

Jereo Salama Isika

1999

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What is Jereo Salama Isika ?

Jereo Salama Isika, which in Malagasy means " Voilà, nous sommes en bonne santé ", is a four-year (1999-2002) USAID-funded technical assistance project. It is implemented by John Snow, Inc. (JSI), an experienced consulting firm that has some 450 employees and works in 44 countries. To accomplish the work JSI has partnered with three subcontractors: the Academy for Educational Development (AED); The Futures Group International (TFGI); and Private Agencies Collaborating Together (PACT).

The project is the technical assistance centerpiece of USAID's health-sector assistance to the Government of Madagascar. USAID provides direct assistance through grants to the MOH at the central, regional and district levels. USAID also supports a variety of NGO efforts, child survival and monetization grants, the Commercial Marketing Services (social marketing) project, and specialized activities in research, environmental health, HIV/AIDS and health communication.

OVERVIEW

Jereo Salama Isika is pleased to share this 1999 activities report, an overview of its collaborative efforts with its primary partner, the Ministry of Health (MOH). In 1999, the MOH and its NGO partners strengthened the health care system infrastructure, increased access to quality care, assisted health workers in updating their skills, improved management information system (MIS) capabilities, and mobilized communities to promote family health.

Jereo Salama Isika's role in this collaboration is to provide technical assistance and material support to the MOH as it applies its policies. The MOH is decentralizing the health care delivery system with the ultimate goal of improving the health of all Malagasy people. During 1999, *Jereo Salama Isika* supported this agenda by:

- Mobilizing communities to promote health;
- Expanding the Child-to-Child program;
- Promoting integrated management of childhood illness (IMCI);
- Supporting the national polio eradication campaign (AVA);
- Increasing access to reproductive health services;
- Launching more community-based distribution (CBD) activities; and
- Identifying best practices in STI and HIV/AIDS prevention and treatment.



Every child has a right to adequate food and a full set of vaccinations. Fathers play an important role in good health.

Jereo Salama Isika started activities in January 1999 with the **goal** of **All Services, All Day, Every Day**. This means that every mother who comes to a community health center can simultaneously get her child vaccinated, receive nutrition counseling and have her reproductive health needs met. This integrated services concept builds on the experience of over a decade of USAID-supported health projects in

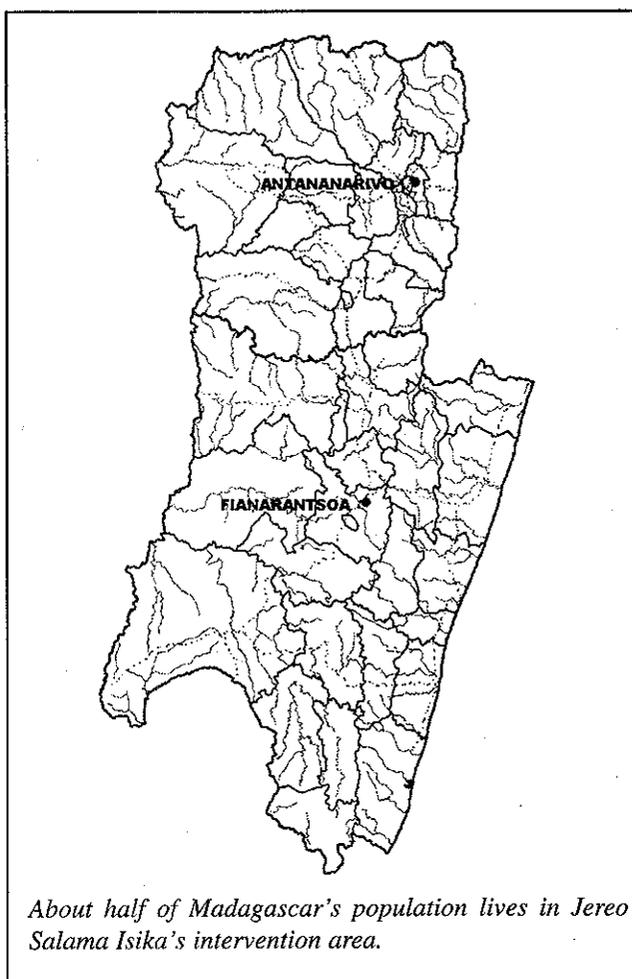
Madagascar. Past projects supported USAID's goal of smaller, healthier families by focusing on reproductive health (APPROPOP and SEATS) and child survival (PRITECH and BASICS) separately. Their experiences convinced the MOH and USAID/Madagascar that integrated health care is essential to create synergy and improve services at the local level.

