



# Jereo Salama Isika 2001



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 ! We are in good health!" It is the name of a four-year (1998-2002), 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 nongovernmental 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 nongovernmental organizations. 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-sectoral program on health/population/nutrition and environment funded by the Packard Foundation.



# **Jereo Salama Isika 2001**

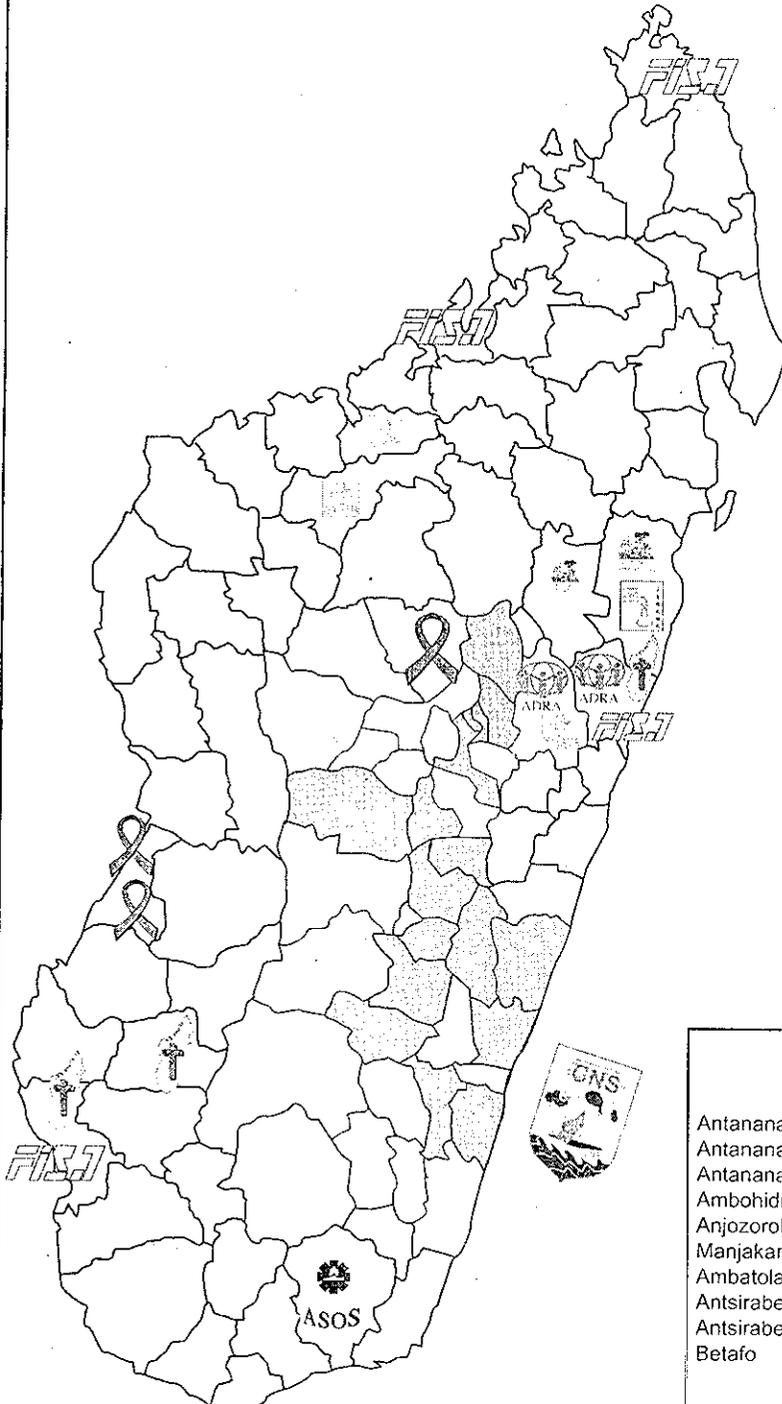
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## List of Acronyms

