), develop adaptation tool and participate in training CRS affiliated field staff in target CRS/FACS communities[6],

4 **ADRA Child Survival Project**

- Strengthen ADRA staff's technical capacity and that of their government counterparts, to conduct effective IEC/BCC to promote BCM in communities residing in their Child Survival project areas

5 **Other Community Focused Groups**

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[6] Note LINKAGES is already assisting Freedom from Hunger in all these activities at the global level This assistance also includes field-testing and adaptation in Madagascar All funds are from Core Budget

- As requested, provide necessary technical inputs to improve IEC/BCC skills in BCM and LAM to staff working with other community focused groups, including USAID supported PVOs, local NGOs and GAIN members

VII Relationship with USAID/Madagascar's Strategic Objective

Table 2 illustrates how the proposed LINKAGES activities described above relate to USAID/Madagascar's Strategic Objective and Intermediate Results

Table 2 The relationship between USAID/Madagascar's Strategic Objective 2 "Smaller, healthier families" and proposed LINKAGES program activities

Proposed LINKAGES Activities	IR2 1 family level	IR2 2 community level	IR 2 3 Health center level	IR 2 4 institutional level	IR 2 5 policy level
National strategy					
GAIN				✓	✓
BFHI		✓	✓	✓	✓
Pre-service training			✓	✓	
Nutrition Information Hub			✓	✓	✓
Community and Health Facility Strategy					
Partnerships with JSI, CRS, ADRA and others	✓	✓	✓	✓	

VIII Impact Indicators and M/E System

The two-top level indicators on which LINKAGES will report the impact of its program of support to Madagascar are

1. **Exclusive Breastfeeding Rate of infants 0-6 months in community catchment areas, and**

2. **LAM offer and acceptance rates in community catchment areas**

At the time of the planning team's visit to Madagascar, it was not possible to determine precisely how LINKAGES would undertake monitoring and evaluation of its program LINKAGES Evaluation Manager will be visiting Madagascar in the near future to develop the M/E system At this time, additional M/E indicators will be identified to reflect the other important processes and results that the LINKAGES' program aims to achieve at both the national level as well as the community and health facility level

Discussions are now underway, especially with JSI, to determine the best M/E approach to take It should be noted that LINKAGES will use core funds to cover the M/E costs of the Madagascar project In addition, to the extent possible LINKAGES will join forces with its field partners (e g JSI, CRS, ADRA, and others) to ensure that M/E activities are complementary and not duplicative so as to maximize resources LINKAGES also believes that such partnerships and shared results with them will be the most cost-effective and best means by which to achieve the desired impact on breastfeeding practices and LAM adoption

As monitoring and evaluation is a high priority issue, LINKAGES proposes to hire a Malagasy expert in M/E and Research as part of the LINKAGES technical staff based in Antananarivo Under the supervision of the Resident Advisor, this individual would be responsible for supporting the data collection exercises in the field

IX Research Opportunities

A number of research opportunities exist in Madagascar Foremost of these is the opportunity to conduct operational research on LAM issues, particularly the benefit of LAM as a transitional bridge to other forms of modern contraception LINKAGES will discuss with USAID/Madagascar and the USAID/Global HPN office their interest to conduct such an operational research study on LAM in Madagascar The funds to cover the costs of this study are available from global resources

A number of other small studies (desk and field) could also be considered to address some outstanding issues regarding BCM issues in Madagascar For example, there is a near to complete analysis of a study conducted by BASICS on positive deviance in young child nutrition LINKAGES would like to assist in finalizing the analysis and report from that work as it will form a useful resource for future interventions to support breastfeeding and complementary feeding in those areas of the country There is also a need to understand certain aspects of related maternal nutrition, especially operational issues regarding iron and vitamin A supplementation LINKAGES will strive to identify a manageable portfolio of research topics that are of key relevance to its program in Madagascar and will seek to collaborate with other field partners whenever possible to undertake such investigations

X The LINKAGES Team in Madagascar

The workplan that is proposed above for the future phase LINKAGES' assistance to Madagascar is comprehensive and ambitious and will require certain technical skills and back-up support for implementation It is proposed that the following team will be needed to carry out the workplan

Technical Staff

In Antananarivo
- 1 International Resident Advisor
- 1 Malagasy IEC/BCC Training Coordinator
- 1 Malagasy M/E and Research Coordinator

Outposted to JSI Year-1 districts
- 8-10 Malagasy BCM Field Staff (one per JSI district in Year 1)

