

PD-ABY-736

Final Report

Jereo Salama Isika

1999 - 2003



REPUBLIC OF MADAGASCAR
Ministry of Health



What is Jereo Salama Isika ?

What is *Jereo Salama Isika* ?

Jereo Salama Isika is a Malagasy expression meaning "Voilà, we are in good health!" It is the name of a four-year (November, 1998 - May, 2003), USAID-funded technical assistance project. John Snow, Inc. (JSI) implements the *Jereo Salama Isika* Project as the lead partner in a consortium with three subcontractors: the Academy for Educational Development (AED), Private Agencies Collaborating Together (PACT), and The Futures Group International (TFGI). This dynamic partnership collaborates with the Government of Madagascar and its health partners, including United Nations agencies, private voluntary organizations, and national non-governmental organizations.

Jereo Salama Isika is the centerpiece of USAID/Madagascar's health sector assistance to the Government of Madagascar. USAID assists the Ministry of Health at the central level, in the provinces of Antananarivo and Fianarantsoa and in twenty-two focus districts. *Jereo Salama Isika* supports a variety of programs carried out by non-governmental organization. There are also specialized activities in research, environmental health, HIV/AIDS, social marketing and health communications. In collaboration with the JSI Research and Training Institute, JSI manages the Ambassador's Girls' Scholarship Program funded under the Education for Development and Democracy Initiative (EDDI) and an innovative cross-sectorial program on health / population / nutrition an environment funded by the Packard Foundation.



Jereo Salama Isika

1999 - 2003

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Table of Contents

Acronyms

Definition of Important Terms:

1. Introduction and Overview

- 1.1. History and Context
- 1.2. Project Vision and Strategy
- 1.3. What are the main areas where lessons have been learned and there are experiences to be shared?

2. Program Objectives and Activities

- 3.1. Community Mobilization
 - 3.1.1. Community Health Volunteers
 - 3.1.2. Child-to-Child and Child-to-Community Initiatives
- 3.2. Adolescent Peer Educator Approach
- 3.3. Development of Information, Education, and Communication Tools for Behavior Change
 - 3.3.1. Visual Aids Development and Promotion
 - 3.3.2. Mass Media Approach
- 3.4. Champion Communities
- 3.5. Church Initiative
- 3.6. Local Authorities Approach
- 3.7. Celebrating Success
- 3.8. Vaccination Program
- 3.9. Nutrition
- 3.10. Reproductive Health
 - 3.10.1. Family Planning
 - 3.10.2. Safe Motherhood
 - 3.10.3. STIs and HIV/AIDS
- 3.11. Management of Risks and Catastrophies

4. Logistics

- 4.1. National Policy Development
- 4.2. Essential Medicines Distribution
- 4.3. Vaccine Cold Chain Development and Maintenance
- 4.4. IEC Materials and Distribution

5. Organizational and Institutional Health Care System

- 5.1. Organizational and Institutional Capacity Strengthening
 - 5.1.1. Non-Governmental Organizations(NGOs)
 - 5.1.2. Provincial Health Department and District Health Service
 - 5.1.3. National Level Ministries (Health, Education, Security)
 - 5.1.4. Multisectoral Program Offices (HIV/AIDS)
 - 5.1.5. JSI Program Staff Development, Administrative and Financial Management
- 5.2. Management Information System
 - 5.2.1. Development of Management Information Systems with Partners
 - 5.2.2. JSI Program Monitoring and Evaluation

6. Strengthened Health Worker Skills

- 6.1. Specialized health subjects (Reproductive Health, Immunization, Nutrition)
- 6.2. IMCI Health Practitioner's Curriculum

7. Partnership Programs

- 7.1. Program Implementing Partners
 - 7.1.1. John Snow, Inc.
 - 7.1.2. AED
 - 7.1.3. PACT
 - 7.1.4. Futures Group
 - 7.1.5. Entreprise Claudine
 - 7.1.6. SOIMANGA Design
- 7.2. JSI Research and Training Institute, Inc.
 - 7.2.1. Madagascar Green Healthy Communities
 - 7.2.2. Ambassador's Girl's Scholarship Program
 - 7.2.3. Youth Passport Program
 - 7.2.4. Fluoride Program
 - 7.2.5. Safe Motherhood Project

8. Review of Sustainability

9. Summary of Lessons Learned

Acronyms

AAPS	Activities to Support Health Promotion
AIDS	Acquired Immuno Deficiency Syndrome
ADRA	Adventist Development and Relief Agency
BCC	Behavior Change and Communications
CASC	Community Health Action Committees
CCIA	Interagency Coordination Committee (for EPI)
CDC	Centers for Disease Control and Prevention
CDS	Health Committee of the Diocese
CNLS	National Council on the Fight Against AIDS
CRS	Catholic Relief Services
CS	Child Survival
CSB	Community Based Health Centers
DHS	Demographic and Health Survey
DPS	Provincial Health Department
SSD	District Health Service
ENA	Essential Nutrition Actions
EMAD	District Level Management Teams
ENA	Essential Nutrition Actions
EPI	Expanded Program of Immunization
EU	European Union
FAO	Food and Agriculture Organization
FHI	Family Health International
Fokontany	Neighborhood, locality
FP	Family Planning
GAIN	Intersectoral Action Group on Nutrition
GAVI	Global Alliance for Vaccine and Immunization
Gazety	Bulletins discussing various health themes
GSI	Integrated supervision grid
GTZ	German Technical Cooperation
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICC	Interagency Coordination Committee on Immunization
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
JSI Program	Jereo Salama Isika Program
JSI	John Snow, Incorporated
LAM	Lactational Amenorhea Method (of Family Planning)
LTPM	Long Term and Permanent Methods (of Family Planning)
MDM	Médecins du Monde
MICS	Multi-Indicator Cluster Survey
MIS	Management Information System
NAC	UNICEF-funded Community Nutrition Projects
NGO	Non-Governmental Organization
NID	National Immunization Days
OPV	ORAL Polio Vaccine
OSTIE	Organisation Sanitaire Tananarivienne Interentreprises
PACT	Private Agencies Cooperating Together
Pha-G-Dis	District drug storage depots

PSI	Population Services International
SEECALINE	World Bank-funded Nutrition Project
STI	Sexually Transmitted Infection
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YARH	Young Adolescent Reproductive Health

Definition of Important Terms

Vaccination Diploma: A certificate provided to a family if their child is fully vaccinated by his/her first birthday.

Youth Passport-Health: A booklet for teenagers and young adults that covers various reproductive health issues and substance abuse.

Child-to-Child Initiative: A school and youth group based program for development of peer counseling and health promotion activities.

Champion Community: A community that receives the status of "Champion Community" fulfills certain fundamental criteria regarding vaccination levels, family planning meetings, cleanliness of public spaces and other pre-requisites.

LAM: The Lactational Amenorhea Method of family planning requires exclusive breastfeeding for up to six months and the absence of menstrual period.

ENA: The Essential Nutrition Actions consist of key behaviors that have been found to be vital for the nutritional health of infants and young children.

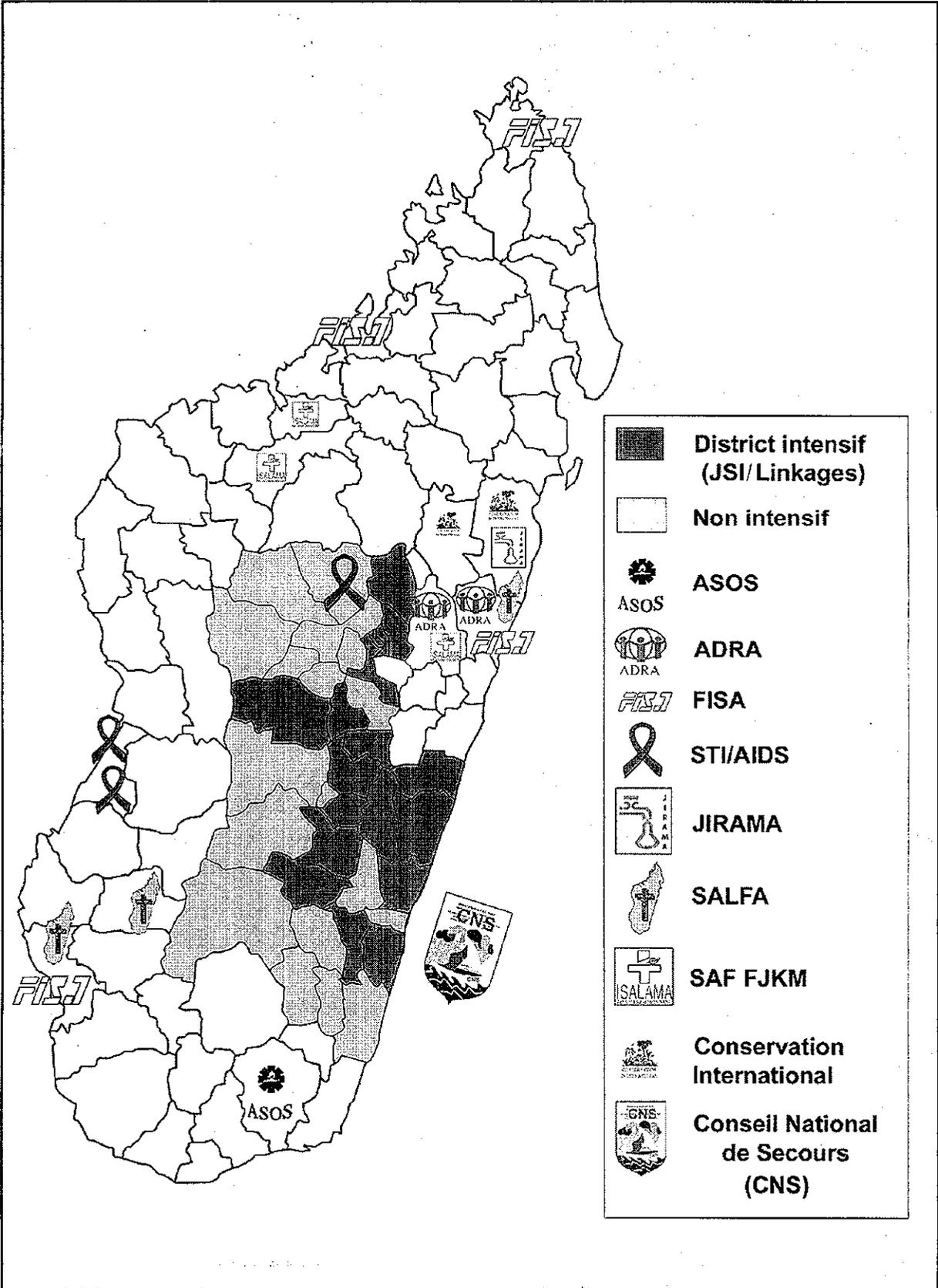
IMCI: The Integrated Management of Childhood Illness and Nutrition is an approach that integrates assessment, classification, treatment and counseling of sick children and their caretakers. Visits to health practitioners for illness are used as occasions to identify other illnesses and provide preventive treatment and counseling on health issues such as vaccinations.

Stock-Out: When a product or material is out of stock for more than 24 hours or if a product has passed the expiration date.

Organizational development: Efforts to improve an organization's functioning through management practices and procedures, problem-solving and renewal processes to strengthen organizational effectiveness.

Institutional development: The establishment of effective inter-organizational systems, networks and partnerships aimed at achieving maximum impact of organizational goals. The improvement of policies, laws and regulations governing organizations and their relationships with the population (democratic legislation).

**Jereo Salama Isika Project / MADAGASCAR
Project Intervention Zones**



1. Introduction and Overview

This report describes 4 1/2 years of program work in Madagascar by the USAID-funded Jereo Salama Isika Project. The narrative describes what we set out to accomplish: our vision, how the project evolved over the last four years and what was added to the operational strategies, approaches and interventions along the way.

The project was designed as a performance-based, integrated program with equally strong quality improvement and community mobilization components. Working with other technical partners, it was designed as the flagship USAID health project in Madagascar. For a variety of reasons, not the least being extraordinary levels of flexibility and collaboration among government, non-governmental and technical partners and flexibility on the part of USAID Madagascar, this program resulted in an unusual richness of innovation in many important public health areas. Approaches developed under the Jereo Salama Isika Project are being adapted in other countries. The Project achieved all of its objectives, and more, despite challenges encountered during implementation.



1.1. History and Context

Rich in human and natural resources, Madagascar is nevertheless one of the poorest countries in the world. It faces an ever-increasing threat of demographic and environmental disaster, and its health providers face monumental challenges. The population suffers from diseases long controlled in developed countries (e.g. plague, cholera, leprosy) as well as emerging diseases such as HIV/AIDS and poverty induced malnutrition. Because of weaknesses in surveillance and EPI coverage, Madagascar is not yet certified as polio free, and EPI coverage is low in certain regions. Contraceptive coverage and utilization is uneven. Infant, young child and maternal mortality rates are unacceptably high. Malnutrition and micro nutrient deficiencies affect up to 40 percent of the population.

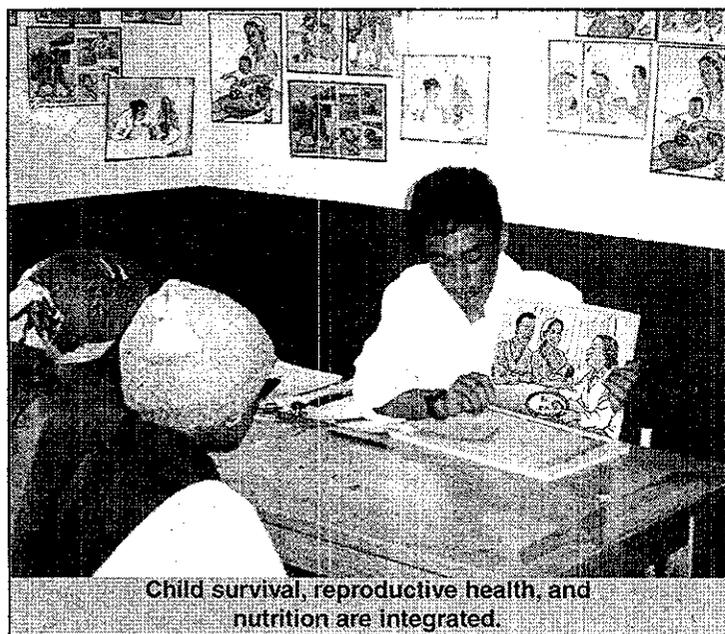
The health system has evolved significantly over the last decade in response to these challenges, but there is a long way to go. Over 80 percent of the population lives in rural areas, and many of these areas are inaccessible much of the year and/or vulnerable to natural disasters such as flooding and cyclones. Persistent poverty and high levels of illiteracy hinder programs, as does a health system with too few of everything--doctors, nurses and midwives trained in public health, updated cold chain and other equipment, skilled practitioners in FP, IMCI, and Syndromic Management of STI, transportation for supervision and emergency evacuations, hospital equipment, low-cost essential drugs, and modern management and planning systems.