ADRA	Adventist Development and Relief Agency
AED	Academy for Educational Development
AIDS	Acquired Immuno-deficiency Syndrome
APPROPOP	<i>Appui au PROgramme de POPulation/Planification Familiale</i>
ASL	Assisted Self Learning
ASOS	<i>Action Santé Organisation Secours</i>
BASICS	Basic Support for Institutionalizing Child Survival
CBD	Community-Based Distributor
COP	Chief of Party
CRS	Catholic Relief Services
CTC	Technical Coordinating Committee
DDM	Data for Decision Making
DHS	Demographic Health Survey
EPI	Expanded Program in Immunization
FISA	Happy Family Agency
FP	Family Planning
GAVI	Global Alliance for Vaccine and Immunization
GOM	Government of Madagascar
HIV	Human Immuno-suppressive Virus
HPN	Health, Population, Nutrition
ICC	Inter-agency Coordinating Committee
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
INSTAT	<i>Institut National des Statistiques</i>
JSI	John Snow, Incorporated
<i>JSI</i>	<i>Jereo Salama Isika Project</i>
LAM	Lactational Amenorhea Method
MICET	<i>Madagascar Institut pour la Conservation des Environnements Tropicaux</i>
MIS	Management Information System
MOH	Ministry of Health
MOE	Ministry of Education
NGO	Non-governmental organization
PACT	Private Agencies Collaborating Together
PNLS	<i>Programme National de Lutte Contre le SIDA</i>
SAF	<i>Service d'action pour le développement</i>
SALFA	Health Department of Malagasy Lutheran Church
SEECALINE	Ministry of Education/World Bank Project
STI	Sexually Transmitted Infection
TFGI	The Futures Group International
UNAIDS	Joint United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VS	<i>Voahary Salama</i>
WHO	World Health Organization

# Jereo Salama Isika Project /MADAGASCAR

## Project Intervention Zones



-  Intensive District (JSI and Linkages)
-  Less Intensive District
-  ASOS
-  ADRA
-  FISA
-  STI/AIDS
-  JIRAMA
-  SALFA
-  SAF FJKM
-  Conservation Internationale
-  Conseil National de Secours (CNS)

### 20 Project Districts

- |                    |                |
|--------------------|----------------|
| Antananarivo City  | Ambositra      |
| Antananarivo South | Fandriana      |
| Antananarivo North | Ambohimahasoa  |
| Ambohidratrimo     | Fianarantsoa 1 |
| Anjozorobe         | Fianarantsoa 2 |
| Manjakandriana     | Ambalavao      |
| Ambatolampy        | Ifanadiana     |
| Antsirabe 1        | Mananjary      |
| Antsirabe 2        | Manakara       |
| Betafo             | Farafangana    |

### Districts Benefiting from the Cyclone Relief Program

- |             |             |
|-------------|-------------|
| Manakara    | Farafangana |
| Vohipeno    | Mananjary   |
| Nosy Varika |             |

## A Vision of Smaller, Healthier Malagasy Families

The *Jereo Salama Isika*, a USAID-funded child survival and reproductive health project implemented by John Snow, Inc., has a vision of smaller, healthier families in Madagascar. The project collaborates with the Government of Madagascar and its health development partners to improve the health status of the Malagasy population. *Jereo Salama Isika's* integrated program works with both public and private sector institutions and nongovernmental (NGO) organizations at four levels: the local health center, the community, the district health service, and national agencies. In 2001, this dynamic collaboration produced tangible results that contributed to the reduction of maternal and child mortality and improved family health in Madagascar.



### 2001 Results Highlights from *Jereo Salama Isika*

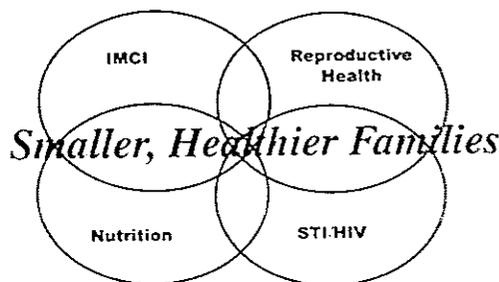
Ambitious programs to strengthen public demand for and offer of health services led to:

- Over 1500 health workers trained in elements of Integrated Management of Childhood Illness (IMCI), nutrition, and reproductive health curricula.
- Over 800 community based distributors (CBD) trained in counseling and referral about family planning methods, distribution of contraceptives, and data collection.
- Over 17,000 community volunteer animators trained to use IEC materials and village theater techniques to transmit health messages.
- 20 communes designated as Champion Communities.
- First mass media campaign on STI/AIDS in Madagascar [3 television advertisements and 12 radio spots].
- 27 new IEC materials, including...
  - Youth Passport.
  - Mother's Health Card.
  - Child to Child Program Guide.
  - Champion Community Banner.
  - Poster on Family Planning Method Choices.
  - Over 100,000 leaflets on condom use.
  - Over 140,000 leaflets for the national immunization campaign.