Office Support Staff

In Antananarivo
- 1 Office Manager
- 1 Secretary

1 Driver
1 Cleaner (part-time)

XI Next Steps and Action Points

A number of action points need to be addressed without delay These are summarized below with the groups/persons responsible shown in parenthesis

- Obtain approval from USAID/Madagascar to hire LINKAGES Resident Advisor (LINKAGES/Washington),
- Obtain approval from USAID/Madagascar on workplan and budget, including recommendations on staff requirements (LINKAGES/DC with Resident Advisor [RA]),
- Secure funding for workplan (LINKAGES/Washington)
- Agree on shared office arrangements with JSI (space, vehicles, equipment,) (LINKAGES/Washington and RA),
- Incorporate BCM field costs for JSI project in AAPTS and PILS (RA)
- Develop AAPS to support SNUT (and possible Nutrition Information Hub) (RA),
- Assist MEASURES project to prepare for PROFILES (RA),
- Develop joint LINKAGES/JSI workplan (RA),
- Design LINKAGES' M/E Strategy (LINKAGES DC with RA),
- Decide timing and Scope of Work for 1999 Visit of LINKAGES BCC Coordinator Dr Nancy Keith (RA with BCC Coordinator),
- Compile French training materials for supporting pre-service curriculum reform initiative (LINKAGES/Washington with Wellstart),
- Draw map (or similar graphical representation) of the districts/community locations of JSI, CRS/FACS, ADRA, CRS/FFH and SEECALINE to see where overlap exists (RA),
- Assist in the preparation of new MOU (RA),

Annexes

Annex 1

Proposed LINKAGES Workplan for Year 1 (detailed) and Year 2 (general)

MADAGASCAR Work Plan July 2000 - June 2001

ACTIVITIES	Qrtr 4			Qrtr 1			Qrtr 2			Qrtr 3			Comments
	J	A	S	O	N	D	J	F	M	A	M	J	
Coordination													
Review MOU w/USAID, UNICEF, and MOH		x				x				x			
Review MOU with JSI - Measure concerning equipment/car use/collaboration/admin	x						x						
Hire District staff	x	x											If extension
GAIN Activities and Support													
Grand GAIN meetings	x			x			x			x			
Support sub-GAIN meetings	x	x	x	x	x	x	x	x	x	x	x	x	Different themes than 1999
Train GAIN IEC subcommittee in BCC skills			x										
Purchase computers for SNUT	x	x											
PROFILES Presentation for GAIN & Advocacy session		x					x						With data from the MICS
Develop and present regional PROFILES presentation with partners & Establish regional GAINs	x	x	x	x									Tamatave, Antsiranana, Mahanjanga, Tulear
Exchange visits	x	x	x	x	x	x	x	x	x	x	x	x	
Bring West Africa nutrition training to Madagascar	x	x	x										
Community Approaches													
Training of health workers in LAM and nutrition essentials(JSI)	x	x	x	x	x	x	x	x	x	x	x	x	With project extension
Community Approaches													
Training of CVA in nutrition behavior change (JSI)	x	x	x	x	x	x	x	x	x	x	x	x	With project extension
Training nutrition BCC strategy w/CRS staff			x					x				x	
Training nutrition BCC strategy w/ADRA staff					x								
IEC Materials and Activities													
Reproduce counseling cards and Gazety		x	x						x	x			As needed
Develop radio spots on BCM and LAM				x	x	x							
Procure calendar for 2001				x	x	x							
Procure T-shirts						x	x	x					

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MADAGASCAR Work Plan July 2000 - June 2001

ACTIVITIES	Qrtr 4			Qrtr 1			Qrtr 2			Qrtr 3			Comments
	J	A	S	O	N	D	J	F	M	A	M	J	
BFHI Activities													With project extension
GAIN workshop on BFHI								X					
Plan next steps for BFHI strategy w/GAIN	X												
Continue to implement BFHI support activities for hospitals in JSI districts		X	X	X	X	X	X	X	X	X	X	X	
Training IEC/BCC		X		X		X		X		X		X	
Implement radio spots and newspaper announcements				X	X	X	X						
Identify organization	X												
Develop info & dissemination strategy and work plan		X	X										
Information Hub													
Continuation in the set up the center	X	X	X	X	X	X	X	X	X	X	X	X	
Send publications from LINKAGES library	X	X	X	X	X	X	X	X	X	X	X	X	
Monitoring and Evaluation													
Implement M&E plan	X	X	X	X	X	X	X	X	X	X	X	X	
Final Evaluation of Linkages Activities													
Dissemination of results													
Plan for nutrition activities after Linkages													
Research Activities													
Design and implement operational research		X	X	X	X	X	X	X	X	X	X	X	
Finalization of operational research topics on LAM												X	
Finalization of Operational research on maternal nutrition												X	
Pre-Service Training													
Lessons learnt workshop of the curricula revision and identification of the next step	X												