The last four years have brought additional challenges. Despite a legal and national commitment to decentralization, the Ministry of Health suffered from overly centralized and personalized decision-making that failed to tap the creativity and initiative of field staff. The Ministry put into place a system of user fees (based on the Bamako Initiative model) and recruited unemployed doctors for isolated health centers, but could not always support them technically. A series of national disasters

put at risk populations in jeopardy-cyclones, cholera and flu epidemics and, most significantly, a six-month political crisis that had negative consequences in all areas of health. The political crisis took place during the last months of 2001 and the first months of 2002. Many of the program activities were seriously affected as a result of security issues, serious fuel shortages, and roadblocks. An optimistic new government and health ministry leadership is committed to turning around this situation.

USAID has been a major donor to health in Madagascar for over a decade. Initially, activities were funded through a variety of central USAID contractors, such as the JSI/SEATS Project, the SOMARC Project, AVSC and others. Early efforts focused on the private sector, but work with the Ministry of Health and other government ministries gradually assumed a more important role. Many of the strategies still used in the private sector, for example the excellent performance of work-based service providers, were designed and launched under the SEATS Project.

Phase I of the bilateral program, the MSH/APPROPOP Project, trained a large number of trainers in family planning, set up numerous service sites, developed a long term FP methods capability, piloted quality of care efforts, logistics systems and population-environment programs and expanded NGO involvement in family planning. Because APPROPOP focused nearly exclusively on family



planning, USAID brought in the BASICS Project to work on child survival issues. The BASICS program was small but effective in providing technical support for EPI, introducing IMCI and developing a highly innovative community mobilization approach.

In response to the assessments of both the Ministry of Health and USAID, Phase II was designed to be an integrated child survival, reproductive health and nutrition program that incorporated the BASICS community approach. The original design called for minimal input in prevention of HIV/AIDS, but this area, as well as youth programs and pre-service training, became more important as program

priorities and needs evolved. An enhanced nutrition component under the centrally funded LINKAGES Project allowed for a close and fruitful collaboration and greater impact. The Project introduced pre-service training into its technical mix in response to cost and sustainability concerns.

Population Services International (PSI) took over the Malagasy social marketing program around the same time as the start of the Jereo Salama Isika Project. They injected new life into the program, expanded into new areas (e.g. mosquito nets, malaria drugs, Sur'Eau) and collaborated with JSI in on-the-ground mobilization efforts. Several smaller efforts, such as the MOST, FHI and Evaluation Projects provided support and were successful collaborations, as were the child survival projects, particularly health programs run by ADRA. Finally, collaboration with other donors has also been effective, especially UNICEF, UNFPA, WHO, the Japanese and the World Bank. USAID programs addressing food security and malnutrition have grown in response to the ongoing priority of these issues for Madagascar. JSI also participated in the launch of a more formal approach to integration of population, health and environment through the Voahary Salama Association.

1.2. Project Vision and Strategy

The project's "vision" is healthy mothers, children and young adults through a client-oriented, technically sound health care system working hand-in-hand with engaged and informed communities. The project set out to achieve this through pro-active partnerships with government, NGOs, other donors and technical assistance agencies and with local communities. It aimed to achieve measurable change in key health indicators, such as immunization coverage, contraceptive prevalence, adoption of exclusive breastfeeding and other positive preventive health behaviors and practices.



The project foresaw a two-pronged approach of improving skills and functioning of health providers at the health center and district levels while simultaneously mobilizing communities to change community norms and support local health providers. Clinic-level quality improvement was based on a notion that became widely accepted in the health system of a "full service" health center: one that provides four method family planning, elements of IMCI, quality EPI, essential nutrition actions, syndromic management of STIs, and targeted prevention/health promotion activities. Significant progress was made in the 23 focus districts and two focus regions toward these goals, and provincial and national technical assistance enhanced the entire system.

At the same time, there was total agreement within the project and with key stakeholders that no durable change would occur without strong community involvement. A creative and, as the results demonstrate, highly effective community mobilization and IEC/mass media effort was launched. Many of the materials developed and approaches used have become the national standard (e.g. the child health booklet) and have formed the basis for other donor approaches. The project developed six durable principles for community involvement and produced more materials of every kind than any similar project USAID has funded. A number of the approximately 18,000 community volunteers involved in the Jereo Salama Isika Project have formed self-sustaining groups to continue their health promotion activities.

1.3. What are the main areas where lessons have been learned and are there experiences to be shared?

As the subsequent sections illustrate, the project has acquired lessons to share in the following areas:

- The crucial role of fully mobilized communities in achieving public health objectives.
- The importance of working in a decentralized way to strengthen local decision-making and capacity to effectively utilize human and financial resources at all levels of (public and private) health systems.
- The synergistic effects that can be achieved by systematically exploiting linkages between key program elements and maintaining a commitment to integration.
- The importance of promoting "Small, Doable Actions" and of market saturation in information, education and communication (IEC).
- The need to maintain technical excellence and the continued improved in SOTA (state-of-the-art-technology) and health worker skills.
- The importance of defined, measurable objectives and good monitoring systems.
- The need to think of sustainability early on in a project.
- The critical importance of partnership, teamwork and enthusiasm.

2. Program Objectives and Activities

Means to Reach Objectives

Program Objectives

- Reproductive Health
- Vaccination Coverage
- Nutrition
- Disaster Mitigation
- Child Survival

Community Mobilization

- IEC Mass Media/Visual Aids
- Community & Peer Health Volunteers
- Champion Communities
- Child-to-Child Approach
- Church-based Initiatives
- Local Authorities Approach

Logistics

- Essential Medicines
- Cold Chain Maintenance
- Distribution of IEC Materials
- Program Support

Organisational & Institutional Development

- NGOs
- Provincial Health Department
- District Health Offices
- Ministries at National level
- Specialized Offices (i.e. multisectoral)
- Program Staff Development
- Monitoring & Evaluation

Training on Issues :

- Integrated Management of Childhood Illnesses
- Individual Health Topics

Pre-service Training

In-service Training

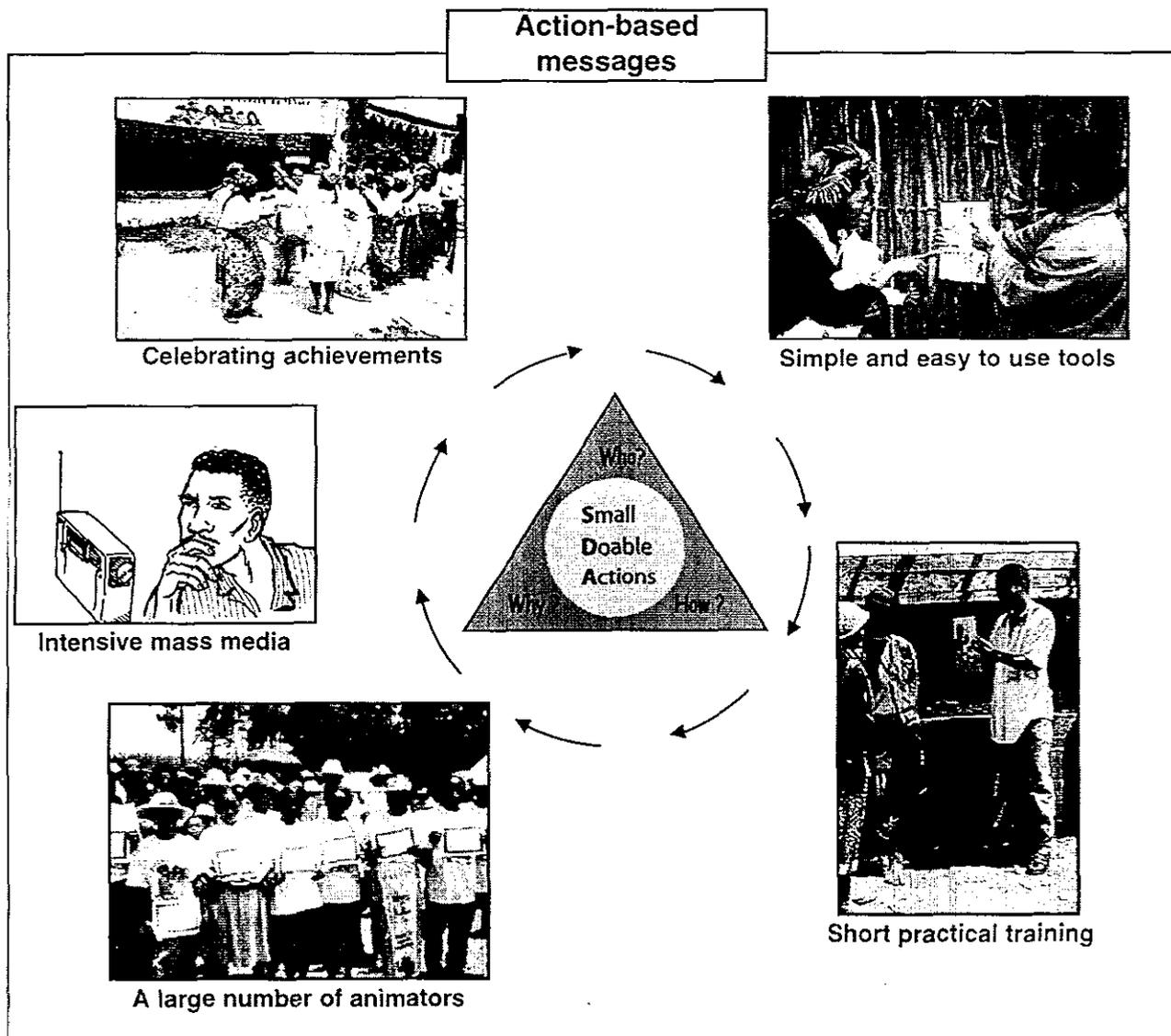
3. Improved Family and Community Health Behaviors

3.1. Community Mobilization

Behavior change for improvement of health requires advocacy and awareness raising among policy makers and society in general. Making the population aware requires effective community mobilization strategies.

In this program JSI used a community mobilization strategy that relies on six essential elements:

1. Promotion of small feasible actions by community members to improve their own and their family's health.
2. Easy to use IEC tools such as flash cards, cartoons, the "Youth Passport", newsletters, posters etc.
3. Short training courses concentrated on counseling and methods for developing and carrying out community plays.
4. A large number of volunteers, i.e. inclusion of at least 1% of the population in health promotion activities (volunteer educators, women's groups, youth, community leaders).
5. Utilization of mass media to reinforce messages.
6. Organization of festivals and other activities to celebrate, mark, and promote health activities.



The JSI strategy also included:

- Creation of community health action groups (CASC).
- Education and training of health practitioners.
- Involvement of schools, churches and NGOs.
- Organization of programs that challenge communities and schools to meet specific health improvement levels.

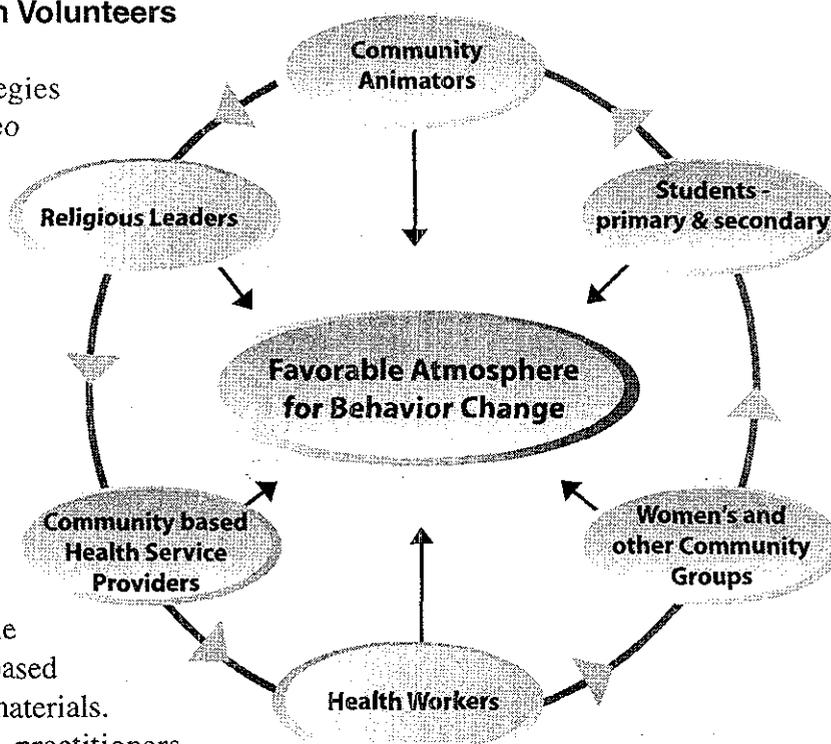
The program adapted this general approach in accordance with realities encountered. The Child-to-Child Approach was added and later expanded to include the Child-to-Community Approach. Urban community mobilization required a different approach than that used in rural areas so the Church Initiative was conceived and successfully implemented. To motivate communities to actually change behavior to improve health the concept of "Champion Communities" was introduced. Recognition of improvements in standard health measures was awarded by the attainment of the status of a "Champion Community". Finally, together with its partners, JSI initiated a program to integrate health and environmental issues so that long-term benefits to health can be assured.