### Synergy Generated by Integrating Activities Enhances Results

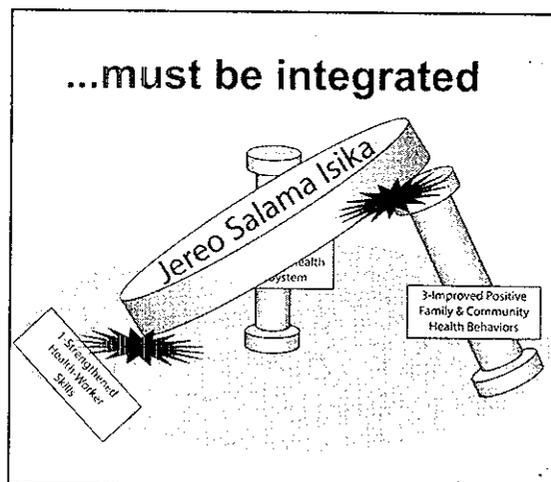
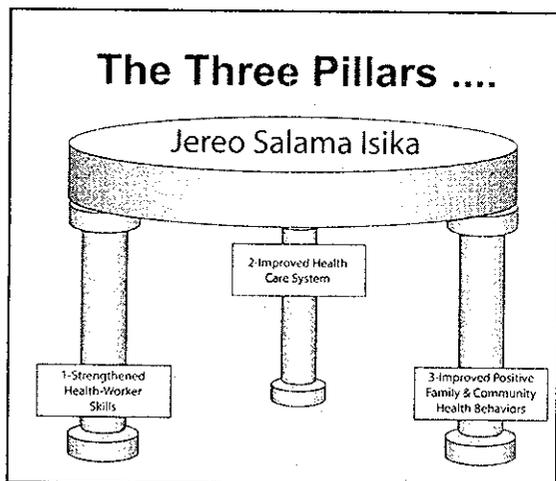
The goal of integrating child survival and reproductive health is to promote the delivery of a wider range of health services at each health center. In that way, a mother or father bringing a child to the health center for a vaccination will also receive nutrition counseling and have their reproductive health needs met during one visit. The *JSI* integrated strategy rests on three pillars that

#### Jereo Salama Isika Integrated Strategy



reinforce one another. As activities under each pillar complement those under the other two, a synergy is generated that enhances the overall strategy, producing an impact that extends well beyond that of separate project elements.

Three pillars support the strategy for integrated child survival and family planning programming:



**The First Pillar: Strengthened Health Worker Skills.** *Jereo Salama Isika* introduced Quality of Care as its key theme for improving basic health service delivery. This initiative includes the institutionalization of curricula on the Integrated Management of Childhood Illness (IMCI) and nutrition in pre-service and in-service training for doctors and nurses.

**Pre-service Training:** Pre-service training is cost-effective. Ten health professionals can receive training via pre-service programs for the same cost as training one by the standard eleven-day IMCI training. Following an assessment of pre-service training methodologies and requirements, *Jereo Salama Isika* and LINKAGES in collaboration with medical faculty and key health partners began to revise certain major components of the public medical education curriculum to include elements of the Integrated Management of Childhood Illnesses and nutrition curricula into medical training. Criteria for the selection and equipping of practical training sites in pediatrics, public health, and obstetrics-gynecology were also formalized.



In 2001 Madagascar became the first country to integrate courses on Integrated Management of Childhood Illnesses and nutrition across all years of medical education.

A recent inventory of course offerings revealed inadequacies in the existing curriculum on reproductive health topics that will be addressed by new modules and a guide for reproductive health internships. Health development partners also combined resources to

create a documentation center at the Medical Faculty where professors may consult with their peers, work to prepare teaching materials, and access up-to-date information available in print or via the Internet on computers to be provided by *Jereo Salama Isika*.

**SUCCESS STORY: Madagascar Integrates IMCI and Nutrition throughout Medical Curriculum.**

In 2001 the Ministry of Health and the Ministry of Higher Education incorporated child survival and nutrition themes throughout public medical education with *Jereo Salama Isika* and LINKAGES support for the design of modules on Integrated Management of Childhood Illness (IMCI) and Essential Nutrition Action (ENA). According to a WHO expert, the detailed lesson plans for IMCI and nutrition are "the best I've ever seen." Thanks to this successful initiative, Madagascar became the first country to integrate IMCI and ENA programs. Madagascar's experience now serves as a model for WHO which is planning to expand similar integration world-wide.

**In-service Training:** In 2001 the Government of Madagascar adopted Assisted Self-Learning (ASL) as a cost-saving method for in-service training of medical personnel. The Ministry of Health launched a pilot self-learning training program in IMCI in one district and updated the training module on immunization. Pilot project results demonstrated that, with adequate supervision, health workers benefiting from this type of in-service training had the same level of competency as those trained by conventional methods



Thanks to a series of one-and-a-half day district level meetings, health workers receive up-to-date information on a single child survival or reproductive health theme, such as diarrhea, malaria, family planning, or vaccination. By the end of 2001, over 1500 health workers in the public and private sector benefited from formal training or self-learning courses.