The **strategy** for achieving this goal is to support local decision-makers through community mobilization and partnership. Strategic actions include:

- **Community mobilization and IEC -**
Counseling and village theater by local organizations, Champion Communities program, radio and TV spots, Gazety (newsletters), comic books, counseling cards, vaccination flags and diplomas, family planning invitation cards and community-based distribution of contraceptives;
- **Service Integration -**
Integrated Management of Childhood Illness (IMCI), expanded program of immunization (EPI), Nutrition, Four-Method Family Planning, STI and HIV/AIDS, and community mobilization for Safe Motherhood; and
- **Systems Strengthening and Capacity Building -**
Integrated Logistics, Management Information Systems (MIS), reinforcement of on-site supervision and skills building.

About half of Madagascar's population lives in *Jereo Salama Isika's* intervention area. The Project serves families in two of the country's six regions (Antananarivo and Fianarantsoa), focusing initially on 10 health districts. By the end of 2000, *Jereo Salama Isika* will be working intensively in 20 health districts and providing more limited assistance to other districts.

In 1999, twelve public sector USAID grants, or Appui aux Programmes de Santé (AAPS), were developed and approved by the Comité Technique de Coordination (CTC). Public sector grants were drafted for 10 health districts, one health region (Fianarantsoa) and the Ministry of Education for the Child-to-Child program. Five of the 12 public sector AAPS have been approved for implementation. Over the life of the Project, twenty health districts are scheduled to receive AAPS grants. Seven NGO AAPS were approved in 1999 and will be awarded directly by *Jereo Salama Isika* to: Madagascar Institut pour la Conservation des Environnements (MICET), Fianakaviana Sambatra (FISA), Health Department of Malagasy Lutheran



Church (SALFA), Development Department/Church of Jesus Christ of Madagascar (SAF/FJKM), Action Santé Organisation Secours (ASOS), Marie Stopes Madagascar (MSM), and Association Medical Inter-entreprise de Tana (AMIT).

Jereo Salama Isika promotes sustainability by providing support to public and private sector partners while relying on them to do on-the-ground work promoting decentralization and improving workers' skills. In 1999 *Jereo Salama Isika* and its partner, the LINKAGES project, placed 20 technicians in 10 health care system districts to assist district-level personnel. Capacity building activities enabled the MOH to enhance the skills of its staff and train new voluntary community health agents. In 1999, 160 health workers received formal IMCI training and 481 received training in key "elements" of IMCI, 162 were trained in family planning, five received training in surgical family planning methods and five in Norplant. A total of 222 volunteers learned how to be community-based distribution agents and community health mobilizers. The vast majority of these 1,035 people received their training directly from teams of MOH trainers.