MADAGASCAR TIMELINE June 1999 - June 2000

	Qtr 3	Qrtr 4			Qrtr 1			Qrtr 2			Qrtr 3			
ACTIVITIES	M/J	J	A	S	O	N	D	J	F	M	A	M	J	COMMENTS
Office Set-Up, Hiring Staff, and Logistics Set-Up														
LINKAGES office move to JSI building	x	x												Depends on availability, Share with Measure
Develop, review, and sign MOU w/USAID, UNICEF, and MOH	x	x	x	x										
Procure computers and equipment for office	x													Measure, JSI, Linkages
Develop MOU with JSI concerning equipment/car use/collaboration/admin	x	x												
Hire Resident Advisor	x	x	x											Already in country
Hire Training Specialist	x	x	x	x	x	x	x	x	x	x	x	x	x	Post job & hire
Hire Monitoring and Evaluation Specialist	x	x	x	x	x	x	x	x	x	x	x	x	x	Post job & hire
Hire Secretary	x	x	x	x	x	x	x	x	x	x	x	x	x	Post job & hire
Hire Driver	x	x	x	x	x	x	x	x	x	x	x	x	x	Post job & hire
Hire District staff	x	x	x	x	x	x	x	x	x	x	x	x	x	Post jobs & hire 8 staff
GAIN Activities and Support														
Grand GAIN meetings		x			x			x			x			
Support sub-GAIN meetings	x	x	x	x	x	x	x	x	x	x	x	x	x	
Train GAIN IEC sub-committee in BCC skills				x										Nancy Keith
Purchase computers for SNUT	x	x	x											Desktop computer
PROFILES Training (7/19-7/31)		x												Measure funding
PROFILES Presentation for GAIN & Advocacy session			x											
Plan regional PROFILES w/GAIN					x									
Follow-up visit for PROFILES					x	x								LINKAGES funding? Measure
Develop and present regional PROFILES presentation					x	x	x	x	x					
Establish regional GAINs						x			x					In JSI districts
Exchange visits to regional GAINs						x	x	x	x	x				
GAIN representatives to W Africa nutrition focal meetings							x			x				Two participants
Community Approaches														Collaboration in project districts
Develop AAPS for trainings w/regional staff	x													JSI
Develop, pretest, and review Training Guidelines for healthworkers on LAM, breastfeeding, and nutrition essentials	x	x	x											First on BF/LAM LAM Francophone trainer?
Training of healthworkers in LAM and nutrition essentials(JSI)		x	x	x	x	x	x	x	x	x	x	x	x	3 days + 2/3 monthly training (AAPS)

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	Qtr 3	Qrtr 4			Qrtr 1			Qrtr 2			Qrtr 3			
ACTIVITIES	M/J	J	A	S	O	N	D	J	F	M	A	M	J	COMMENTS
Community Approaches														Collaboration in project districts
Develop, pretest, and review IEC Training Guidelines for Community Workers			x	x	x	x	x	x	x					Nancy Keith (with UERP?)
Training of CVA in nutrition behavior change (JSI)				x	x	x	x	x	x	x	x	x	x	Nancy Keith (First training), Depends on AAPS + JSI training schedule in 8-10 JSI districts
Develop nutrition BCC strategy w/CRS staff				x					x				x	Nancy Keith (First training), depends on CRS schedule, identification of research needs
Develop nutrition BCC strategy w/ADRA staff						x								Depends on ADRA training schedule, identification of research needs
Curriculum development with Freedom from Hunger	x	x	x	x										Washington DC/Core funds
Adapting breastfeeding curriculum with CRS/FFH/DID			x	x										Madagascar, Nancy Keith?
IEC Materials and Activities														
Finalize and produce LAM counseling cards	x	x												LINKAGES funding?, in collaboration with JSI
Integrate LAM into BF Gazety	x	x												With JSI
Produce revised Gazety w/ BF and LAM counseling cards		x	x											
Reproduce counseling cards			x	x						x	x			
Develop radio spots on BCM and LAM					x	x	x							Measure? Intermedia?
Procure calendar for 2000					x	x	x							With JSI
Procure T-shirts							x	x	x					With JSI
BFHI Activities														
GAIN workshop on BFHI	x								x					
Plan next steps for BFHI strategy w/GAIN	x	x												
Develop and implement BFHI support activities for hospitals in JSI districts			x	x	x	x	x	x	x	x	x	x	x	
Training IEC/BCC			x		x		x		x		x		x	Wellstart?
Implement radio spots and newspaper announcements					x	x	x	x						
Information Hub														
Interview organizations to house information hub	x	x												
Identify organization		x												
Develop info & dissemination strategy and workplan			x	x										With Cynthia Arciaga
Information Hub														
Set up the center					x	x	x	x	x	x	x	x	x	Furniture, equipment