Supervision is a challenge to improvement of quality of care. The Supervisory Check List produced by *Jereo Salama Isika* is a useful tool for supervisors managing health teams in the public and private sectors especially in isolated sites.

**SUCCESS STORY: Short Training Curriculum Results in Increased Access to Four Most Widely Used Family Planning Methods**

Since 1999 training programs using an innovative and cost-effective short curriculum, Four Method Family Planning, has benefited some 548 health workers from public and private health centers. As a result there were considerable gains in upgrading sites and increasing the number of access points for family planning services available to Malagasy women, particularly in rural areas. *Jereo Salama Isika* also initiated a pilot program to reinforce and refer long-term and permanent contraceptive methods in four emphasis districts. These activities support the national policy adopted by the Government of Madagascar in 2000 to ensure that all women have access to family planning.

**Lactational Amenorhea Method (LAM):** By nursing her baby in public and producing a popular song on breastfeeding, Poopy, a well-known Malagasy recording artist, became a nationally-recognized symbol for a campaign promoting exclusive breastfeeding. Since breastfeeding has long prevented more births than contraception worldwide, the adoption



Poopy, a popular Malagasy singer, 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 and the effectiveness of LAM for family planning .

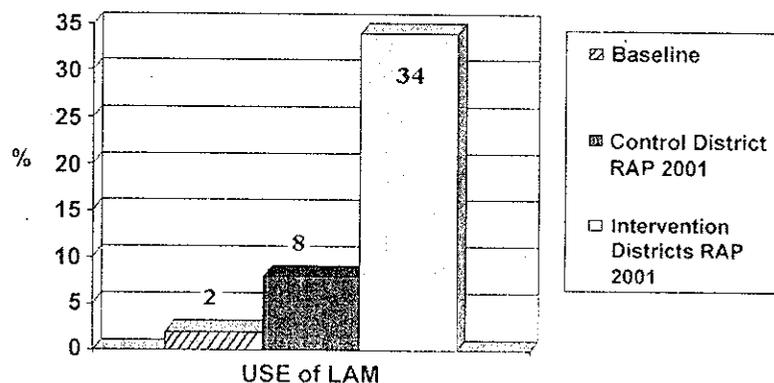
Photo: Linkages

of exclusive breastfeeding by Malagasy mothers also led to increased use of the lactational amenorhea method (LAM) of family planning. Now Madagascar is one of the first countries to have wide spread success with LAM among the general population in emphasis districts.

The adoption of the lactational amenorhea method promises to have a significant impact in terms of savings on contraceptives and other costs both for

Malagasy families and the public health system. In addition, as women understand the advantages of spacing pregnancies for their own health and that of their children, they become interested in using other family planning methods. Reinforcement and referral of long-term and permanent contraceptive methods is a natural complement to community-based family planning and the promotion of LAM.