Sharing of experiences, an important priority of the JSI Program, was carried out through a series of presentations, workshops and meetings with interested groups and organizations, as well as through a special film. A film describing the "Six Principles of the Community Approach" was completed and distributed.

The JSI Program worked with 20 health districts in Antananarivo and Fianarantsoa Provinces at the beginning of the program. As a result of strategic policy changes by USAID, the number of districts was reduced to 10 in 2001: 5 in each of the two provinces. Community Health Volunteers were trained in 20 Districts. Monitoring showed that application levels were lower in Districts that did not receive intensive follow-up assistance. Although communities should not become dependent on outside interventions, thorough support in the initial phases is necessary to ensure effective implementation.

3.1.1. Community Health Volunteers

Behavior change strategies promoted by the Jereo Salama Isika Project rely to a large extent on community health volunteers. Volunteers work as animators to stimulate community members to adopt behavior that promote their own and their family's health. Community Health Volunteers use their own words and determine the exact content of messages based on well-researched IEC materials. Local leaders and health practitioners provide additional input to support behavior change.



Many types of volunteers received training on how to promote behavior change for improved health. Community Based Health Volunteers and volunteer Peer Educators form the largest resource for improving health. Over **18,000** volunteers were trained. On average, one Community Health Worker was available to provide health counseling and support to approximately 10-15 families.

A stepwise training system was established to reach the maximum number of volunteers for the lowest cost. Volunteers participated in train-the-trainers workshops. Thus, a pool of facilitators that can continue to train volunteers was created. These volunteers, in turn, trained the Community Health Workers and Peer Educators.

The Community Health Volunteers learned how to use IEC materials to explain health messages, how to organize community plays on health subjects, and how to promote community health in general. New themes were added in follow-up and refresher trainings. One of the most important subjects added was STI/AIDS prevention, which now forms the core of a major health campaign in the country.

Community Health Action Committees (CASC) were established in each commune where JSI was active. These groups consisted of 6-8 local officials including the mayor, health practitioners, and local leaders. They formed a core group that organized health actions at the local level. These groups have played a central role in creating a positive atmosphere and involving all actors in behavior change. They played an especially important role in maintaining health services during the political crisis:

The political crisis of 2002 led to a decrease in program activities. JSI and its partners determined that it was necessary to provide new impetus to Community Health Volunteers by conducting refresher trainings in ten districts receiving intensive JSI support. A number of Community Health Volunteers had stopped their mobilization activities altogether as a result of the crisis but many new volunteers presented themselves for what was previously labeled as "refresher training". The contents of the refresher training were adjusted to take the reality of the new Community Health Volunteers into account.

3.1.2. Child-to-Child and Child-to-Community Initiative

The purpose of the Child-to-Child approach is to give children a role in helping improve the health of their peers and families. The program operates through schools and includes the participation of teachers and parents. The focus is on hygiene, nutrition, immunization and adolescent reproductive health.

Initially the program was carried out in two pilot districts that comprise **39** primary schools: **1280** primary and **408** secondary teachers were trained in the pilot phase. The themes covered were:

- Intestinal illnesses.
- Physical hygiene.
- Environmental sanitation and hygiene.
- Reproductive health.
- Nutrition.



At the end of the pilot phase in 1999 it was deemed necessary to increase the breadth of the approach to maximize impact. Although favorable results were found in the number and use of latrines, for example, these were largely limited to behavior in schools as opposed to application throughout the community. Initial activities had been centered on training teachers and supervision of the program in schools. Community members only were involved indirectly and did not feel ownership of the program. Thus, JSI and its partners came to the conclusion that it was necessary to integrate the Child-to-Child program more solidly with other community mobilization activities. Such integration was also in line with the overall approach of integrating and simplifying health promotion activities.

In 2000 the Child-to-Child Program was extended to cover **219** primary schools and **50** middle schools. Special guides were developed to facilitate application of the program. Progressive integration of the Child-to-Child Program was carried out so that the number of sites and sustainability could be improved. Efforts were undertaken to involve the community more closely in the program, particularly by including parents and existing Community Health Volunteers.

Steps undertaken in the Child-to-Child and Child-to-Community Program were:

- Awareness raising among communal authorities (mayors, religious leaders, managers of Primary Health Centers, heads of school zones, local NGOs).
- Design of IEC materials.
- Development of guides for teachers on implementing the program.
- Creation of a regular newsletter to distribute information on the accomplishments of schools, communities and project.
- Workshops that focused on a re-orientation of priority themes to family planning, vaccination promotion, and exclusive breastfeeding for Community Health Volunteers.
- Re-orientation to Child-to-Community Program.
- Addition of other themes including family planning and adolescent reproductive health.
- Two follow-up workshops at one-month intervals.
- A festival held by each school zone.

Workshops were carried out with **1132** teachers, peer educators, and Community Health Volunteers between August 2002 and April 2003.

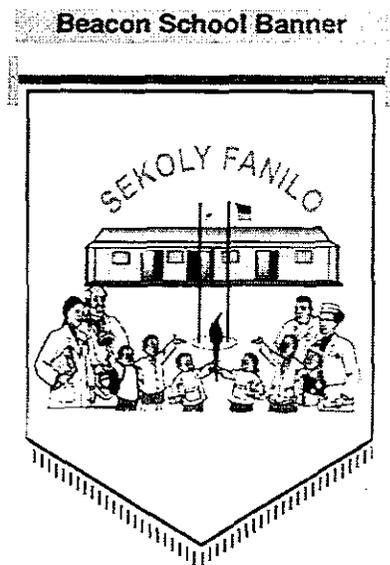
Groups of four to five children were created to ensure that at least one infant known to them received all his/her vaccinations before the age of 12 months. Special posters were created with spaces to track each school's ability to apply basic health care notions.

To further motivate students, teachers, parents and other community members, schools could obtain special status as a "Beacon School". To achieve this status schools had to meet a certain number of criteria: **32** schools became Beacon Schools and serve as examples to others.



The criteria for becoming a Beacon School included:

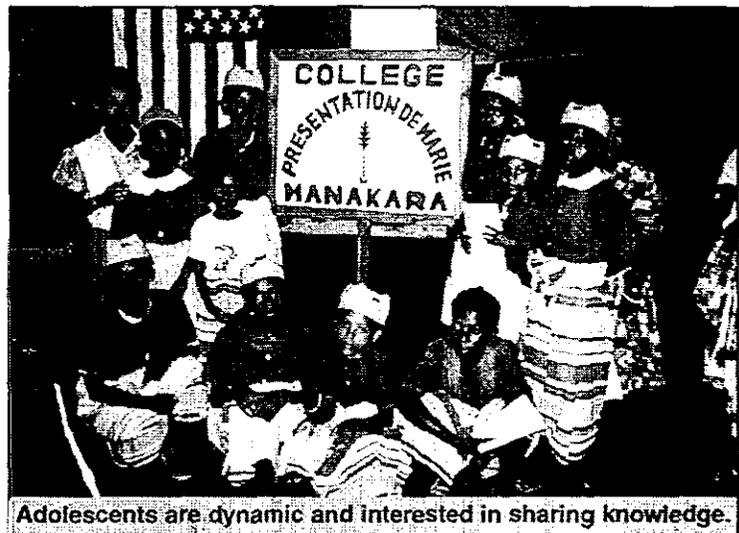
- 80% of infant brothers or sisters of students completed all the necessary vaccinations before the age of 12 months.
- The Parents' Association carried out at least one nutritious food preparation demonstration once every two months.
- Children knew how to use and maintain the cleanliness of a latrine.
- 80% of students wash their hands before eating and after going to the toilet.
- Collaboration existed between the school, Parents' Association and local NGOs to clean the school or other public areas.
- Potable water existed in the school (either boiled or treated with Sur-Eau).
- Awareness raising was carried out on diarrhea prevention and treatment at least twice a year.



3.2. Adolescent Peer Educator Approach

Adolescents and young adults are frequently dynamic and interested in interacting with others on a variety of subjects. At the same time adolescents and young adults are recognized as particularly vulnerable to certain illnesses, especially in terms of reproductive health. Programs were developed to involve volunteer adolescents to work as peer educators. Peer educators from schools, associations, church groups and NGOs were trained.

Primary emphasis was placed on the development of a "Young Adolescent Reproductive Health" (YARH) program. Madagascar is one of the few countries in the world with a national policy on adolescent health. JSI assisted with the development of the policy document, which was distributed to twenty districts where JSI worked. The YARH program was designed to reach youth with up-to-date information on reproductive health, STIs, and HIV/AIDS. Advocacy with decision-makers in the Government, NGOs, local authorities, parents, religious leaders and young people was highly successful.



The YARH initiative uses innovative tools such as the "Youth Passport" to engage youth and those who work with them in addressing critical issues. The Youth Passport is a booklet for teenagers and young adults which functions as an individual adolescent's health record, much the way a child health card is used for children under five.

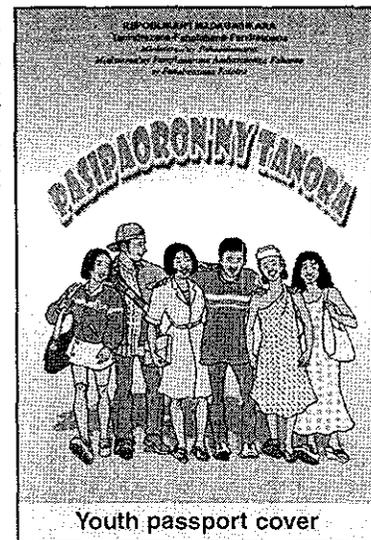
The Youth Passport is a booklet for teenagers and young adults which functions as an individual adolescent's health record, much the way a child health card is used for children under five.

Experience indicates that the Youth Passport is highly popular and is reaching its target group with practical information on major health risks-early pregnancy, sexually transmitted infections, drug and alcohol abuse, nutrition, and the advantages of staying in school. The messages are embedded in an approach that supports positive decision-making and self-esteem.

Twenty intensive districts, several government ministries, youth groups, sports associations, schools, and colleges were involved in the program. Many young people were reached with adolescent reproductive health messages. Requests for support were received from different youth associations or associations working with young people.

Many activities were carried out, including:

- Sessions with peer educators on relevant health issues.
- Distribution of the Youth Passport.
- Schools organized exhibits and presentations on health topics to which community members were invited. One exhibition in Antananarivo reached over 7,000 adolescents, teachers, and parents.
- Shows with Malagasy musical groups were presented during which the audience was invited to listen to health messages.
- Before and after soccer and basketball matches YARH awareness activities were carried out in the national stadium in the capital.



3.3. Development of Information, Education, and Communication Tools for Behavior Change

A key component of the JSI Program was the development of effective IEC materials for behavioral change. The materials serve to support the key objectives of the JSI Program by providing tools for volunteers and health professionals. Input from many partners, including community members, was used to fine-tune the materials. An IEC Task Force, led by the Ministry of Health, was instituted that organized the standardization of messages. Rendering the messages uniform is a positive step that enables multiple organizations to reinforce messages in the communities where they work. In some cases it may be desirable to adapt materials to local situations, this can still be done through local level IEC Task Forces.

The IEC materials have become a symbol of success. Many organizations working in health are now using the materials. JSI designed a method at the beginning of the program to improve existing IEC materials. A key consideration for increasing effectiveness of behavior change methodologies was to reduce the number of messages to those that are essential, concrete and action-oriented. Previously a large number of messages were used that made it difficult for Community Health Volunteers and community members to absorb and apply what they had learned. The JSI approach included harmonization of different messages with each other.

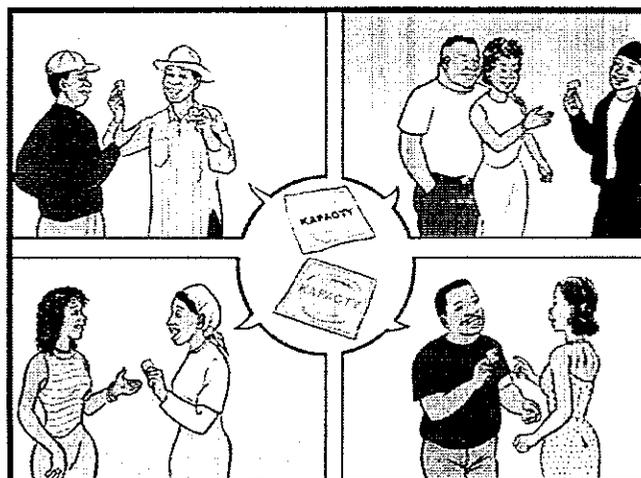


Reducing the number of messages and making them more concrete also made it possible to cut costs and produce many types of materials. The program found that approaching communities with the same messages in different forms increased behavior change.

A wide variety of IEC materials was developed by JSI, including:

- Flash cards.
- Posters.
- Fliers.
- Booklets.
- Cartoon stories.
- Guidelines for preparing village sketches on health.
- Health cards.
- Vaccination record cards.
- Small hand outs with key messages.
- Guidelines for preparing village theater sketches.
- Radio and television messages.