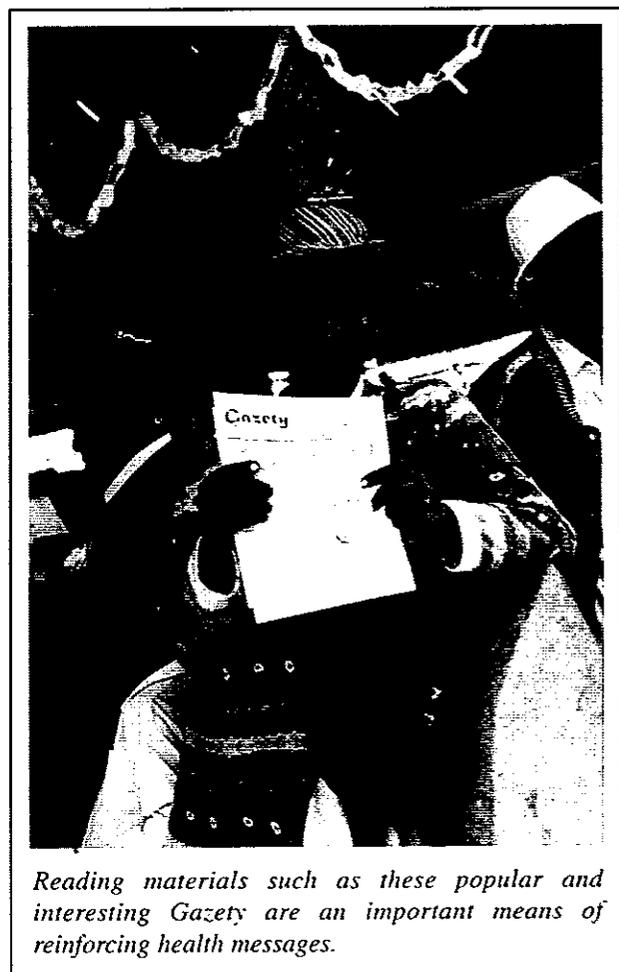
HIGHLIGHTS of 1999

Community mobilization & IEC

At the heart of all *Jereo Salama Isika* activities is the belief that the only way to truly improve the health status of Malagasy families is to enable community members to take charge of their own well being. *Jereo Salama Isika* promotes behavior change through community mobilization that encourages individuals to rally around important health issues and through information, education and communication (IEC) materials, which put crucial health information into their hands.

In late 1999, the MOH-led IEC Task Force entered its fourth year. The Task Force has helped coordinate the development and production of over 100 printed materials plus radio and TV spots. With ongoing design and production assistance from *Jereo Salama Isika's* IEC unit, the task force provides approximately 20 NGOs and international organizations access to high quality communication materials.

Madagascar now has one of the most comprehensive sets of quality health promotion materials of any country where USAID works. Counseling cards are used in



Reading materials such as these popular and interesting Gazety are an important means of reinforcing health messages.

every region of the country by national and international organizations. Multiple editions of the low-cost Gazety newsletters have brought the total combined production up to nearly a million copies during two years of BASICS and *Jereo Salama Isika's* first year. In 1999, *Jereo Salama Isika* worked closely with IEC Task Force members to harmonize communication approaches for reproductive health, immunization and STI/AIDS.

In 1999, *Jereo Salama Isika* produced and disseminated over 268,500 pieces of educational material. Approximately half of these materials were reprints of those developed under the BASICS program and were in use by June 1999. New materials were produced to support reproductive health promotion including: three editions of *Gazety* (newsletter) (50,000); family planning invitation cards (5,000 blocks of 100 cards); counseling cards promoting lactational ammenorhea method (LAM) finalized with LINKAGES (5,000); adolescent reproductive health comic books produced jointly with the Commercial Marketing Services (CMS) project (40,000); and a new more attractive family planning logo. The four family planning invitation cards were especially innovative. One card is designed to promote a smooth transition for nursing mothers from LAM to other methods of contraception. Other cards are produced for youth, rural and urban couples. A comprehensive child home health record, which provides parents easy access to all essential preventive and curative health information, was strengthened in 1999. Over 200,000 have been printed and distributed by *Jereo Salama Isika* and partners. They are being sold in public and private health centers, which demonstrates their value to clients. A similar maternal home health record was designed and is being field-tested.



Counseling card

REPOBLIKAN I MADAGASIKARA
MINISTERAN'NY FAHASALAMANA
FAHASALAMANA IRAISAM-BAHOAKA (F.I.B.)