ACTIVITIES	Qtr 3	Qrtr 4			Qrtr 1			Qrtr 2			Qrtr 3			COMMENTS
	M/J	J	A	S	O	N	D	J	F	M	A	M	J	
Send publications from LINKAGES library	x	x	x	x	x	x	x	x	x	x	x	x	x	
Monitoring and Evaluation														
Meet with USAID, JSI, CRS and PVO partners to discuss baseline issues	x	x												
Determine next steps for monitoring and evaluation plan		x												Contact with Nadra Franklin
Develop monitoring and evaluation plan		x												w/Nadra Franklin
Implement M&E plan	x	x	x	x	x	x	x	x	x	x	x	x	x	
Research Activities														
Review and update maternal nutrition literature review done in May 1998				x	x									CARE, Jim Allman
Identify operational research topics on LAM	x	x												Kirk Dearden, PHN, JSI
Identify other operational and formative research needed on BCM		x	x	x										
Operational research on maternal nutrition					x	x								Jointly w/other CA's, eg MOST
Design and implement operational research			x	x	x	x	x	x	x	x	x	x	x	
Implement positive deviants research on children's nutrition				x	x	x	x	x						Follow-up on study Nancy Keith worked on with BASICS
Pre-Service Training														
Pre-service workshop on essential nutrition, BCM, and LAM						x								Wellstart?
Consultant to write curriculum on breastfeeding, essential nutrition, BCM, and LAM							x	x	x	x				

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Annex 2

Upcoming Events

- MEASURE Project Visit (May 1999)
- JSI **'Family Planning Training for Health Workers'** (May 1999)
- JSI **'Essential Nutrition Action Training for Health Workers'** (29 June 1999 for 1 ½ days)
- Visit by Eckhard Kleinau of Measure to develop **JSI M/E System** (late June 1999)
- GAIN sponsored **'BFHI Workshop'** (June 1999)
- GAIN sponsored **'PROFILES Nutrition Policy Analysis and Advocacy Workshop'** (19-30 July 1999, funding by MEASURES and logistical support by LINKAGES)
- GAIN sponsored **'Nutrition IEC/BCC Workshop'** (September 1999)
- CRS/FFH **'Credit with Education Training in New Breastfeeding Curricula'** (September 1999)

Annex 3

Job Descriptions of LINKAGES Resident Advisor

Position **Resident Nutrition Advisor-Madagascar**

Supervisor Country Programs Manager

Grade 7

Overall Responsibilities

The Resident Nutrition Advisor will be posted in Antananarivo, Madagascar to provide technical assistance to USAID and oversee the implementation of LINKAGES workplan for activities in Madagascar under a USAID cooperative agreement

The RNA is responsible for coordination among the Government of Madagascar (GOM), the GAIN (Intersectoral Action Group on Nutrition), UNICEF, USAID/Madagascar, USAID centrally-funded projects, the USAID-bilateral child survival and family planning project, the World Bank, CARE, CRS, ADRA, and the Peace Corps The RNA will bring expertise in maternal/child nutrition and/or breastfeeding in order to provide direct technical assistance and to manage consultants providing short-term technical assistance Experience with program planning and management are essential to successfully carry out the scope of this position

The Resident Nutrition Advisor will coordinate closely with USAID/Madagascar to implement the LINKAGES country workplan in order to achieve the Intermediate Results established by the Mission to accomplish their Strategic Objectives (SO2)