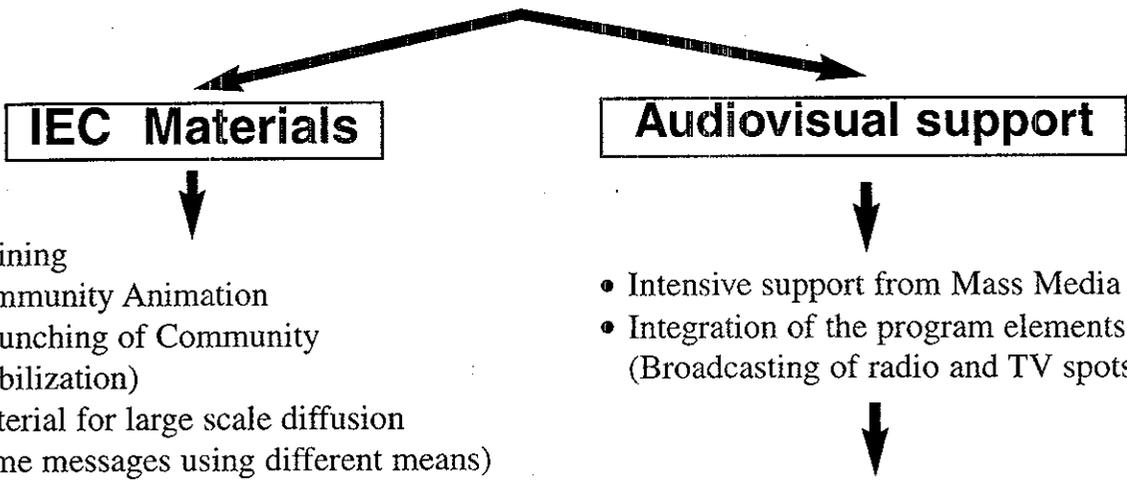
Although there is a large variety of materials they have been integrated carefully so that they complement each other and serve to reinforce the messages provided.



IEC Production and Mass Media

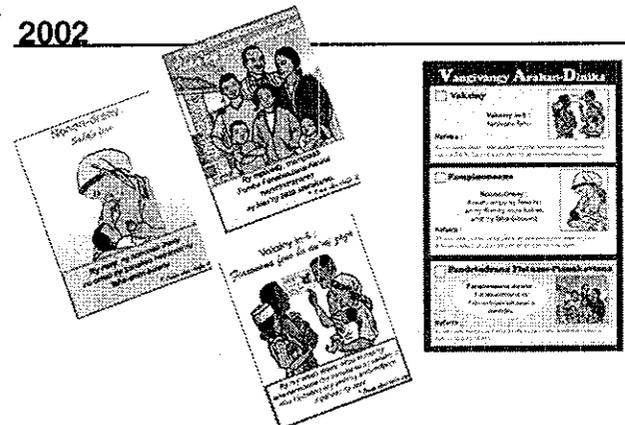
IEC Materials Development

1999 Production of Generic Materials (Family Planning, Vaccination, Nutrition, Integrated Management of Childhood Illnesses)



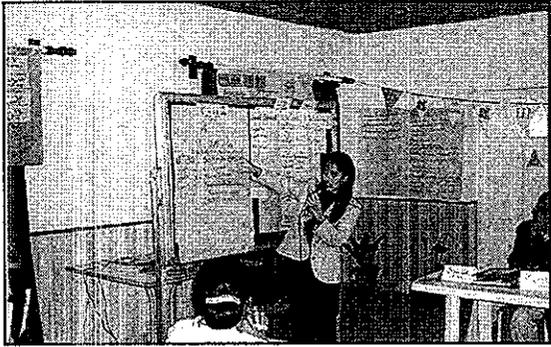
2000
 - Generation of new IEC materials for each new approach and in response to demand from the field.

2001
 - Support for partners
 - Training on the use of IEC materials
 - Harmonizations of the IEC Materials used in the intervention areas
 - Support for replication of IEC materials
 - Coordination of orders from partners with suppliers



- New IEC materials re-invigorate communities and partners as well as introduce new themes such as population and environment.

• Partnership with local radio stations.
 - Development of programs
 - Broadcasting



Training of radio producers to prepare presentations on community awareness raising activities.



Training of station animators for local mobilization, intervention of health professionals and community animators, and discussion of current health themes or local health problems.

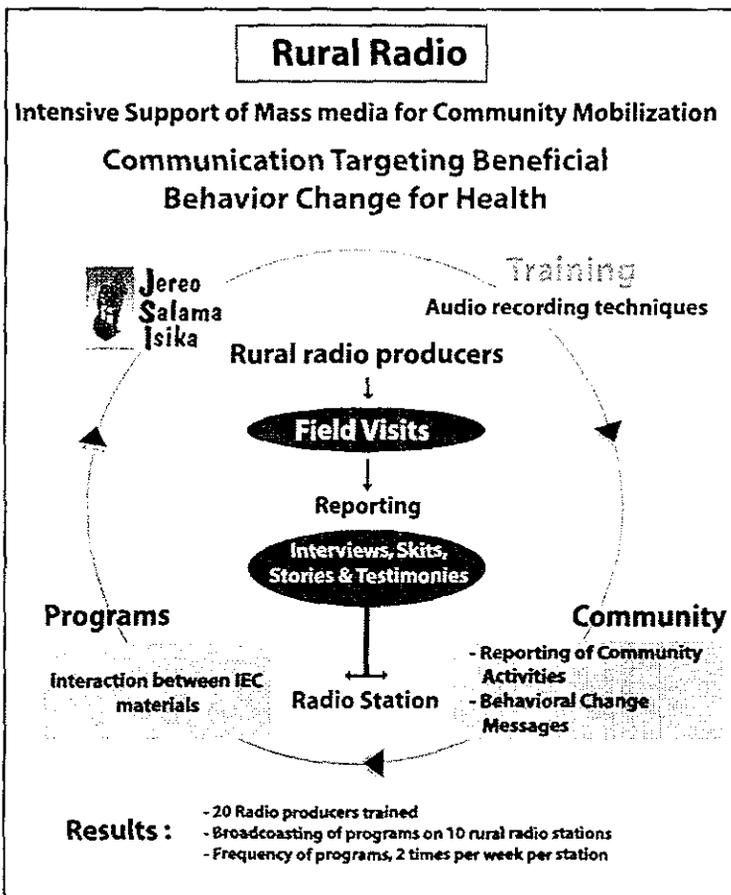
3.3.1. Visual Aid Development and Promotion

Visual aids were developed and fine-tuned. JSI recognizes that the development of visual aids is a process that is never complete. Materials will need to be adjusted to reflect the changing health and socio-cultural situations. The JSI Program's IEC staff members have gained sufficient skills to serve any program that identifies a need to change or add to their store of materials. As a testament to their heightened skills, one staff member from the IEC Unit and another from the Community Mobilization Unit carried out consultancies in Ethiopia and Benin to share their experience and skills.

The promotion of visual aids was conducted largely through the community mobilization system that was developed by JSI and its partners. Health districts could initially order materials through a fund that was established in each district. Materials were also distributed through cooperating national and international NGOs. The Child Health Booklet, for example, was adopted as the national standard for Madagascar and is also being used in locally adapted forms in Nigeria, Ethiopia, and Benin.

3.3.2. Mass Media Approach

Mass media plays an important role in reinforcing messages presented face-to-face by Community Health Volunteers, Adolescent Peer Educators, and Health Professionals. The use of mass media was



part of the JSI Program strategy to multiply exposure to messages using a variety of channels.

Jereo Salama Isika mass media efforts started with audio-visual "spots" (short publicity messages) on health issues via radio and television. These were supplemented with cartoon booklets and popular songs on key health subjects. Training was subsequently provided to radio producers and animators. Twenty radio producers were trained on designing and producing publicity spots and health programs to raise community awareness. A total of 120 radio animators were trained in 32 stations on methods of developing interesting broadcasts highlighting existing health messages and community health improvement activities.

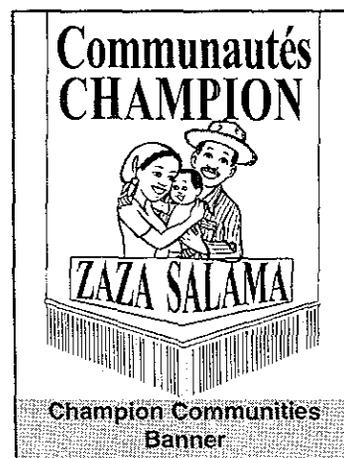
Radio, in particular, reaches large audiences. Local radio stations communicate with their audience in the local dialect, making messages even more effective. About 270 radio spots produced by the project are aired every day by the 27 participating radio stations. Five television stations also broadcast one health spot per day.

Radio stations also air an average of two 5-10 minute programs per week on various health subjects. These range from publicizing festivals that award Champion Community status to interviews with

local health practitioners, authorities, and community health volunteers. This approach promotes health messages, while enhancing the pride of local communities. It invigorates those who give their time to promote health.

3.4. Champion Communities

One of Jereo Salama Isika's most popular efforts was the Champion Community Initiative. This program provides recognition to communes that increase their commitment to improving maternal and child health and promoting family planning. Its success depends on cooperation among four community groups: local authorities, health workers, Community Health Volunteers, and schools. Forty communes in JSI focus districts fulfilled the specific requirements to receive the designation of a Champion Community. This approach is being adapted for health-population-environment initiatives.



The criteria to win the title of Champion Community were:

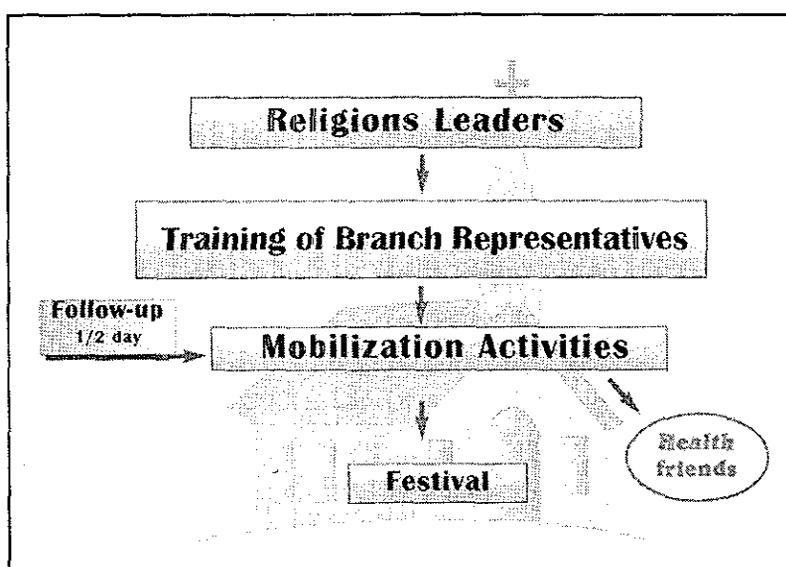
- 80% of all children under 12 months of age are completely vaccinated
- 65% of all parents of newborns are using the Child Health Card.
- 70% of all children ages 6-59 months have received vitamin A.
- Weekly family planning information sessions are organized during large community meetings or vaccination days for 26 weeks.
- Areas surrounding the health center, mayor's office, market, and other public spaces are kept clean.
- A mini-festival is held every third month over a period of nine months.

A large festival is usually held to celebrate the attainment of Champion Community status and often receives extensive media coverage, which boosts motivation among other communities.

3.5. Church Initiative

Initially the community mobilization approach was the same for rural and urban areas. Experience showed that urban areas needed community mobilization structures different from those used in rural areas. In the city of Antananarivo, for example, the concept of community is less developed because it is a sprawling urban area. Consequently re-vitalizing community health volunteers is more effective if churches are involved because most churches have tightly knit volunteer groups. One study showed that two thirds of the population, including youth, attend church at least once a week.

In rural areas churches are also important in helping create NGOs such as the "Health Committee of the



Diocese" (CDS). CDS functions as an intermediary for the Catholic Church in social and health programs. Doctors who work in the community health centers (CSB) and are members of the CDS are able to facilitate the integration of activities and cooperation of different parties.

Sixty-four churches collaborated with JSI and its partners in the Church Initiative approach.

3.6. Local Authorities Approach

JSI and its partners developed the Local Authorities Approach in response to realities encountered while carrying out the program. A gap existed between medical personnel assigned to a community and community members. Medical personnel do not usually come from the local area, while local elected authorities are usually from the community.



JSI realized that if a more integrated approach to health were to work, it would be necessary to involve local authorities in a much more inclusive manner. This now highly successful approach means that the local mayor or president of the Fokontany serves as the main contact point for health promotion in the community. Their authority is useful in promoting health and they provide important support for local health practitioners. Fokontany leaders often have very close relations with the community and realize it is in their interest to be actively involved in improving community health.

A special booklet for local authorities was developed that covers key components of the health improvement program. To encourage active involvement of the local authorities, they were asked to sign an informal "contract" of participation in promoting improved health in their communities. The refresher training for community health volunteers took place with the explicit support of local authorities. This helped to establish the role of the authorities as community health promoters.

In 2002 the Municipal Offices were also engaged in the promotion and dissemination of the Child Health Booklets. The Child Health Booklets had previously only been available at the health centers. Now, when a couple comes to the Municipal Office to register their marriage or the birth of their child, the staff takes the opportunity to promote the booklets.

3.7. Celebrating Success

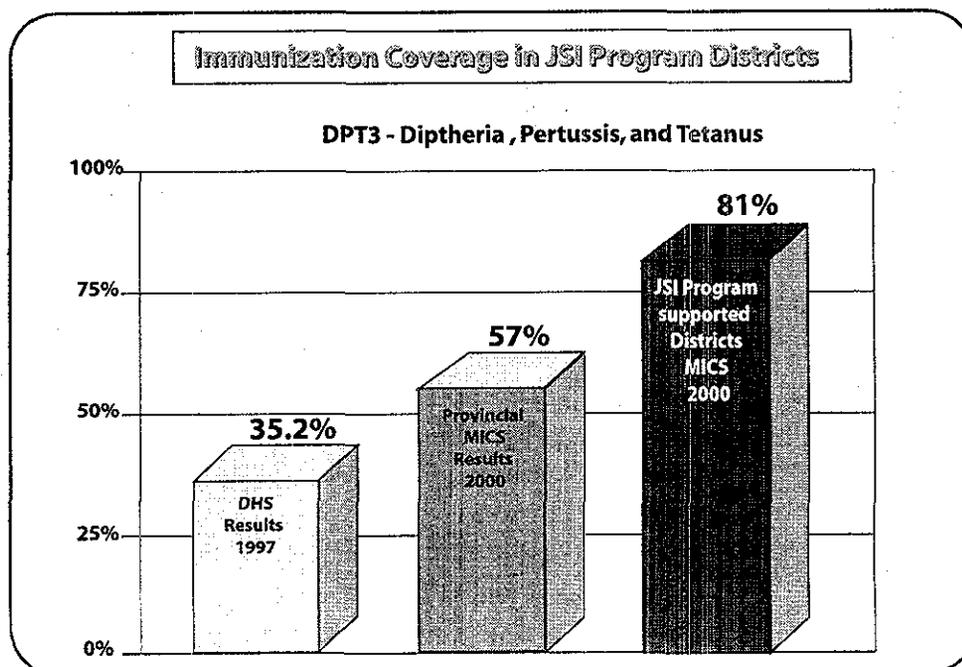
One of the primary means of consolidating success and encouraging sustainability has been organizing celebrations. Festivals have been organized at the commune level at minimal cost with material and financial input from the community. More than 450 festivals were held throughout the duration of the program. Interest shown by communities together with a willingness to contribute resources indicates a high possibility that these festivals will continue to be held in the future. The average festival only costs between US\$75 - 100.