KARINEM-PAHASALAMANA

ANARANA	iso :
Daty nahaterahana	
Lanja tao am-pahaterahana	
Ray	
Rony	
FOKONTANY	

Child home health record



Invitation card



Comic book

A variety of job aides help promote behavior change. IEC materials need to be attractive, convey key messages and be tailored to client's changing needs.

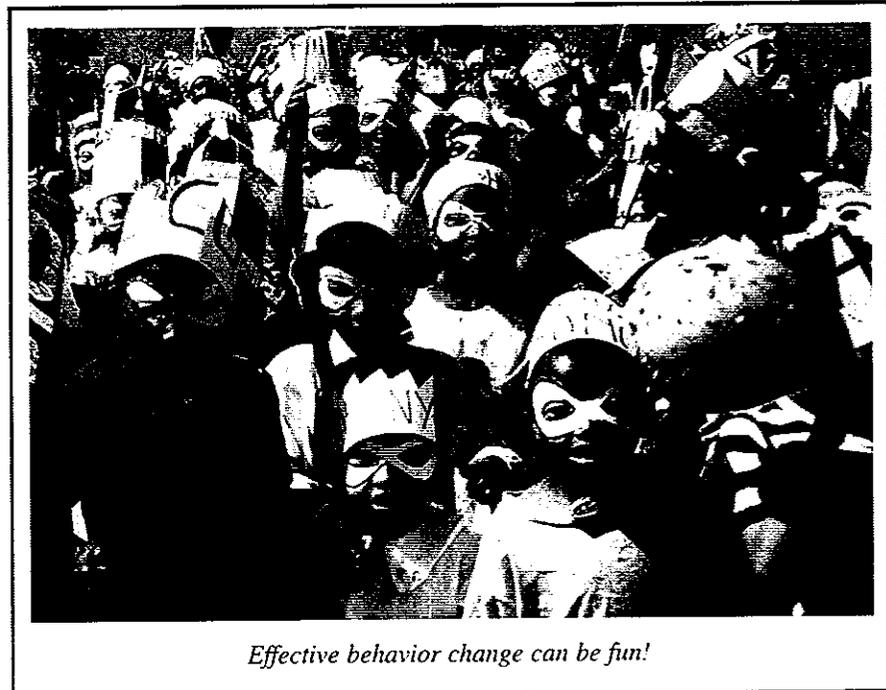


Gazety

Jereo Salama Isika also uses the mass media to spread its message. Thirty radio and 15 television spots on the themes of reproductive health, the national polio eradication campaign and cholera were produced and broadcast. In May, *Jereo Salama Isika* assisted Stop SIDA Antsirana to produce local HIV/AIDS radio spots and develop local theater troupes.

Jereo Salama Isika sponsored workshops for community leaders that helped launch field activities. Working primarily through existing community groups promotes sustainability. Regular theater festivals encourage an exchange of ideas, celebrate community success and insure recognition of outstanding effort.

Publicly recognizing superior effort is a very strong motivator. *Jereo Salama Isika* evaluated and refined the "Champion Communities" program designed by BASICS and is taking it to scale. During 1999, guidelines for the program were developed using a participatory method that included a wide range of community leaders. Communities will earn the designation "Champion Community" after achieving specific results in five action areas: vaccination; nutrition; reproductive health/family planning; community hygiene/clean water; and community investment projects.



Jereo Salama Isika combines community mobilization with community-based distribution (CBD) of contraceptives to rapidly increase access to family planning in rural areas, where access is poor and where 85% of the population resides. This effort uses existing local groups rather than recruiting new CBD agents. In 1999, the existing CBD curriculum was updated and approved by the MOH, and 222 new CBD agents received trained and follow-up supervision.

Child-to-Child Program

Young people have a big stake in a healthy nation; over half of Madagascar's population is under 15. The Child-to-Child initiative taps into the potential that children and schools offer as agents of behavior change and community mobilization. School-aged children learn essential health messages and hygiene practices using participatory methods. Through exercises and activities they in turn educate and motivate fellow students, siblings and other family members. Active participation by

parent-teachers association and other community groups is an essential component of this program.