Specific Responsibilities will include, but are not limited to, the following

- Serve as nutrition technical expert for the design, implementation, and monitoring of national, district, and community-based nutrition interventions, behavior change communication, operations research protocol development and technical nutrition review of Maternal and Child Health programs

- Provide technical assistance for LINKAGES workplan activities in the following technical areas maternal/child nutrition, breastfeeding, and/or LAM as appropriate

- Work closely with the Washington DC-based BCC coordinator and other CA behavior change communication efforts in Madagascar to bring about behavior change and maintenance in target areas

- Work closely with the GOM, UNICEF, the bilateral project, and other relevant groups (including WHO, the World Bank, CARE, CRS, and the Peace Corps) in the implementation of LINKAGES-supported health and nutrition activities, providing technical support where necessary This will include

1) Participating in the planning process to ensure technical and financial support
2) Coordinating technical assistance and facilitating in-country work
3) Serve as representative of LINKAGES and collaborate with child survival partners
4) Work with LINKAGES staff in Washington to develop scopes of work for consultants and schedule, supervise, and provide logistical support to all in-country work
5) Liaise with LINKAGES headquarters in Washington to ensure smooth operation and timely financial reporting for in-country activities and to reinforce technical coordination between headquarters and the field
6) Manage in-country project funds for LINKAGES and report on all financial transactions as required
7) Be generally responsive to the technical needs of the USAID Mission and the Government of Madagascar
8) Provide monthly reports to LINKAGES supervisor
9) Assist in documenting work successes and lessons learned

- Coordinate with UNICEF and work with in-country teams to achieve technical outcomes specified in the Memorandum of Understanding (MOU) between USAID and UNICEF

- Responsible for coordinating all monitoring and evaluation (M&E) activities of LINKAGES/Madagascar with the Washington DC office This includes, but is not limited to

1) Adapting a M&E workplan to reflect country-level activities,
2) Remaining cognizant of USAID/Madagascar strategic objectives and intermediate results, and LINKAGES contribution to these results, and
3) Ensuring that a monitoring system designed with LINKAGES Monitoring and Evaluation staff is implemented as planned with partners from the PVO/NGO community This will ensure that results information on our interventions (e g the exclusive breastfeeding rate) is captured with high quality data

Qualifications

- Masters degree required, Ph D preferred, with a specialization in nutrition or public health preferred

- Three to five years experience managing a public health program in a developing country, including planning and budgeting of activities, scheduling consultants, and setting priorities

- Demonstrated ability to liaise and communicate effectively with multiple parties in order to maximize working relationships with counterparts in the government, NGOs, all levels of the health system and with other collaborating agencies

- Relevant experience in maternal-child nutrition or maternal-child health programs, breastfeeding promotion and/or micronutrients

- Demonstrated ability and a willingness to handle administrative/financial procedures and manage complex consulting arrangements

- Experience with USAID desirable

- Experience in working with PVOs/NGOs, facilitation, and design of community-based projects

- Demonstrated interpersonal skills and experience to develop harmonious and effective partnerships with counterparts, government officials, donors, and all other partners

- Experience in planning, implementing, and evaluation of health promotion activities

- Fluency in French and English required

- Experience and excellence in technical report and curriculum writing and presentation

Annex 4

Details of joint LINKAGES/JSI Office, Logistics and Administrative Arrangements

Agnes Guyon, Mireille Randriankinasa, and Anne McArthur met with Cheryl Barton and Mme Bodo Radaody-Rialarosy of JSI on April 28 to discuss sharing office space, administrative and logistics support, and equipment It was agreed that the two teams, along with the Measure Project would develop a Memorandum of Understanding between the three organizations to outline shared expenses Measure was not present at this meeting, but some of the issues discussed were as follows

1) Office Space

JSI is currently renting space in the same apartment building that BASICS rented space from The landlord has an extra apartment that could be leased out to LINKAGES There would be three offices and one large conference room LINKAGES would rent two offices and Measure would rent one It was proposed that LINKAGES pay 2/3 of the rent and Measure 1/3 The payments would go directly through JSI If there is not a phone line in the new office, JSI will negotiate with the landlord on establishing a line LINKAGES, JSI, and Measure will negotiate to share utility costs

2) Office Equipment

JSI has equipment and furnishings in storage left over from the APROPOP project LINKAGES will have access to some of it This will be agreed upon in the Memorandum of Understanding, but LINKAGES is interested in using some of APROPOP's computers LINKAGES will also need to purchase some computer equipment, a printer, a fax machine, and possibly cellular phones LINKAGES, possibly with Measure, will provide a server for the LINKAGES/Measure/JSI so the office can be networked