### Family Planning: Proportion of Women using LAM Method in JSI/LINKAGES Focus Districts



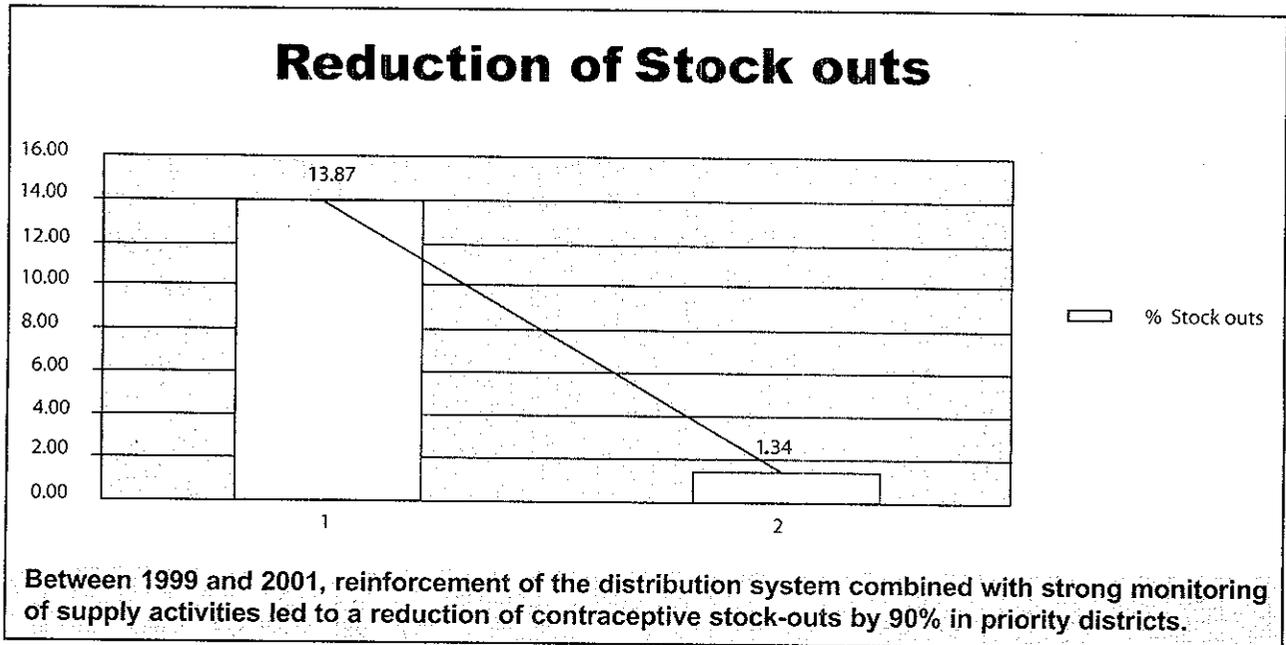
*Jereo Salama Isika* created a dynamic network of community-based distributors that brings family planning services closer to the community. These field agents reach most of the people living in peri-urban and rural areas in focus districts. Serving as a critical link in the referral chain, agents extend access to information and some family planning methods to local communities. Over 800 local people have been trained in distribution of contraceptives, management and logistics, and communications about family planning, including referral. They also provide statistics to the local health center on a regular basis that contributes to the data available to the health system for planning purposes.



 **The Second Pillar: Improved Health Care Systems.** *Jereo Salama Isika* working with its implementing partners, the Academy for Educational Development (AED), PACT/Madagascar, and The Futures Group International (TFGI), provided support to the Ministry of Health and its health partners through a variety of systems strengthening and capacity-building activities to improve the use of data for strategic planning, logistics, and advocacy at the district level. PACT/Madagascar contributed to institutional development of the public health system through simple improvements, such as the expansion of district management teams (EMAD) or position descriptions for district staff. Through USAID district and regional grants, twenty-two sites received computers, with *Jereo Salama Isika* providing information technology assistance.

Management capability of health partners in the areas of both vaccine and contraceptive security continue to be a challenge due to difficulty in maintaining the cold chain and keeping vaccines and contraceptives in stock. Six NGO partners undertook strategic planning to develop long-term district and provincial-level plans as well as yearly work plans in order to improve efficiency and plan for sustainability. Help was provided on data collection and utilization of data for decision-making, such as ordering contraceptives, vaccines, syringes, and refrigerator spare parts. Because, as the saying goes, "No product...No program!" *Jereo Salama Isika* served on the donor task force created to

enhance long-term planning and operational efficiency. The project provided extensive technical assistance with support from TFGI that improved logistics management and, as a result, significantly reduced stock-outs. (See chart below.)



As part of the Expanded Program of Immunization (EPI), *Jereo Salama Isika* supported a series of workshops for national, provincial, and focus district health offices organized by the Ministry of Health Central Immunization Unit in collaboration with the Pasteur Institute, Rotary International, USAID, UNICEF, and WHO. Technical support and training in health management information systems, developed by *Jereo Salama Isika* with support from AED, introduced health technicians to new methods for data collection and micro-planning. Increased accuracy and use of EPI data for decision-making and improved logistics systems ensured a supply of fresh vaccines, such as BCG, DPT/HepB, polio, measles, and TT (tetanus toxoid). In addition, through this effort, the viability of the cold chain and the continuation of community mobilization were ensured.