In 1998 the Ministry of Education in cooperation with BASICS conducted a Child-to-Child pilot in 39 schools in the Antsirabe and Fianarantsoa regions. Through a 1999 AAPS grant to the Ministry of Education, the program will progressively expand to over three hundred schools, including 50 secondary schools. Based on the success of this effort, the World Bank-funded SEECALINE program, ADRA, MCDI, and CARE have all adopted Child-to-Child programs. Recently CRS and UNICEF have indicated they also plan to launch Child-to-Child activities.



Children can convey important health messages to their families and peers. Communities with Child-to-Child programs achieved the highest immunization coverage in Madagascar.

Nutrition

Disappointingly, the 1997 Demographic and Health Survey showed no improvement in the nutritional status of children under three since 1992. The rate of stunting was 48% and the rate of severe growth retardation was 22%. To address this, *Jereo Salama Isika* is collaborating with the MOH and LINKAGES to promote WINPAK, a set of "essential actions" designed to improve the nutritional status of mothers and children in Madagascar:

- Exclusive breastfeeding for the first six months including Lactation Ammenorhea Method (LAM);
- Complementary feeding after six months;
- Appropriate feeding of sick children;
- Vitamin A supplementation;
- Iron distribution to pregnant women;
- Iodized salt; and
- Women's nutrition.

LINKAGES and *Jereo Salama Isika* have developed a partnership to promote their common goals. The projects share office space in Antananarivo, have health technicians co-located at the district level, and work together to support the Groupe d'Actions Intersectoriel en Nutrition (GAIN), the MOH-led nutrition task force.



LINKAGES – A unique partner

The global mandate of the USAID-supported LINKAGES project is to work with USAID missions and other partners to support breastfeeding, complementary feeding and maternal nutrition. In Madagascar, LINKAGES supports:

- The MOH-led task force, Groupe d'Actions Intersectoriel en Nutrition (GAIN);
- Nutrition advocacy (Profiles);
- Nutrition-related interventions for health and community workers;
- The development of a Nutrition Essential Actions pre-service training curriculum;
- The Baby-Friendly Hospital Initiative (BFHI); and
- Technical assistance on lactational ammenorhea method (LAM).

Integrated Management of Childhood Illness (IMCI)

Madagascar was the first francophone country to adopt IMCI as national policy. The MOH's goal is to have three sites in every district using IMCI by the end of 2000, and all 2,454 community-based clinics nation-wide using it by the end of 2003.

The MOH and *Jereo Salama Isika* prepare health workers for the eleven-day WHO IMCI training by first introducing the "elements" of IMCI over seven short monthly sessions. The "elements" are: acute respiratory illness (ARI), diarrhea, EPI, breastfeeding, child feeding, malaria and micronutrients.

What is IMCI ?

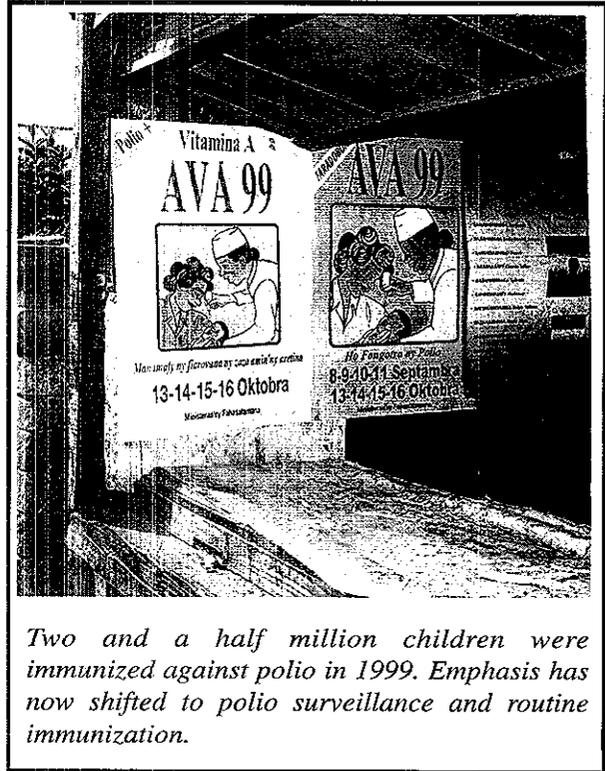
The World Health Organization (WHO) has developed an integrated approach to the assessment, classification, treatment, and counseling of sick children and their caretakers. Studies have shown that children brought to health facilities often are ill from multiple causes. This approach provides for integrated management of childhood illness (IMCI).