3) Vehicle

JSI has access to several vehicles that were used by the APROPOP project and LINKAGES will be able to use one of the cars for local transportation LINKAGES and JSI will develop a Memorandum of Understanding to outline the costs and maintenance of the car

4) Staffing

It was agreed that LINKAGES and JSI should have similar human resource policies so that staff of both projects receive the same benefits and their salaries fall within the same ranges LINKAGES and JSI will hire a consultant to conduct hiring of administrative staff and drivers This consultant will also help standardize benefits and tax issues

Annex 5

Up-date on BFHI in Madagascar background, current status, future needs and LINKAGES' role)

Strengths

- A BFHI monitoring tool has been developed and the monitoring system has been partially implemented at the national level to help maintain/improve implementation of the *Ten Steps to Successful Breastfeeding*

- A "pre-service curriculum revision" working group, with representation from key players and potential donors (SNUT, Faculties of Medicine and l'EEMS, teaching hospitals, UNICEF, WHO, JSI, LINKAGES) has indicated a commitment to a joint activity to strengthen the nutrition/infant feeding/LAM content of pre-service curriculum, with an emphasis on providing newly trained physicians and nurses (and possibly public health school graduates) with the knowledge and skills necessary to provide up-to-date preventative and curative care in these key areas Initial indications are that potential donors are willing to share costs for this initiative

Weaknesses

- The BFHI monitoring system needs strengthening, so that hospital managers and staff are systematically provided feedback on implementation of the *Ten Steps* and actively engaged in planning for actions needed to maintain/improve adherence to the *BFHI Global Criteria* The monitoring system needs to be decentralized as on-going BFHI monitoring throughout the country is too labor intensive for central (SNUT) staff to continue on their own Additional strategies are needed to maintain the momentum of BFHI Community awareness of BFHI designation and what it means needs to be increased and new opportunities to support breastfeeding mothers at community level explored

- Medical, nursing and public health school curricula have only a minimal emphasis on nutrition, infant feeding and LAM, with students, at times, receiving out-of-date information and little emphasis on counseling and clinical skills needed if the new health providers are to provide the support and care needed at the patient/family and community levels

- Work is considered a major impediment to optimal infant feeding, with few employers aware of the benefits of providing adequate support for breastfeeding employees

Events Planned

- The *GAIN-sponsored BFHI Workshop* scheduled for June, 1999 Planning is still in the initial stages, but the workshop is likely to focus on strategies for maintaining/sustaining the momentum of BFHI both at the national/regional levels and within the designated hospitals themselves Participants may include representatives both from the national and regional or district levels and from the "Baby Friendly Hospitals", as well as donors that hope to continue to support the Initiative Recommendations both for sustaining BFHI and more closely coordinating the Initiative with work at the community level may provide opportunities for further LINKAGES technical support

- *Development of a 'Plan of Action' for pre-service curriculum revision in areas of nutrition infant feeding, LAM* Activities that will follow, as part of the plan, may include 1) a sensitization/advocacy meeting to gain support from key faculty/administrators at the schools of medicine, EEMS, and public health for pre-service curriculum revision, 2) work by a consultant to assess current curricula content in nutrition, infant feeding and LAM, current "job descriptions" of health personnel, and resources available for curricula reform, 3) a two day workshop to review, revise and complement the work of the consultant, currently planned for the middle or end of July UNICEF will support the work of the consultant and LINKAGES has agreed to help fund the two-day workshop Further steps in the curricula revision process may include training of faculty on the new content and teaching strategies, development of course outlines, session plans, and teaching materials, and implementation, monitoring and evaluation of the new curricula

Recommendations for LINKAGES' Phase II Program

Baby Friendly Hospital Initiative (BFHI)

Plan and implement a "BFHI Workshop" as one of the GAIN activities, in June, 1999, focusing on strategies for maintaining/sustaining the momentum of BFHI both at the national/regional levels and within the designated hospitals themselves

Review recommendations from the BFHI Workshop and identify priority areas in which LINKAGES should provide further support Areas to consider may include, for example, collaborating with SNUT and UNICEF to

- Strengthen the BFHI monitoring system so that all BF hospitals are provided adequate feedback on results from the monitoring process and involved in planning their own "actions" to make improvements needed Developing strategies, in addition, to decentralize the monitoring process, with monitoring done either by district level personnel or hospital staff themselves