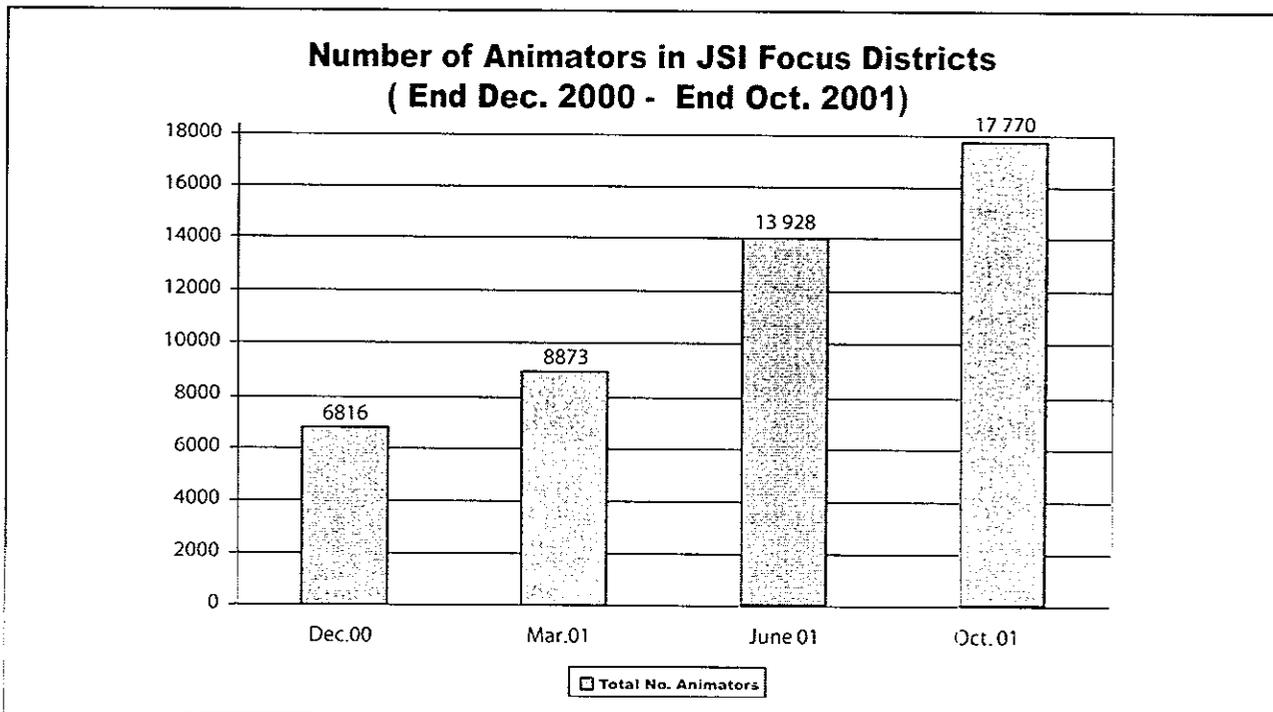
#### **SUCCESS STORY: Community Commitment to Vaccination**

An important lesson learned through the national immunization program is that problems need to be addressed one by one. Ensuring the viability of the cold chain is a big challenge. Although many refrigerators are aging and need to be replaced, often many more stop functioning because of lack of fuel and inexpensive spare parts. In 2001, the Ministry of Health addressed these issues proactively. Now many communities purchase fuel for health centers and stock-outs of essential spare parts, such as wicks and glass tubes, have been reduced. These small steps have enabled clinics to maintain their cold chain and keep supplies on-hand in order to provide safe, fresh vaccines to the people in their communities.



### The Third Pillar: Improved Positive Family and Community Health Behaviors:

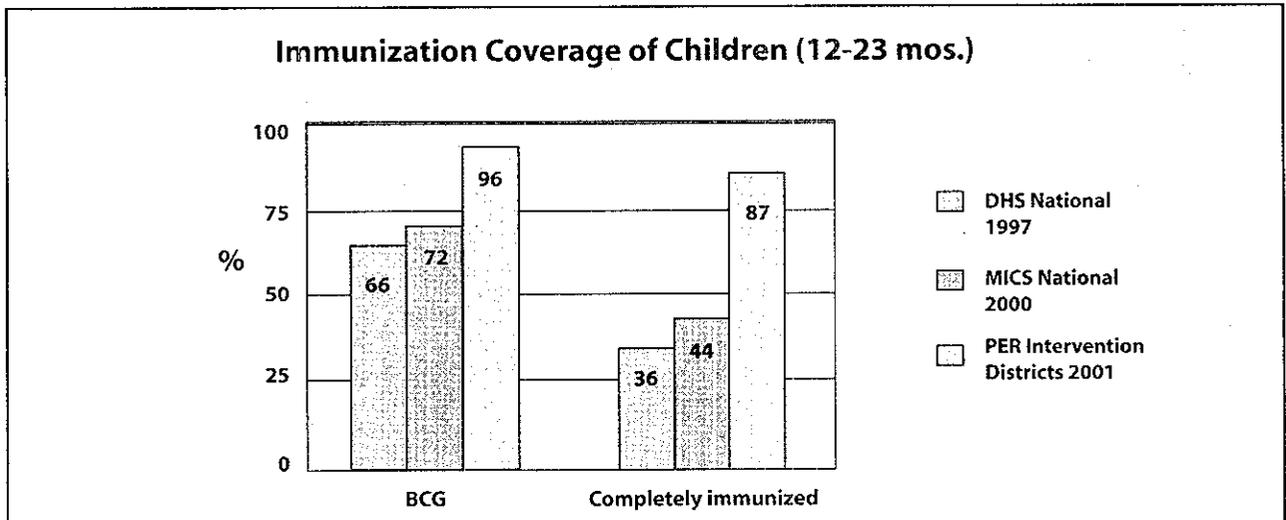
Community empowerment is a core project value. With assistance from AED, the project developed a model to create an enabling environment for improved health behaviors. In 2001, *Jereo Salama Isika* trained and equipped local leaders for active involvement in community health promotion activities as part of its community-based approach. Public sector and local NGO partners organized a series of workshops to train local volunteers in how to convey specific health messages with easy-to-use IEC materials and village theater. Once trained they in turn inform or teach their communities. This impressive, all-volunteer group includes local authorities, religious and school-based groups, women's groups, teachers, farmers' associations, and youth groups. By the end of 2001, nearly 18,000 individuals were trained. Topics covered were expanded to include STIs, HIV/AIDS, and the lactational amenorhea method. A training manual on communication techniques supported the scaling up of activities. *Jereo Salama Isika*, LINKAGES and the BASICS Project produced two videos to document the exciting approach.