Other forms of celebrating accomplishments have been organized in addition to holding festivals. These include presentations of successful activities carried out in communities on the radio and special days to highlight activities on a specific health subject such as family planning.

3.8. Vaccination Program

The three key areas for health improvement in the JSI Program were vaccination levels, reproductive health, and nutrition. Vaccination promotion is integrated with reproductive health and nutrition as part of the package for improving the health of Malagasy families.



JSI worked in partnership with the Ministry of Health, the Interagency Coordination Committee and several NGOs to improve vaccination coverage results. At the beginning of the program, vaccination coverage on DPT3 (diphtheria, pertussis and tetanus) was 67%. In the zones included in the program, coverage increased to 81% as compared to only a slight increase in other locations. Hepatitis B vaccinations have been added through the GAVI Program.

Many different elements worked together to improve health measures in the districts where JSI and its partners functioned. A synergy among different organizations and approaches was perfected in which the community becomes a development actor. These included improvements in:

- Awareness raising of authorities.
- Logistics.
- IEC material content and distribution.
- Collaboration between implementing partners and volunteers.
- In- and pre-service training for health professionals.
- Monitoring and follow-up.
- Community mobilization.

Success was found, for example, in the role of the Child-to-Community Approach towards vaccination level improvement. According to the 2001 District Monthly Synthetic Report the approach resulted in increases of immunization rates of 12% in Antananarivo North between October 1998 and September 2001 where the program worked with five primary schools and two secondary schools. In the Ambalavao District, where five primary schools and two secondary schools apply the Child-to-Child approach, the immunization rate increased by 15.7% during the same time period.

Specific activities for improving immunization coverage included:

- Improvement and development of new IEC audio-visual material and mass media messages on vaccination promotion.
- Improvement of logistics and managerial capacities across all parts of the cold chain.
- Development of Health Management Information Systems for tracking all aspects of the vaccination program.
- Development of methodologies for frequent updating of planning using collected data.
- Inclusion of Community Health Volunteers in locally organized campaigns to increase the number of children receiving all their vaccinations before their first birthday.
- Collaboration with the Ministry of Health, CDC, UNICEF, and WHO on an action plan for epidemiological surveillance of immunization.
- Support to Polio National Vaccination Days.
- Support for introduction of Hepatitis B in the routine vaccination program.
- Participation and funding for provincial evaluations of the vaccination program.
- Support to the CDC "Stop Team" that worked to promote effective epidemiological surveillance of polio.
- Assistance to the Ministry of Health in the organization of national and regional micro-planning workshops to analyze the effects of the crisis and implement activities to avoid a breakdown in vaccination availability.
- Refresher training for Community Health Volunteers after the crisis.



"Vaccination Diploma"
A certificate provided to the family of a child who is vaccinated by his/her first birthday.

Prior to and during the National Immunization Days (NID) for polio, JSI provided intensive logistic and technical support. Training guides were developed and JSI technical personnel in the districts attended trainings to prepare for the National Immunization Day. JSI worked with the CDC STOP Team from the Centers for Disease Control and Prevention to assist in training health specialists and provide logistical support in Antananarivo and Fianarantsoa Province.



The project emphasized the importance of breastfeeding for infant health.

3.9. Nutrition

JSI and its partner, Linkages, worked together to promote good nutrition practices that have been identified as vital for the health of mothers and young children.

These "Essential Nutrition Actions" are:

1. Breastfeeding
2. Complementary feeding
3. Feeding of the sick child
4. Women's nutrition
5. Control of Vitamin A deficiency
6. Control of Anemia
7. Control of iodine deficiency

Messages were reinforced through community mobilization, IEC materials, and mass media. The popular Malagasy singer, Poopy, became an ambassador for the program. She breastfed her baby in public and wrote a hit song on breastfeeding that heightened public awareness about the importance of exclusive breastfeeding for the first six months of a baby's life.

Nutrition has also been integrated into the pre-service training provided to medical students in Antananarivo University and in the para-medical training institutes of the JSI Program target provinces.

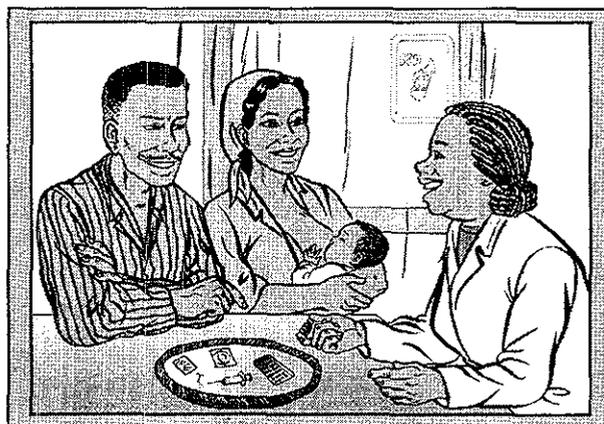
JSI and Linkages have been active participants in the Intersectoral Group on Nutrition Actions (GAIN). More than 75 institutions representing the Government, international donors, PVOs and local NGO groups are members of GAIN. GAIN has working groups on specific topics such as weaning foods, IEC/BCC, maternal nutrition, and breastfeeding. The group has achieved national consensus on key nutrition issues such as the development of a national nutrition IEC strategy and standardization of micro nutrient protocols.

3.10. Reproductive Health

Reproductive health was the focus of many JSI Program activities. Reproductive health has a number of subcomponents vital to the "Smaller Healthier Families" program goal. To ensure long-term sustainability, JSI worked with the University of Antananarivo and the Para-medical Institutes of Antananarivo and Fianarantsoa to improve curricula on reproductive health.

3.10.1. Family Planning

Jereo Salama Isika concentrated FP efforts on a now widely accepted Four-Method Family Planning approach (i.e. oral contraceptives, injectables, barrier methods, and LAM). A situational analysis in the six provinces of the country was carried out in 1999 to determine needs. The analysis placed program emphasis on building the service capacity of partners and increasing demand for contraceptives. A total of 1331 service providers were trained in the four FP methods, as well as in contraceptive logistics and management systems. JSI provided family planning service providers with materials and equipment to carry out consultations in accordance with health norms.



390 sites in Antananarivo and Fianarantsoa provinces are now able to offer quality family planning services. Contraceptive use increased by over 2% per year between 1997 and 2000 in the Districts where JSI worked (MICS).

Prior to the JSI Program, the training on family planning consisted of a six-week course. The program was redesigned by the JSI team and its partners to be more efficient and action-oriented. The new program consisted of a six-day workshop with two short follow-up workshops. The newly designed program was found to be as effective as the previous course, which was longer and more expensive. Four-Method Family Planning was adopted as the national standard. Subsequently, the Ministry of Health re-oriented its policies and mandated self-guided training using special guides instead of formal training. JSI was instrumental in the design of the self-assisted guide at the request of the Ministry of Health. In practice, the self-guided method was not as effective as desired, so in

2002 a return to a more formal training curriculum occurred. JSI collaborated once more with the Ministry of Health on the re-design of the curriculum.

Community Based Health Workers have been trained to act as distributors of contraceptives. A total of 1152 public sector nominated workers were trained to cover 131 sites. An additional 379 workers in 65 sites operated by NGOs have become Community Based Health Workers. Each of the workers has an IEC kit, monitoring forms, and contraceptives. This is an important access strategy for isolated areas and to reach the urban workforce. Family planning promotion in communities was integral to activities. Health professionals, Community Health Workers and Volunteers presented IEC messages on family planning. Messages were also broadcast in the mass media to draw attention to the importance of family planning.

Additionally, Jereo Salama Isika supported the Ministry of Health in its policy to open long-term and permanent methods (LTPM) reference centers and to improve the quality of services. Fifty-four service providers were trained to provide Norplant ® and six were trained to perform vasectomies. Four pamphlets were produced to promote and explain LTPM as well as provide indications to the public on where to find the necessary services. Pilot efforts were undertaken to link community programs with LTPM sites.

3.10.2. Safe Motherhood

Complications arising from pregnancy and childbirth cause the deaths of 488 women per 100,000 live births in Madagascar and leave many others with lifelong health problems. Jereo Salama Isika support for improving safe motherhood included training community leaders and equipping several maternity hospitals. Sixty health professionals attended training on safe motherhood.

To increase awareness of the need to work toward safe motherhood, JSI supported qualitative research on types of birthing complications and their consequences, which were published in a booklet entitled Smile Full of Hope. JSI also assisted the Ministry of Health to launch a “white ribbon” safe motherhood campaign under the patronage of Madagascar’s first lady.



3.10.3. STIs and HIV/AIDS

Although official figures of HIV infection are still less than 1%, the country has been addressing the issue as a potential serious problem. Since its inception JSI worked on HIV/AIDS prevention with increased emphasis during the last two years as a result of heightened Government awareness of the risks of an epidemic. JSI trained more than 823 peer educators on the themes of primary and secondary STI prevention. Some of those trained were from high risk target groups, including



Police are in frequent contact with high-risk groups such as truck drivers and sex workers.

commercial sex workers and homosexual men. JSI worked through existing associations and groups.

Awareness raising has resulted in more individuals with symptoms of STIs seeking consultations in NGO clinics. In 1999 NGOs recorded 5,000 consultations for STIs while in 2002 the figure had increased to 22,000 despite the effects of the political crisis.

HIV/AIDS was integrated into the pre-service training of Community Based Health Workers who provide contraceptives to their communities. It is a vital component of the Young Adolescent Reproductive Health program. Peer educators pass on messages on STI/HIV/AIDS to youth through counseling in schools, at exhibitions, concerts, and sports events. Radio and television spots were developed that promote awareness and treatment seeking behavior. A special IEC kit on STI/HIV/AIDS has been developed that is in great demand.

Training curricula on STI/HIV/AIDS prevention were developed for the police training schools. **132** teachers and police peer educators in the Police Academies were trained on STI/HIV/AIDS prevention. To date, **734** police academy students and **66** urban transport workers were trained in STI/HIV/AIDS prevention.

JSI worked with the PSI social marketing program to promote condom use as a family planning method and means of preventing STIs and HIV. The success of the program was demonstrated by a more than **20%** increase in condom sales and distribution in six districts served by JSI. **Fourteen** of 20 districts surveyed measured an increase of more than **10%** of condom sales and distribution.

A syndromic diagnostic and counseling system was developed to offset difficulties in identifying and treating patients. The system enables the **589** health practitioners trained in the method to take swift action to combat infections, especially in locations where laboratory testing is difficult, if not impossible.

3.11. Management of Risks and Catastrophies

The Cyclone Preparedness and Mitigation Project was conceived after two cyclones struck Madagascar in 2000 causing serious damage. The cyclones not only caused destruction of infrastructure but also seriously affected the health of the population. The U.S. Congress approved special financing to carry out a project in the regions of southeast Madagascar that were most affected.



IEC materials serve to reinforce safety messages: alert everyone, seek safe shelter, and secure agricultural produce.

The objectives of the project were to:

1. Reduce the levels of morbidity and mortality resulting from natural disasters.
2. Prepare the population to respond quickly and effectively in case of a disaster so that consequences can remain limited.

Several partners were associated with the project to ensure maximum impact of measures taken. The main partner for the project was the National Relief Committee and its regional and local structures. Other partners included the Ministry of Health, CARE, CRS, and PSI. The partnership created was vital to the success of the project. Cooperation in the preparation, organization, implementation, and sustainability of efforts was essential.

JSI concentrated on:

- Integrating the structures that were created with existing institutions such as the CNLS, Weather Department, health centers, etc.
- Training **2020** community health volunteers and CASC members in **477** villages across five districts on the southeast coast on decreasing disaster risk.
- Developing special IEC materials to inform the population on risk reduction.
- Financially supporting infrastructure improvement for relief actions, including repairs to 50 community based health centers and basic medical and cholera treatment equipment to five additional district hospitals.
- Organizing basic health services and essential drug availability in **477** communities.
- Creating Communal (CCS) and Local Relief Committees (CLS) through cooperation with communities and with assistance of UN volunteers.

Particular effort was made to reach isolated communities that rarely receive assistance of any kind. Radios were placed in health inspectors' offices in five districts and Antananarivo to facilitate daily communication and transmission of cyclone early warning information.

One of the unexpected results was the intensity of community engagement. The level of commitment of the population made it possible for the project to reach well beyond original targets. Although 50 Community Health Action Committees (CASC) and Community Health Volunteers were to be trained, a total of **2020** in fact received training to conduct health education sessions. Initially, 120 communities were expected to receive support under this project but the enthusiasm of both men and women in the communities made it possible to support **477**. Community Health Volunteers are expected to continue providing information to the population as needed on a long-term basis.

The year 2000 was marked by a cholera epidemic, the first ever to occur in Madagascar. The country was ill prepared for the outbreak. The JSI Program integrated a component on cholera prevention and treatment to address the epidemic. Cholera treatment centers that were built in 55 communities saved the lives of hundreds of people in the region.