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 World Development Report*, published by the World Bank in 1993, estimates that IMCI is one of the most cost-effective public health interventions in developing countries.

To launch the "elements" training in 1999, *Jereo Salama Isika* and LINKAGES organized a series of three Training of Trainers sessions. Mixed *Jereo Salama Isika*/LINKAGES/MOH teams trained 481 health workers. The MOH, assisted by a *Jereo Salama Isika* consultant, also updated the national IMCI treatment guidelines in 1999 and added guidelines on the treatment of cholera in response to an ongoing national epidemic. Over 2,000 sets of guidelines were printed with USAID funds. In the two JSI target regions, 160 health workers were trained in the 11-day IMCI standard course.

Polio Eradication Campaign

Madagascar is frequently cited as a model of partner collaboration and effective social mobilization as a result of its polio eradication campaign. During each of the last three years, the MOH met its goal of vaccinating some two and a half million children up to five years old against polio. In both 1998 and 1999, Vitamin A also was dispensed during the second round of the vaccination campaign. Polio eradication campaign print materials (posters, flyers, banners), radio and TV spots were developed in close collaboration with *Jereo Salama Isika's* IEC Unit. *Jereo Salama Isika* staff participated in regional planning workshops, dispatching vaccines, national and district supervision teams and evaluation meetings. Twelve project vehicles were dedicated to the campaign. UNICEF, USAID, Rotary International, WHO, the Government of Japan, UNFPA and the Centers for Disease Control were key MOH partners.



Two and a half million children were immunized against polio in 1999. Emphasis has now shifted to polio surveillance and routine immunization.

Expanded Program of Immunization (EPI)



The popular vaccination diploma, awarded to children who are fully vaccinated before their first birthdays, is one of the MOH's tools in its national EPI strategy.

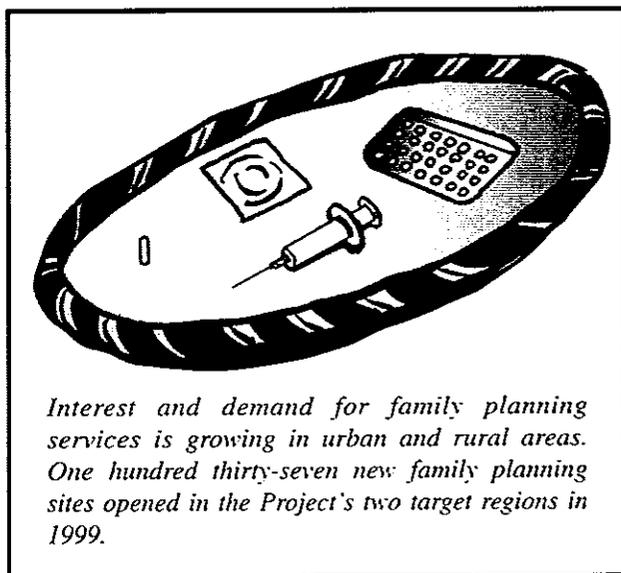
Following the final round of the polio eradication campaign, the MOH Vaccination Service repaired its first national routine EPI promotion campaign in 5 years. *Jereo Salama Isika* produced a series of TV and radio spots to educate the public about the importance of completing the vaccination series. The IEC Unit also collaborated with the Vaccination Service and UNICEF to develop a national communication strategy for routine vaccination activities. The essential elements of the strategy, a series of flags and diplomas coupled with community mobilization, were tested and proven highly effective during the BASICS project.