**Community Support for the National Immunization Program:** Community activities aimed at increasing vaccination coverage via national immunization campaigns were carried out from 1997-99 and achieved high coverage of under 5-year-old children with two supplementary doses of oral polio vaccine. The remaining challenges for Madagascar to become "certified" by WHO that polio are eradicated is to intensify the routine systematic vaccination of all newborn babies with three doses of polio vaccine and dramatically improve the national epidemiological surveillance system. Social mobilization led by health workers and community volunteers, together with continued support to improve the offer of services, has optimized eradication efforts. Support for summary polio coverage and surveillance activities continued in several regions as well as at the national level.



During 2001, a campaign was organized using radio and television spots to introduce the Hepatitis B vaccine as a new addition to the series of routine childhood immunizations. A cheerful logo (at left) for the improved, combined vaccine was designed as part of the collaborative effort among the Ministry of Health, JSI, the National Broadcasting Company, and TV Plus, an Antananarivo-based television station, in support of the Immunization Service/Global Alliance for Vaccine and Immunization (GAVI) program.



**Champion Community Initiative:** One of *Jereo Salama Isika's* most popular efforts is 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 animators, and schools. Twenty communes in JSI focus districts fulfilled the specific and exacting requirements to receive the designation of Champion Community in 2001.



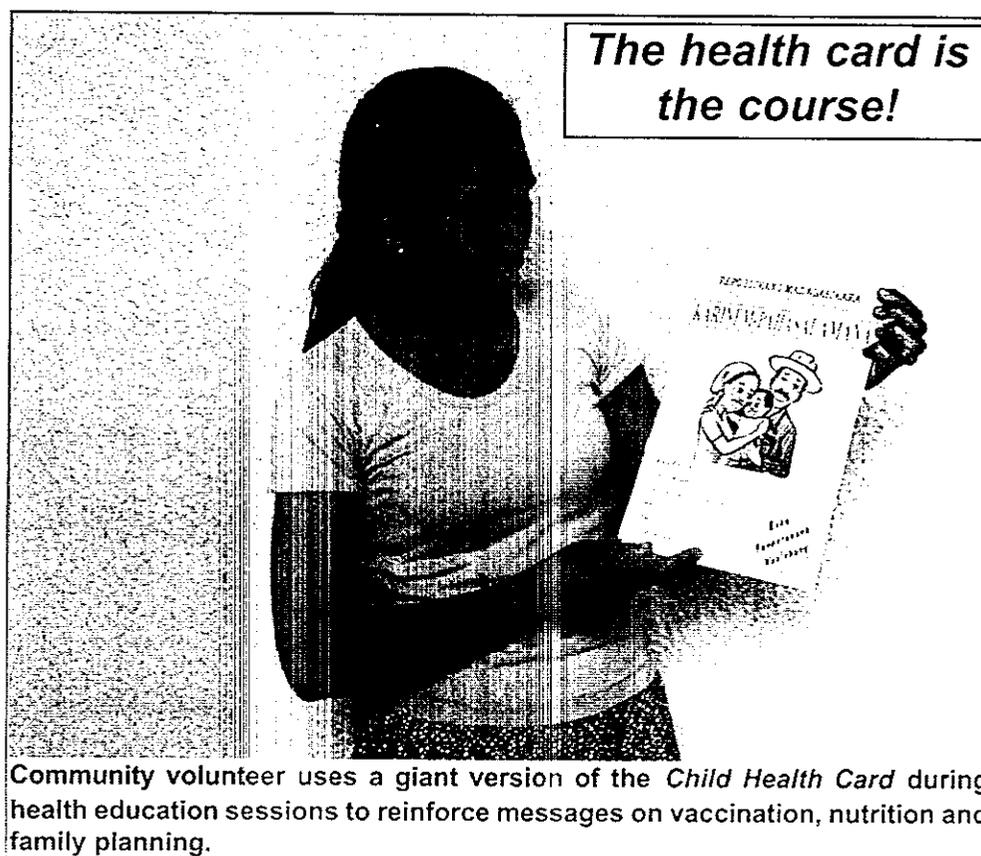
#### **Champion Community Criteria**

- 80% of all children under 12 months of age completely vaccinated.
- 65% of all parents of newborns using the Child Health Card.
- 70% of all children ages 6 to 59 months have received Vitamin A.
- Weekly family planning information sessions organized during large community meetings or vaccination days for 26 weeks.
- Ensure that the areas surrounding the Health Center, the Mayor's Office, the Marketplace, and other public spaces are kept clean.