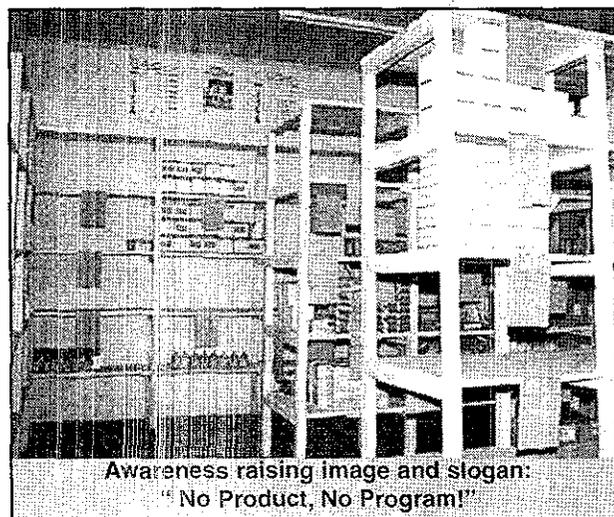


A workshop was conducted in August 2002 to review the experience of the partners in carrying out the program. Discussions centered on a celebration of achievements but also a review of constraints encountered and means to improve similar projects in the future. A report was prepared to promote sharing of results, summarizing activities of each partner as well as the conclusions and recommendations of the workshop.

4. Logistics

The logistics program is entirely integrated into the health promotion strategies of JSI and its partners. The JSI Program's main technical partner for improving logistics is the Futures Group. The logistics program relies on many of the same mobilization methods as the other program activities.

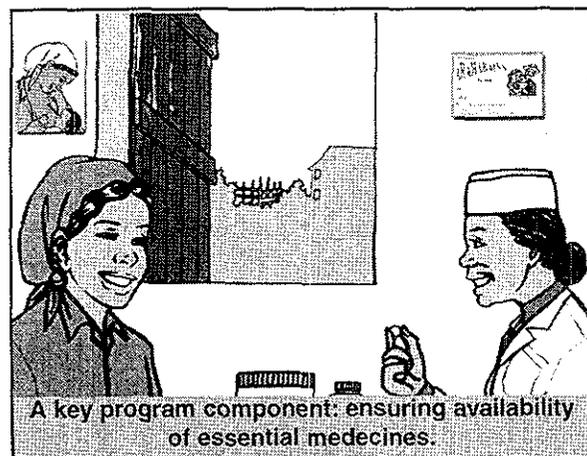
As always, the first component was the awareness raising of all concerned on the importance of improving logistics. A rallying cry of "No Product, No Program!" was designed as part of the awareness raising effort. Other components included policy development, training on logistics management, equipment maintenance and repair, creation of local pharmacies, stocking essential medicines, and distribution of IEC materials.



4.1. National Policy Development

The Jereo Salama Isika Program worked closely with the government on policy development to ensure that contraceptives, vaccines, and essential medicines reach the population. A special workshop was held in 2002 to facilitate long range policy development for contraceptive needs. A model to forecast contraceptive needs for the next 10 years was developed on population projections. Commitment to securing contraceptive supplies was obtained from individuals at the highest Government levels.

Prior to the JSI Program a cost-recovery system was already in place, but functioning poorly. JSI worked with the government to improve implementation methods and policies. In 2002 the cost recovery system was abolished in its existing form. Discussions are underway on the elaboration of new cost recovery policies and social safety networks that will better ensure that the poorest of the poor are not denied access to medical care.



4.2. Essential Medicines Distribution

A number of challenges were addressed to ensure that the most essential medicines reach the population. The financial contribution of the Government could not meet the need for medicines. An incomplete variety of essential medicines was offered and insufficient quantities were in the distribution pipeline at any one time. Contraceptive purchase and distribution were not part of the system. A national distribution strategy was formulated with various partners, drug availability evaluation and

management tools were conceived, and training curricula were designed. The government officially adopted a list of essential medicines so efforts to distribute them could be more effectively coordinated. With support from the Jereo Salama Isika Program, the list of essential medicines was changed to include contraceptives so their distribution can be effectively organized.

To ensure the permanent availability of essential medicines the creation of district drug storage depots (Pha-G-Dis) was launched in 2001. The depots ensure that an adequate supply of contraceptives and essential medicines is locally available at all times. The Pha-G-D are managed by NGOs under a Memorandum of Understanding with the Ministry of Health. The Jereo Salama Isika staff worked with other partners to improve the functioning of the Pha-G-Dis. Training was provided on logistics management to reduce stockouts.

Supply schedules were implemented for essential medicines and contraceptives and constant supervision of product availability helped assure uninterrupted contraceptive supplies in the public sector.

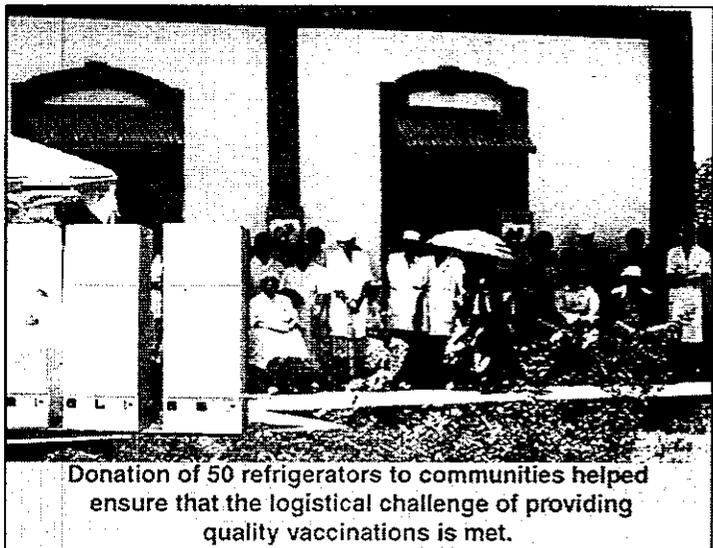
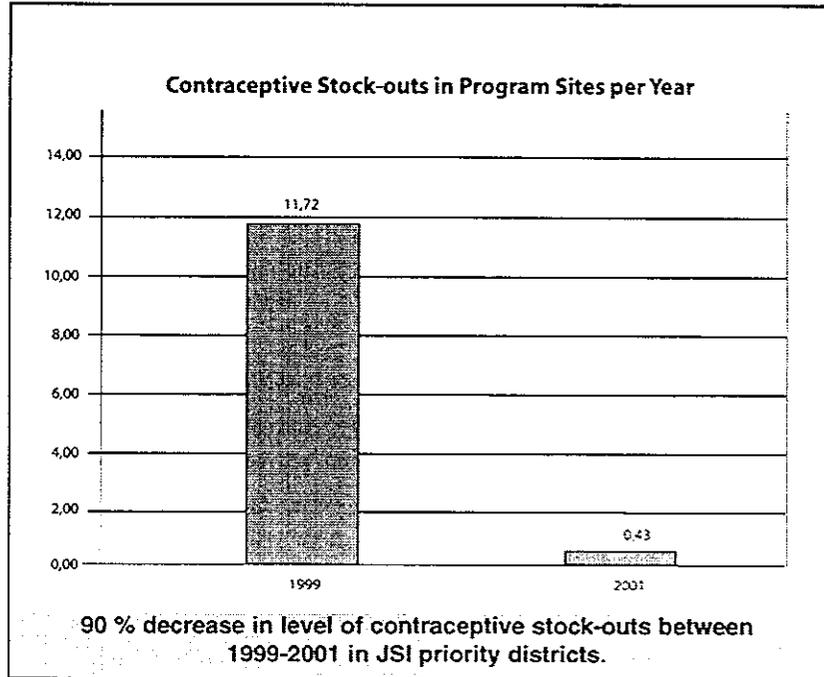
Stock management methods and guidelines were created to ensure permanent availability of essential medicines. In 2002 JSI sponsored two experience-sharing workshops and one working session with district health staff, district management, and service providers.

A workshop to validate the procedure manual for contraceptive supplies was conducted in 2002 with support from the JSI logistics team. A group of five individuals have been trained to provide training on management of logistics for contraceptive distribution. 350 contraceptive providers have already been trained on logistics. In 2002 stock outs were reduced by 90% for contraceptives in priority districts.

JSI worked with the Ministry of Health and other partners to develop tools to improve management vaccination stocks.

4.3. Vaccine Cold Chain Development and Maintenance

The program provided support to develop an improved system for the management of vaccine distribution. This included assistance to improve the administrative management of logistics and the improvement of cold chain maintenance.



- Assistance was provided for the development of a logistics sub-committee for the Interagency Coordinating Committee (for EPI).
- A computer-based information system was developed for the management of vaccines at the central level.
- Support was provided to develop Annual Workplans for the logistics of vaccine distribution.
- Equipment and parts were provided to ensure that refrigerators in the Health Centers remain in working order.
- Support to assure the availability of high quality vaccines was provided through the donation of 50 refrigerators and 50,000 liters of kerosene to 42 District Health Services. The Embassy of Japan also contributed to this effort.

4.4. IEC Materials and Distribution

JSI assured the sustainable logistics of IEC material production and distribution. Major efforts were made to reduce the cost of production by reducing the number of messages to those that are key and researching alternative companies that can assure printing.

A distribution system was created during the time period when District Health Services could order IEC materials directly. After policy changes made it impossible for orders to be placed in this manner, JSI organized a central depot to store the materials and developed a new system of stock management and distribution through other channels, such as NGOs.

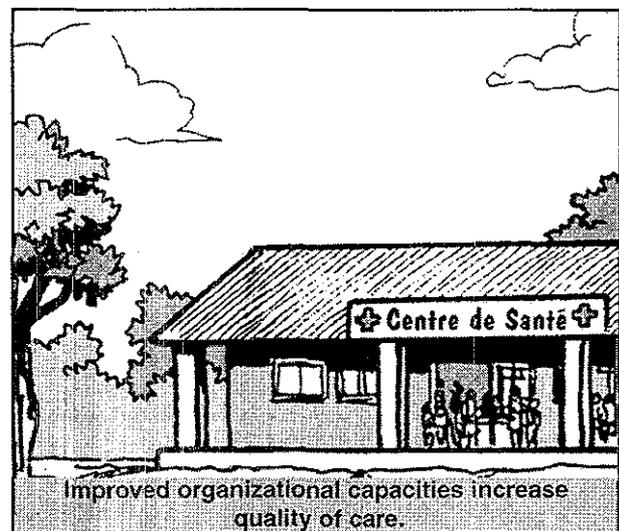
The program also provided material and equipment for a Documentation Center at the Antananarivo Medical Faculty library on community health care and other related issues.

5. Organizational and Institutional Health Care System

An essential component to attain sustainable improvements in the health of Malagasy families is the creation of effective governmental and non-governmental organizations. JSI worked towards enhanced organizational and institutional capacities by strengthening a variety of organizations. At the national level the Ministries of Health, Education, and Security benefited from assistance. Provincial and district health staff received various forms of training and support to enable them to carry out their activities more effectively. Specialized offices, particularly the national multisectoral office in charge of HIV/AIDS (CNLS), received support. Church-based, private sector NGOs, and NGOs working specifically in health and environment formed a focus of these efforts. JSI Program staff acquired new skills through formal and on-the-job training.

5.1. Organizational and Institutional Capacity Strengthening

JSI and its partner, PACT, provided support for organizational and institutional capacity strengthening to improve the long-term functioning of the entire health system. The program instituted a continuous process of capacity strengthening for Public Sector and participating NGOs. Emphasis was placed on consolidating management skills and developing proficiency for the assessment of strategies and programs by managerial teams.

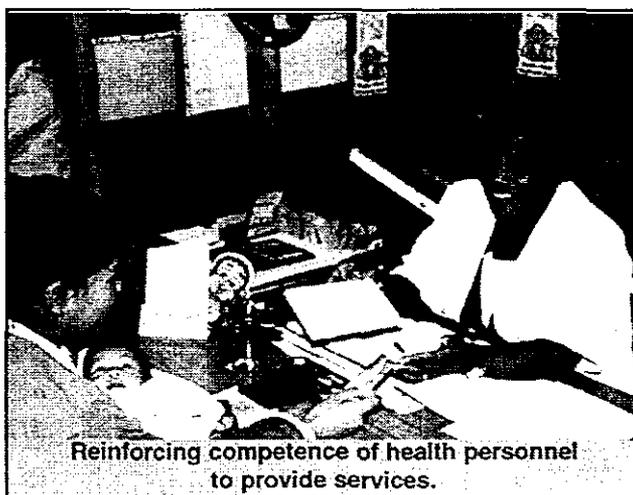


Specifically this translated into:

- Support for planning exercises, particularly for the development of District Development Plans, Annual Work Plans, and operational plans for each program.
- Support to improve management skills for coordination of activities including emphasis on flexible time management that allows for adjustments in times of crisis.
- Management support for the development of leadership skills.
- Assistance with identification of means for financial sustainability.
- Support for the development of management tools.

5.1.1. NGOs

Ten NGOs received organizational and institutional capacity development assistance. The objective of the capacity strengthening activities of the NGOs was to improve their ability to participate actively in the attainment of the general goals of the Ministry of Health. Emphasis was placed on integrating the existing health and community structures of each NGO. The JSI Program provided support in the form of technical, financial, material and institutional assistance.



Principal activities included:

- Reinforcing the competence of health personnel on different health themes.
- Reinforcing the skills of Community Health Volunteers in the promotion of health messages.
- Creation of a community-based service to provide contraceptive products.
- Provision of materials, health care equipment, and office equipment.
- Increasing knowledge on laws and regulations pertaining to NGOs.
- Improving networking skills with partners.
- Management skills development
 - organizational analysis,
 - decision-making,
 - communication,
 - negotiation,
 - human, material, financial, and time management.

Most of the NGOs are now able to offer integrated vaccination, IMCI, long term family planning, nutrition, and STI/HIV related services.

An assessment carried out in 2002 showed variation in the ability of NGOs to translate their new knowledge and skills into effective programming. Church-based NGOs were found to be competent and conscientious, due partly to their well-organized national and local level infrastructure. Church volunteers are highly motivated to work with the church community. Cooperation between the churches and Community Based Health Centers proved a positive experience. Private sector NGOs ensure health care in private and a few selected public sector companies. They have a well-defined target population of company staff members and their families. This facilitates planning of health care and prevention programs. The Private Sector NGOs were effective in HIV/AIDS awareness raising but slightly less effective in promoting vaccinations. NGOs working specifically in health and environment still generally need to improve management and institutional capacities.