Having accurate data is essential for planning future EPI campaigns. To this end, a Rapid EPI Review was conducted in November 1999. *Jereo Salama Isika* staff participated in field visits to health centers in two of six districts evaluated and helped draft the evaluation report. Madagascar is committed to improving its immunization rates in 2000.

Four-Method Family Planning Training

In February and March 1999, *Jereo Salama Isika* staff met with key Ministry staff to discuss reducing the training time required in family planning. Using demographic health survey (DHS) and programmatic data, Ministry and *Jereo Salama Isika* staff concluded that quality could be maintained and access rapidly expanded if training focused on the four simplest and most commonly accepted family planning methods in Madagascar. A six-day workshop for health workers was proposed focusing on these four methods. The Four-Method Family Planning Training is based on 1997 DHS data which shows that at least 85% of current users of modern family planning use one of the following methods: oral contraceptives, injectables, barrier methods, or lactational ammenorhea method (LAM).

The MOH tested and accepted the Four-Method approach. As a result of its implementation, 17 experienced MOH trainers were trained as trainers in Four-Method family planning, another 24 new trainers were oriented and provided training practice, and 162 service providers were trained in the method. Each provider received a starter-kit of contraceptive supplies. This system enabled 137 new family planning sites in the two target regions to open in 1999. This approach proved faster, more economical, ensured that health workers were on site more often, and also included important new modules on logistics and MIS reporting.



STI and HIV/AIDS

Jereo Salama Isika works directly with the Programme National de Lutte contre le SIDA (PNLS) and other external partners (USAID, UNAIDS, UNICEF) to reactivate and reenergize a STI and HIV/AIDS partner consultative group. This group provides strategic and multisectoral support to the PNLS in program development and implementation. In October 1999 a "Best Practices and Lessons Learned" Partners' Meeting was held. It brought together over 80 participants from 30 local and international governmental, non-governmental and multilateral partners working on STI and HIV/AIDS prevention and care at 15 different sites in Madagascar. This meeting resulted in the identification of lessons learned from on-going STI and HIV/AIDS prevention and care interventions and emerging "best practices" to be followed and documented in 2000.

Logistics

At the beginning of the *Jereo Salama Isika* project, many districts and NGOs reported contraceptive stock-outs. A quick evaluation identified two reasons for the stock-out: increased consumption in 1998 and inadequate supply. This was exacerbated by difficulties converting from the old to the new health management information system (HMIS). Together with the MOH, UNFPA and USAID, *Jereo Salama Isika* developed a plan to deal with the stock-outs and shortages. In 1999, the Ministry of Health, UNFPA, German Technical Cooperation (GTZ), USAID, CMS and *Jereo Salama Isika* formed a Family Planning Logistics working group to coordinate contraceptive logistics and procurement and to build a sustainable supply system. The working group focuses on contraceptive forecasting and procurement, logistics management policy and training strategies. They updated a procurement plan for contraceptive products, modified and validated the MOH's Requisition and Issue Voucher, began discussions on integrating contraceptive products into the essential medicines list and drafted new instructions and procedures for contraceptive management.

Data Management

Jereo Salama Isika has made reinforcing institutional data collection systems a priority. Project staff met regularly with the MOH's HMIS unit in 1999 to discuss problems with its new system and to identify solutions. In 1999, Project staff installed new computer equipment for the MOH and provided technical support in equipment use, maintenance and repairs. MOH/HMIS and Project staff assessed data management capabilities in Antsirabe and Fianarantsoa and worked together to prepare the first statistical yearbook.