- Working within the JSI/LINKAGES districts to

  - Develop strategies for expanding the BFHI concept to include "Mother-Baby Friendly" family planning services and counseling on LAM and adding key counseling messages related to the essential actions for maternal and child nutrition

  - Purchase and provide training in the use of the BASICS/JSI counseling cards within the health facilities Arrange for distribution of the "Gazetys" both to pregnant women in the prenatal clinics and mothers using the maternity services

  - Strengthen the liaison between Baby Friendly health facilities and the communities, for example, through organizing BF/nutrition mother support

groups and encouraging hospitals to refer mothers to them after delivery, working with TBAs to insure that home deliveries are "Mother-Baby Friendly", educating community leaders and members about BFHI, etc

Annex 6

Up-date on Pre-Service Nutrition Training in Madagascar background, current status, future needs and LINKAGES' role

Pre-service Curriculum Revision and Training

Background and Current Situation

There has been interest for some time on the part of the Medical Faculty and l'EEMS to revise the curricula, strengthening the content related to breastfeeding, complementary feeding, and maternal nutrition

Dr Edwin Kimbo worked actively with administration and faculty of the various schools during two consultant visits to devise a "Plan of Action for Pre-Service Curriculum Development" The first draft of the strategy was developed during a workshop in November, 1996 and then reviewed with faculty and administration during the follow-up visit in the spring of 1997 Dr Kimbo assisted the Dean of the Faculty of Medicine in gathering initial information on the current curriculum Feedback indicated that

- The breastfeeding and complementary feeding content of the curriculum was limited and not action-oriented
- There was little or nothing in the curriculum focused on maternal nutrition and micronutrients
- There was little or no coordination of the few lectures given by the various departments on the topics
- There was a general lack of reference materials with current information on breastfeeding and nutrition-related subjects [7]

It was planned that after a more thorough evaluation of the current curriculum and translation of Wellstart's "Curriculum Guide" a three-day workshop would be held with both the Faculties of Medicines and l'EEMS to sensitize faculty to the need for reform and start the process of curriculum development (See the attached notes and action plan prepared in November 1996)

Wellstart proceeded to arrange for the translation of the "Curriculum Guide" into French, with support from Linkages Additional budget and technical support was needed from Linkages to continue with the planned process of curriculum revision Not long after Dr Kimbo's last consultancy, a Country Advisor was identified and hired by Linkages for Madagascar As plans and priorities were discussed with this new staff person, it was determined that other organizational activities needed to take place first, and that plans to support the pre-service curriculum revision work would need to be delayed, due to budgetary constraints

Discussions and Meetings During the Current Visit

The Faculty of Medicine and l'EEMS, as well as the Service of Nutrition, Ministry of Health, has continued their strong interest in initiating pre-service curriculum reform, although the process was not initiated, due to the financial constraints mentioned earlier During the current visit a "Meeting for the Integration of Breastfeeding in the Curricula of l'EEMS and the Faculty of Medicine" was organized by the Service of Nutrition, for the morning of 21 April Representatives were invited from

[7] From Trip Report by Dr Edwin Kimbo, Linkages consultant, April 17 - May 30, 1997, Antananarivo and Antsirabe, Madagascar, page 12

the Faculty of Medicine, l'EEMS, the Service of Training and Professional Improvement (SFPP), WHO, UNICEF, JSI, and Linkages

The representatives attending this first meeting reaffirmed that it was still very important to consider activating a plan for curriculum reform In reviewing reasons for the delay it was agreed that a major constraint had been the lack of budgetary support In addition, planning for reform of the nursing school (l'EEMS) curriculum would have been difficult, as these schools were closed until early this year Since the schools have reopened and will be conducting an over-all review of their curricula, it would be a good time to proceed The various donor organizations present at the meeting indicated that they felt the initiative would be an important one and that a strategy for jointly providing financial support would be likely to solve the funding problem

During the discussions several suggestions were made and tentatively agreed upon

- The schools invited to join the curriculum revision process should include the Faculties of Medicine (2), l'EEMS (6), and the Schools of Public Health (2) The nursing curricula could be planned at national level and then applied in all six schools

- The scope of curriculum reform should be broadened to include the key components of nutrition, infant feeding, and LAM A framework that could be considered for the revisions in the nutrition field would be the "six essential nutrition actions", or MINPAK