5.1.2. Provincial Health Department and District Health Service

No health program implemented with donor funding can be sustained unless a well functioning public health structure is in place. A needs assessment was carried out at the beginning of the program to orient organizational development and technical support activities. A reorientation of strategies by the Ministry of Health, USAID and JSI in 2000 resulted in a necessary adaptation of activities. As a result JSI and USAID were unable to address some of the initial needs identified except where explicit requests were made by the Provincial Health Department and District Health Services. JSI worked closely with the Malagasy Government wherever possible to train health professionals at all levels in technical as well as administrative tasks, including logistics.

A variety of training guides were developed to enhance program sustainability including:

- A curriculum for an Integrated Community Health Approach.
- Guide for supervisors of internships in public health.
- Adaptation and validation of IMCI algorithms for Madagascar.

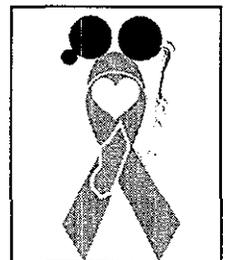
Much progress was made towards achieving objectives despite constraints formed by the prohibition of decentralized formal training and the crisis of 2002. Training on child and reproductive health was carried out and materials and equipment were donated. Organizational skills were improved as reflected in more effective planning, logistics, and resource management.

5.1.3. National Level Ministries (Health, Education, Security)

JSI worked closely with several Ministries at the national level to develop policies and strategies, as well as provide support for program implementation methods. Cooperation with the Ministry of Health was oriented primarily to improving reproductive health, nutritional status, and immunization levels. The program developed with the Ministry of Education was centered on the Child-to-Child, Child-to-Community, and Adolescent Peer Educator approaches. JSI worked with the Ministry of Public Security on the coordination of training for security personnel on STI/HIV/AIDS.

5.1.4. Multisectoral Program Offices (HIV/AIDS)

Assistance was provided to the National Council on the Fight Against AIDS (CNLS) and the Multisectoral Program on AIDS (PMPS) to consolidate and extend JSI activities on primary prevention of STIs/HIV/AIDS. Assistance took the form of transferring technical skills and lessons learned through the JSI Program on successful behavior change methods, production of a prototype IEC "kit", and a mass media (radio and television) campaign. At the request of the Multisectoral Program on AIDS (PMPS) JSI seconded a staff member to their secretariat.



5.1.5. JSI Program Staff Development, Administrative, and Financial Management

Only 20 staff members were hired when the JSI Program was launched and no special unit for human resources management was required. The Administrative and Finance staff carried out personnel management tasks. As the program grew to a staff of more than 100 employees the need for a special staff development program became apparent. As highly qualified technical staff were hired, it was necessary to provide increased coordination and integration of activities. JSI ensured that each staff member knew his/her role and responsibilities. From the year 2000 new staff received a one-day orientation to JSI and its functioning. This was followed by technical training on specific JSI

approaches to improving health. Staff that had been in the program from the start also received training on JSI personnel policy, labor laws, and administrative requirements.

In-house exchanges were promoted through special sessions where technical units presented their work methods and activities. In 2001 and 2002 of the technical staff in each district weretrained on



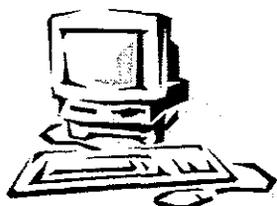
IMCI, management information systems and the health tracking software, Epi-Info. Twenty employees participated in English courses at the American Cultural Center outside of working hours. Forty-five staff members, along with colleagues from the government, participated in training or conferences outside of Madagascar including:

- Workshop on obstetrical emergency care.
- Training on immunization programming.
- Training on logistics.
- Program monitoring and evaluation training.
- Workshop on health management information systems.
- Training for network security for management information systems.
- Training in Washington, DC on USAID rules and regulations.
- Conference on reproductive health.
- Global Alliance for Vaccines and Immunization (GAVI) conference on immunization programming.
- Conference of the Task Force on Immunization.

The program followed basic USAID administrative and financial management guidelines that were adapted to the specific needs of the program. JSI carried out good cost containment and addressed issues that affected the program as they occurred. The flexibility built into the JSI administrative planning allowed adjustments to be made despite large changes in the program as a result of government policy changes and the 2002 crisis. Administrative bureaucracy was kept to a minimum while still satisfying USAID requirements.

5.2. Management Information System

5.2.1. Development of Management Information Systems with Partners



The objective of a MIS and monitoring and evaluation system is the development and implementation of information procedures for effective decision-making in the Government Health System as well as within the JSI Program.

The process of creating the system consisted of two basic steps:

- Design of effective tools for data collection and decision-making.
- Assure correct and regular utilization of data collection tools.

Important considerations included ensuring that information is available when necessary and that it is subsequently used to prepare work plans.

The monitoring and evaluation system components are:

- Methods of assessing the quality of health care.
- Improvements in the collection and pertinence of routine data collection.
- Implementation of computer-based data collection and analysis.
- Integrated supervision analysis methods.

A decision-making methodology was developed and supported by special tools and training:

- Manual for carrying out baseline evaluations.
- Manual for the development of district development plans.
- Manual for writing applications to the Fund for Activities to Support Health Promotion.
- Training-of-trainers for the dissemination of the results of the baseline study.

Most of the work to facilitate monitoring and evaluation of health care took place in the Provincial Health Departments and health districts.

The results of the activities of the Monitoring and Evaluation Unit include:

- Provision of computers in **20** Districts.
- Training of **13** District Health Services and **10** NGOs on methods to provide on-the-job training and the use of the integrated supervision forms. A total of **170** health professionals and administrative personnel were trained within these organizations.
- Training of **9** District Health Services and **16** NGO personnel on the use of data for effective decision-making.



5.2.2. JSI Program Monitoring and Evaluation

The JSI Program was performance-based. USAID requires that such programs prepare a series of measurable indicators, or benchmarks, that are assessed throughout the program. The benchmarks serve to track progress towards achieving program objectives and to assess performance. The JSI Program scored near maximum in these areas all four years in their annual USAID performance reviews.

The JSI monitoring and evaluation system consisted of several complementary components:

- A database to track training, district development programs, and benchmarks. JSI adapted the Health District monitoring tools for this purpose.
- Regular staff meetings were held to review activities, constraints, and accomplishments.

- Staff members wrote regular reports on the various activities of the program.
- Performance-based reviews of individual staff members were carried out on an annual basis.
- Preparation of workplans stimulated discussions of on-going activities.

The JSI Program consistently adjusted to realities found in the field through the utilization of the monitoring systems and adjusted workplans accordingly.

6. Strengthened Health Worker Skills

6.1. Specialized health subjects (Reproductive Health, Immunization, Nutrition)

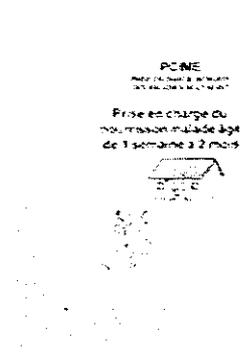
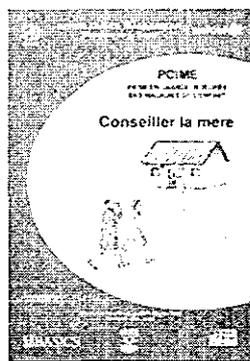
Many training courses and workshops were conducted to strengthen health worker skills in the key program areas of Reproductive Health, Immunization, and Nutrition. Details concerning many of these courses have been presented in Section 3.

6.2. IMCI Health Practitioner's Curriculum

Integrated Management of Childhood Illnesses and promotion of nutrition is an approach that integrates the assessment, classification, treatment and counseling of sick children and their caretakers. Visits to health practitioners for illness are used as occasions to identify illnesses and provide treatment and counseling on health issues such as vaccinations. Studies have shown that children brought to health facilities are often ill from multiple causes. IMCI leads to an accurate identification of illnesses in outpatient settings, promotes treatment of major illnesses, and speeds up referral of severely ill children.

The main subject areas covered in IMCI are:

- Acute respiratory infection.
- Diarrhea.
- Malaria.
- Expanded program of immunization.
- Breastfeeding.
- Child feeding.
- Micronutrients.



Madagascar was the first francophone country to adopt IMCI as a national policy. Aside from integrating IMCI in existing health services, JSI and its partners considered that long term sustainability is dependent on pre-service training of practitioners. Concepts instilled during pre-service training are deemed more likely to endure throughout students' future careers in health. Pre-service training is also cost-effective: ten health professionals can receive training for the same cost as training one by the standard eleven-day training. As a result Madagascar became the first country to integrate IMCI into the curricula of medical schools and para-medical training institutes. The Malagasy model of pre-service IMCI training will be used by WHO to launch similar initiatives around the world.

In 1999 JSI, Linkages, and the Ministry of Health trained 481 health workers in IMCI. IMCI treatment guidelines were upgraded to include the treatment of cholera in response to a national epidemic. In 2000 the Ministry of Health took steps to ensure the presence of health personnel at their posts by abolishing formal training and instituting distance learning programs. These training programs consisted of materials to be used independently by health professionals at their posts.

Occasional guidance by senior staff was to be provided to facilitate the learning process. This approach was found to be less effective than formal training and was abandoned. The Ministry of Health concluded that health workers need more intensive guidance from specialists.

In 2002 workshops were conducted with the Ministry of Health specialists and project staff to review and re-orient service training guides for health workers. A training-of-trainers guide was developed for a five-day workshop, which was followed by some distance learning and assistance from specialists at monthly in-service training sessions. A curriculum on the integrated community health approach was elaborated and is integrated with IMCI and nutrition in the pre-service training.

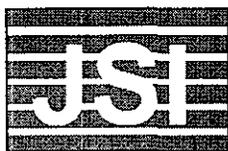
The development of pre-service training in IMCI was a participatory process, which included the Ministry of Health, Ministry of Higher Education, University professors, and Para-medical institute staff. A special guide was prepared for the teaching and application of IMCI in the curriculum. Professors were trained to implement the curriculum. A separate guide was prepared to assist internship supervisors with the practical application of IMCI by interns. Orientation workshops were held for 33 university student internship health center supervisors and 49 para-medical internship supervisors.

7. Partnership Programs

7.1. Program Implementing Partners

JSI worked with a number of implementing partners. Each partner was vital to the success of the program.

7.1.1. JSI



John Snow, Inc. and its non-profit affiliate, JSI Research & Training Institute, Inc. are experienced consulting firms with some 1,000 employees working in 44 countries and the United States. The JSI mission is to improve the health and welfare of underserved people in the United States and in developing countries. JSI staff strive to help clients improve the quality of their operations and provide quality technical and managerial assistance to public health and environmental health programs. Operating since 1978, JSI has become a recognized leader in implementation of innovative programs in public health, maternal health, child health, family planning, reproductive health, nutrition, HIV/AIDS, sanitation, health financing and health policy development. JSI is the lead partner in the consortium implementing the USAID-funded Jereo Salama Isika Project. Together with the Ministry of Health and its development partners, JSI provides technical assistance for child survival and reproductive health programs with a focus on training for health workers in Integrated Management of Childhood Illness (IMCI) and reproductive health, including STIs/HIV/AIDS and adolescent reproductive health and the design of social marketing and mass media strategies.

7.1.2. AED



Academy for Educational Development (AED) brings over forty years' experience in providing development assistance at all levels of formal and non-formal education, training, and human resources development. It has achieved numerous successes working with host country counterparts in the areas of behavior change communication and social marketing. Community engagement is a major element of the AED approach to ensure behavior change and program sustainability. In 2002, AED contributed one full-time advisor in Community Mobilization and Information-Education-Communication. The project also benefited from its close relationship with LINKAGES, an AED-managed USAID program to promote breastfeeding and improved nutrition.

7.1.3. PACT



Private Agencies Collaborating Together (PACT) has a global mission to contribute to the growth and development of civil society so citizens acting together can express their interests, exchange information, strive for mutual goals and influence government. PACT supports the project with a part-time Senior Technical Advisor for STI and HIV/AIDS. The PACT Organizational Development Unit (OD) seconded staff for the participatory analysis and capacity development of district-level Ministry of Health management teams an innovative intervention in the Malagasy context. This team provides the district teams with the tools and skills needed to plan, manage and implement their work programs. PACT's OD staff ensure participatory analysis and capacity development support for public, private, and non-governmental partners of the project for the development, implementation, and monitoring of programs funded through USAID.

7.1.4. Futures Group



The Futures Group International is dedicated to enhancing sustainable international development through the application of innovative policy, marketing, communications, education, training and research techniques. Working out of offices in more than fifty countries, TFGI has a professional staff of economists, demographers, policy analysts, and social marketing distribution and communications specialists. As a Jereo Salama Isika partner, The Futures Group supports the improvement of contraceptive and vaccine security. With Futures' support, Jereo Salama Isika was tasked with defining the terms of reference of the logistics sub-commission and providing technical assistance for the development of Madagascar's national policy on contraceptive and vaccine security.

7.1.5. Enterprise Claudine



JSI hired a local company to assist with program support logistics as part of an effort to promote the development of local resources. Enterprise Claudine is a Malagasy company that specializes in transportation and logistics. The firm oversaw aspects of the management of the Jereo Salama Isika motorpool, including vehicle maintenance, driver selection, training and supervision, and trip planning and logistics. Enterprise Claudine also managed operations of two boats and safety equipment for the USAID-funded Cyclone Project. Enterprise Claudine trained boat operators and designed an operator's manual with instructions on safe motor boat operations. Enterprise Claudine benefited from learning the USAID accounting system as part of development of local resources efforts.

Enterprise Claudine not only provided direct support to JSI but also to some of its public health service partners during the 2002 crisis when little motorized transport was available. Assistance was provided to ensure the distribution of vaccines, contraceptives, and other essential medicines. Staff often delivered mail on foot for lack of transport and voluntarily provided office clerking assistance during this time period.