Challenges for 2000

In 2000, *Jereo Salama Isika* will seek to enhance program impact as it enters the full-scale implementation phase by:

- Reinforcing community, health center, district and regional level technical assistance, especially through *Jereo Salama Isika* District Technicians;
- Implementing NGO AAPS grants;
- Adapting the Project's role in STI/AIDS prevention to meet changing country needs;
- Promoting adolescent reproductive health through peer education;
- Expanding and strengthening partnerships;
- Promoting IMCI and reproductive health in medical and nursing school curricula;
- Expanding activities in Safe Motherhood;
- Focusing efforts to improve routine EPI and IMCI;
- Piloting innovative approaches, including Child-to-Child, to health and environment issues; and
- Assessing the impact of broad-based CBD and community mobilization efforts.



1999 was an exciting year for Jereo Salama Isika. The Project looks forward to strengthening partnerships with the MOH, NGOs and donors in 2000.

About JSI and its Subcontractors:

John Snow, Incorporated (JSI)

The name John Snow, Incorporated (JSI) is inspired by Dr. John Snow, the "father of modern epidemiology." During the London cholera epidemic, Dr. Snow successfully traced the source of the city's infection to the Broad Street water pump. Further research identified the water as the main source of the disease. In this same spirit, JSI approaches seemingly intractable problems creatively, uncovering new angles and finding and implementing simple solutions.

JSI and its non-profit affiliate, the JSI Research and Training Institute, are Boston-based consulting firms with some 450 employees dedicated to providing quality technical and managerial assistance to public health and environmental health programs throughout the world. Since its establishment in 1978, JSI has become a recognized leader in the implementation of innovative improvements in public health, maternal health, child health, family planning, reproductive health, nutrition, HIV/AIDS, environmental health and sanitation, health financing, health policy development, and organizational development. JSI's mission is to work with clients to improve the quality of their operations. JSI is committed to applying its skills and experience to solving client problems in a responsive manner.

Academy for Educational Development (AED)

AED brings 38 years of experience in development assistance working 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. AED employs over 50 full-time technical program specialists in these areas and also has a twelve-person Behavioral Science Research and Evaluation Unit providing research and evaluation support. With a total of almost 600 employees, AED has project offices in over 30 countries supporting the implementation of 43 long-term development projects. To date, AED has completed 300 programs in over 100 countries. Community participation has become a major strategy to promote the sustainability of programs and behavior changes, and is a primary component of AED's work. AED contributes two full-time personnel (experts in IEC and MIS) to *Jereo Salama Isika*. The Project also benefits from AED's IEC TA and a close relationship with LINKAGES, of which AED is the prime contractor.

The Futures Group International (TFGI)

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 50 countries, FUTURES has a professional staff of economists, demographers, policy analysts, social marketing distribution and communications specialists, modelers and computer programmers. FUTURES has worked for such diverse clients as USAID, UNFPA, the African Development Bank, the World Bank and the World Health Organization. FUTURES has worked in Sub-Saharan Africa for 20 years and in Madagascar since 1988. TFGI contributes a full-time logistics specialist to *Jereo Salama Isika*.

Private Agencies Collaborating Together (PACT)

Pact's mission is to contribute to the growth and development of civil society so that citizens acting together can express their interests, exchange information, strive for mutual goals and influence government. To accomplish this Pact targets its efforts on strengthening the community-focused nonprofit sector in more than twenty-five countries worldwide, working with and through strategic partners to identify and implement participatory development approaches at the community level. Present in Madagascar since 1991, Pact has managed more than US \$ 40 million in US Government bilateral assistance funds in support of local and international partner programs for biodiversity conservation and eco-regional planning, information systems and tools development for decision making, grant and financial management capacity development, municipal-level democracy and governance activities, and organizational and institutional development of local Malagasy associations and non-governmental groups and organizations.

Pact supports the Project with a part-time senior technical advisor for STI and HIV/AIDS, as well as support from the Organizational Development Unit for the participatory analysis and capacity development of district-level Ministry of Health management teams depending upon their unique needs. This unit likewise provides support for the development of public and private AAPS and capacity development services for partner non-governmental organizations working with the Project.