- A key objective of the revision should be to provide students with the knowledge and practical skills that would best prepare them to provide preventative and curative care at the health facility and community levels

- Thus it would be important to review the job descriptions of positions students will fill and identify what didactic and clinical training would best prepared them to provide better services related to infant feeding, nutrition and LAM The training should be very practical in focus

Steps in the pre-service curriculum development process agreed upon during this meeting include

1 SNUT (Dr Bako) will develop a new draft plan for integration of nutrition in the courses of l'EEMS, the medical schools, and the public health schools and terms of reference for a consultant, which will then be reviewed in the next meeting of this same group Representatives from l'EEMS and SFPP will be invited to attend the next meeting as well This meeting is scheduled for 30 April, 11 am, at SNUT

2 Decision-makers in key organizations/institutions that should be involved in the process will be asked to attend a two hour meeting to inform them that the curriculum revision process is being initiated, discuss the proposed process and obtain their agreement and support Representation was suggested from WHO, UNICEF, SNUT, the MOH "Committee Pediagogique", administrative and key faculty people from Schools of Medicine, Schools of Nursing (l'Ecoles d'Enseignement Medico-Social), School of Public Health, and SFPP The final list of invitees and dates of this short sensitization meeting still needs to be agreed upon

3 A consultant will be identified and asked to identify and assemble information on the "current

situation", including

- The current curriculum in the various schools, what is taught related to breastfeeding and nutrition (both didactic and clinical), materials available (course outlines, session plans, teaching materials), teaching staff involved and their roles
- Health care staff currently working within the health system that do (or should) work in the areas of infant feeding, nutrition and LAM, current job descriptions and assigned tasks related to this field, and any new policies or protocols that have been developed
- Educational and training materials currently available that could be used in revising the curricula

The work of the consultant will most likely be funded with monies SNUT already has available

4 A two day workshop, preferably outside of Tana, will be held to review, revise, and complement the work of the consultant The tentative timing suggested for this workshop is middle or end of July LINKAGES tentatively agreed to provide financial support for this activity, if its plan for supporting the Madagascar program is approved

Further steps in the curriculum revision process were not yet finalized, but steps mentioned in this meeting (and/or in the earlier pre-service revision plan developed in 1997) include

- sensitizing faculty/instructors on the importance of BF/nutrition in the curricula,
- training faculty/instructors on the new content and how to effectively teach it,
- development of course outlines and session plans for nutrition/breastfeeding related courses (or components of courses), clinical rotations, etc ,
- development of teaching materials, visual aids, to be used within the courses,
- provision of teaching equipment (if needed),
- adopting and implementing the revised curricula,
- developing a system for monitoring and evaluation of the curriculum revision process and its results

As the details for future activities are agreed upon, the donors involved will discuss strategies for joint funding, so that one donor doesn't bear the entire expense for the initiative

Recommendations concerning LINKAGES' and Wellstart's roles in the pre-service curriculum development process

LINKAGES should collaborate with the group for pre-service curriculum revision to plan and implement a process for strengthening the curricula of the schools of medicine, EEMS, and public health in the areas of nutrition, infant feeding, and LAM Initial activities that LINKAGES has agreed to include

- On-going participation as a member of the planning group for curriculum revision
- Provision of the pre-service "Curriculum Guide" in French (WSI) and other training materials and documents useful for the curriculum revision process (LINKAGES/WSI)
- Provision of financial and technical support for a two-day workshop to review and revise the work of the consultant to assess the current curricula, job descriptions and tasks of health personnel related to the topics, and training materials available for the curricula revision process

Additional activities related to pre-service curriculum reform for which LINKAGES will provide technical and/or financial support will depend on the "Plan of Action" developed by the curriculum revision group and agreements among donors (UNICEF, WHO, JSI, LINKAGES, etc) on how best to jointly fund and provide technical support for this initiative

Wellstart International is tentatively planning to organize a meeting of Wellstart Associates for three days in October, 1999 It will include technical updates and strategy sessions Approximately half of the agenda will focus on pre-service curriculum reform Three additional days of professional training for both physicians and nurses are planned as well The possibility of obtaining participant training funds from the USAID Mission for 1-2 participants from Madagascar should be explored If they are able to attend, WSI could consider planning for an additional day of joint work with Madagascar Wellstart Associate colleagues, focusing on the Madagascar pre-service curriculum revision initiative and how WSI could best provide technical support