7.1.6. SOIMANGA Design



Another spin-off of the JSI Program was the creation of an independent and commercially viable enterprise focusing on graphics design and IEC materials production. SOIMANGA Design is led by the former head of the JSI IEC Unit and provides important in-country assistance in the development of IEC materials. During the last year SOIMANGA Design worked with JSI, the World Bank, Linkages and several local consultancy offices.

7.2. JSI R&T



JSI Research and Training Institute, Inc. (JSI R&T) has a thirty-year history of excellence in community-oriented public health. Two of its sister organizations are John Snow, Inc. (JSI), and World Education, an international NGO involved in health, education, literacy and community development. JSI R&T Madagascar was founded and registered in 2000 in response to a desire by a group of Malagasy professionals to volunteer and contribute innovative solutions to complex local health and education problems.

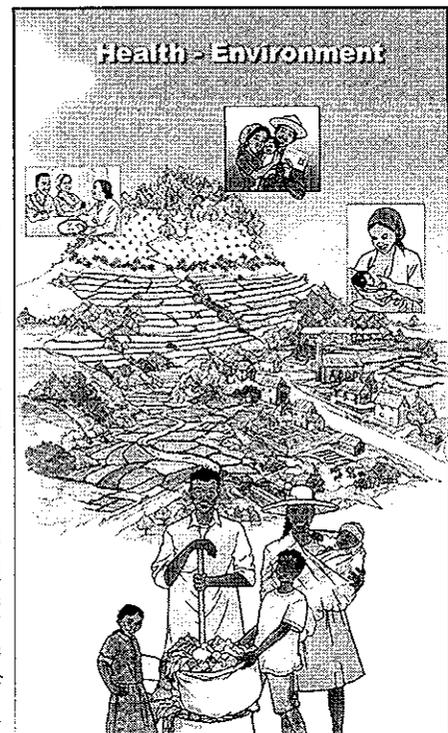
JSI R&T Madagascar was registered in 2001 and currently has several activities, including the Madagascar Green Healthy Communities program funded by the Packard Foundation, the Ambassador's Girl's Scholarship Program funded by USAID through the American Embassy in Antananarivo and JSI corporate funds, a Youth Passport distribution project that is funded by the Brush Foundation, a fluoridation of salt program funded by a special World Bank Fund and the Rotary Club, and a PMPS grant for HIV/AIDS prevention.

7.2.1. Madagascar Green Healthy Communities Project

Health and the environment are closely linked. Madagascar has acquired substantial experience over the last few years on effective methods for promoting health and environmental conservation. These experiences are being further extended and integrated to improve living conditions in rural areas. Long-term community health is dependent on an environment in which food production can be sustained over the long term. This implies protecting the environment and in particular watersheds.

The Madagascar Green Healthy Communities Project (MGHC) was established with funding from the David and Lucille Packard Foundation to assist the implementation of this integrated approach and to reinforce the skills of existing and new Voahary Salama member organizations. Voahary Salama is an NGO that was created to promote the goals of improved health and environmental conservation. MGHC activities are carried out in collaboration with Voahary Salama.

The MGHC project currently works in close collaboration with JSI and LDI in three communes in Antananarivo and Fianarantsoa. JSI is the primary source of expertise and IEC material for health, while LDI provides the same for the environmental component. The project is a prime example of field level collaboration in order to reach important development goals.



The JSI community approach was adapted to the MGHC project and combined with social marketing methods. It is being implemented in its pilot phase in four communes covering a total of almost 68,000 inhabitants. Tools such as Champion Communities, Child-to-Community, and Farmer-to-Farmer are being institutionalized in communities through the project.

JSI material for IEC has been adapted but special materials such as Gazety on agricultural production have also been developed. **Eight** villages out of 10 were already able to attain Champion Community status within one year. A technical film on fish cultivation has been completed and puppet shows to

promote health and environmental messages are carried out in communities. Rural radio stations are reinforced with technical equipment and training on transferring health and environmental conservation messages. The project is also providing **1,000** solar/hand-cranked radios to expand IEC each.

Health center professional and volunteers from the community are trained on health and environmental issues. An integrated curriculum on health and the environment was developed and tested in 2002. During the initial test phase of the project a total of **70** individual health professionals and volunteers received training.

The main technical areas of focus of MGHC are:

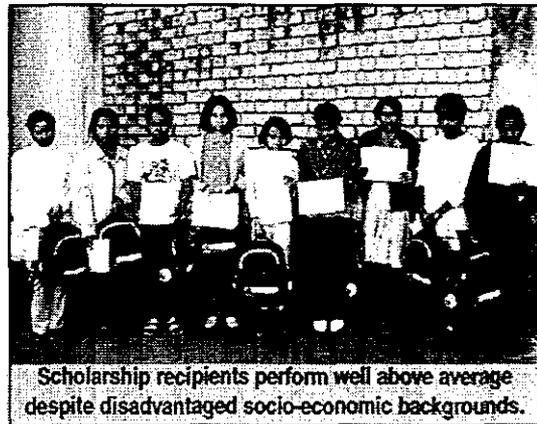
- Family planning.
- Vaccination promotion.
- Nutrition.
- Access to clean water.
- Reduction of "slash and burn" methods of agricultural production.
- Implementation of methods to increase agricultural production.
- Promotion of fish production and bee keeping.

7.2.2. Ambassador's Girl's Scholarship Program

The girl's scholarship program is carried out under the patronage of the U.S. Ambassador. This program has provided more than 3400 scholarships to some of the country's poorest young women. Initial funding was \$100,000 for the school year 2000-2001. This was renewed for the school year 2001-2002 with \$100,000. For the school year 2002-2003 the amount was tripled to \$300,000. Girls who have participated in the program performed well above the national average on standardized tests administered throughout Madagascar in 2001.



The girls are congratulated by the American Ambassador, Wanda Nesbitt.



Scholarship recipients perform well above average despite disadvantaged socio-economic backgrounds.

The program is designed to maximize the participation of responsible school officials and teachers, community members, and the students themselves. NGO partners are asked to assist in developing the scholarship program in their area of operation. NGOs are responsible for working with all parties concerned in this process. A committee of parents and teachers select girls to receive scholarships based on financial need. Good grades, character, attendance, intention to continue education, and potential for future achievement form criteria for selection. The program aims to support girls who are at the highest risk of leaving school: adolescents, homeless, orphaned, disabled or girls whose families are in severe economic distress.

Aside from financial support, JSI R&T recruits and trains professional women to serve as mentors for scholarship recipients. Mentors are taught about subjects such as health, nutrition, adolescent reproductive health, environmental issues and the options that are open to girls who wish to continue their education. To create interest in the program and support participants annual career day festivals are held to enable girls to learn about different professions and reward the girls and their parents.

7.2.3. Youth Passport Program

The Brush Foundation has provided modest funding to print and disseminate 29,000 Youth Passports to schools and institutions. One-day orientation workshops are held for Community Health Volunteers on how to use the Youth Passport.

7.2.4. Fluoride Program

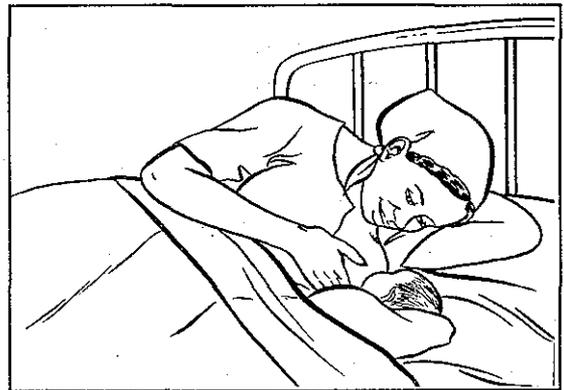
On their own time, JSI R&T Madagascar staff and board members spearheaded a unique partnership called "Amis du Fluor" (Friends of Fluoride) to promote fluoridation of salt. Dental health is a major problem in Madagascar. Working with the Ministry of Health, WHO, UNICEF, and the local Dentists' Union, JSI R&T has helped secure the services of two senior PAHO (Pan American Health Organization) dental health experts, a donation from a California-based Rotary Club, and a pledge from the World Bank of funding for the fluoridation process and supplies of fluoride for the first three years.

7.2.5. Safe Motherhood Project

A \$68,000 grant from the Gates Foundation-funded Columbia University Averting Maternal Disease and Disability program has been approved. Areas of input fall into three main categories:

1) Policy interventions:

- Creation of and support to a dynamic Safe Motherhood/Emergency Obstetric Care Task Force (SM/EmOC).
- Policy level activities.
- Revision of medical and nursing school curricula for SM/EmOC.



2) Improving quality of care:

- Supportive supervision.
- Quality assurance.
- Technical assistance with partners.
- Preparation and field testing of job aids and training materials.
- Skills building for EmOC.
- Securing equipment donations.

3) Measuring and disseminating results:

- Needs assessment.
- Process and output monitoring.
- Maternal death case reviews.
- Small operations research studies.

8. Review of Sustainability

JSI included efforts to ensure sustainability from the inception of the program. In fact, all of the program activities were oriented towards ensuring that those involved would attain a sound basis for continuing with their work. Particular emphasis was placed on strengthening the implementation capacities of partners through:

- Improved organizational capacities.
- Planning, monitoring, and evaluation tools and skills.
- Increased knowledge and skills in reproductive health, nutrition, and immunization through pre- and in-service training.
- Experience and skills in community mobilization and the development of effective IEC methods.
- The establishment of a functioning logistics system for the distribution of quality essential medicines, contraceptives, and vaccines.

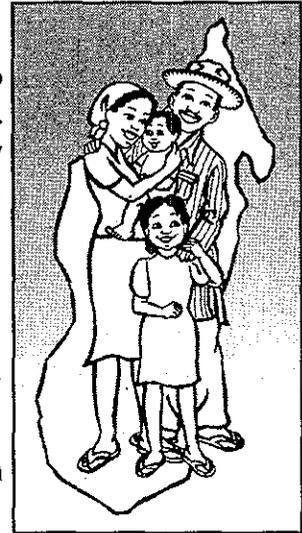
A participatory approach fostered a sense of ownership among governmental and NGO partners, volunteer trainers, community health volunteers and others involved in the program. A strong willingness to continue with program initiated activities was expressed by those concerned at the closing workshops where experiences were shared.

National JSI staff members have grown strongly convinced of the efficacy of JSI Program strategies in fostering smaller, healthier Malagasy families. The six step approach to community mobilization is already being adapted to other programs in Madagascar and elsewhere.



9. Summary of Lessons Learned

Some of the overarching lessons learned are presented in the Introduction to the Final Report. Additional and specific lessons learned are presented below. They are derived primarily from JSI experience in Madagascar and many may be applicable and adaptable to programs in other sectors and countries.



- The promotion of a **spirit of volunteerism** is a key factor in increasing a sense of local ownership of programs.
- It is very effective to **use existing village groups** to implement community health promotion activities.
- Working through **church groups** is successful because members are often motivated, dynamic, and experienced in volunteer work.
- Volunteers are proud to be able to use their **own words** to express the messages for IEC materials.
- The implementation of **short training courses** on the use of the most common methods of Family Planning in Madagascar has stimulated the adoption of these methods.
- **Integrating behavior change strategies** can lead to positive results across several program areas simultaneously. For example, breastfeeding promotion can provide a programmatic entry point for child survival, family planning, and nutrition programs.
- Carefully timed **periodic follow-up** is important for the successful application of what has been learned by Community Health Volunteers or others who have received training.
- **Pre-service training** fosters the sustainability and effectiveness of IMCI and other health disciplines. Concepts instilled during pre-service training are more likely to be applied in students' future careers in health.
- A **specific person** should be fully responsible to track and assist in the implementation of pre-service training and practical internships in IMCI methods for the program to be effective.
- **Approval and acceptance** of health promotion structures and activities by ordinary citizens, local authorities, and health practitioners, is a necessary foundation for success.
- Involvement of **locally elected officials** close to the population helps community health programs to succeed.
- **Support from parents and teachers** is important for peer programs to be successful.
- According to a survey of peer educators and adult coordinators the best approaches for Adolescent Reproductive Health Promotion are those that are **multi-sectoral**, giving youth support in overlapping aspects of their lives.
- Involving community members** in the development of IEC messages is useful for designing effective materials.
- IEC materials that advocate **specific actions** for the population to carry out is more effective than merely supplying health related information.
- Health messages should be **clear, simple, and limited to core issues**.

- **Village theatre** can be a very effective tool. It helps to reinforce messages using the day-to-day experiences and language of the population.
- It is advisable to reinforce the **same message through different means** to improve behavior change, i.e. posters, community plays, radio spots, flash card presentations, etc.
- The **return on investment of training radio presenters** is very high since it is possible for broadcasting of programs to continue in the long-term without further financial input.
- **Micro-planning workshops** on vaccination delivery enable representatives of District Health Services to discuss their problems. Direct discussion of local level problems makes it possible to plan logistics and resolve problems quickly.
- Giving families a "**Vaccination Diploma**" for completing all infant vaccinations before the first birthday is useful in promoting immunizations.
- Malagasy women are receptive to Family Planning and to the **Lactational Amenorhea Method (LAM)** as a post-partum method. After using LAM women are more likely to adopt other modern family planning methods.
- The adoption of the **syndromic approach** in treating STIs in communities has become the pillar in quick and effective treatment.
- Lessons affirmed: when a message is delivered in a way that shows people the benefit of an action, they will likely heed the information and act.
- It is important to carefully select **criteria** for awarding the status of Champion Community or Beacon School.
- Although the last few years have been marked by crisis in terms of sudden policy changes and political events, the Jereo Salama Isika Program was able to continue to adapt due to the **flexibility of staff and management methods**.
- It is essential to foster an attitude of flexibility among staff so that they can cope with unexpected changes caused by natural disasters, policy change, or political crisis.
- The administrative and finance unit in a program needs to maintain a certain **standard and consistency of operations** that technical staff can count on during periods of crisis and unexpected change.
- It is important to ensure that there is **administrative and financial transparency** that can be understood by all staff, even those that carry out technical field work.
- Sustainability is improved if program planning includes a **long-range view** of ways and means to implement sustainability from the beginning of the program.



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