- Three mini-festivals held every three months for nine months.

## **SUCCESS STORY: 2001- Festival Season All Year Long !**

**CELEBRATION!**...is a key principle underlying *Jereo Salama Isika's* community approach. Whenever a community fulfills the criteria for Champion Community status, it is entitled to a large festival. These joyous occasions offer an ideal opportunity to recognize and thank community leaders and volunteers as well as parents, teachers, and school children, for their efforts. A festival celebrating a new Champion Community often receives extensive media coverage that in turn creates a form of competition and boosts demand among other communities to be designated a Champion Community.

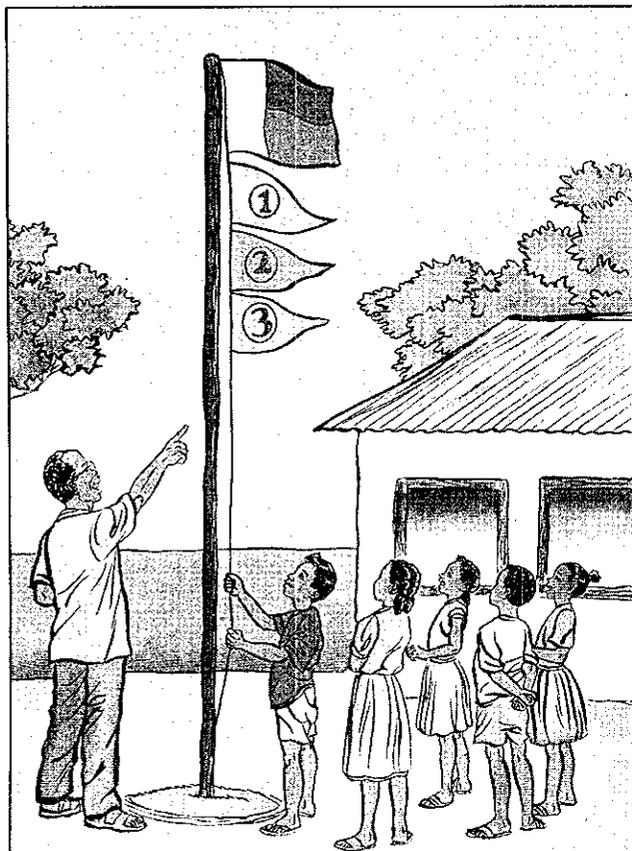
**Coordinated Use of IEC Materials:** The deployment of numerous, interrelated IEC materials in conjunction with a strategic mass media campaign has increased the impact of collaborative efforts with the Ministries of Health and Education and their partners to promote improved health behaviors. The improved quality of IEC materials attests to the steady progress of the IEC Task Force and is visible in numerous small, but effective, ways. Standardized materials, such as the set of flags used during immunization campaigns, child health cards and counseling cards, are utilized throughout the country by over thirty partners. This standardization reinforces the messages promoted by the project and serves to brand the initiative, thus increasing recognition and ultimately adoption of the positive health behavior by target audiences. Programmatic streamlining, in this context, refers to efforts to simplify both programmatic and community mobilization/IEC aspects of a program to enable it to expand rapidly with minimal outside assistance. This concept is based on an observation that many wonderful so-called "pilot" projects are neither simple nor compelling enough to spread to a point where they have true impact.



**SUCCESS STORY: The Family Friendly Child Health Card and Streamlined Community Mobilization.**

The popular *Family Friendly Child Health Card* contains essential health information parents need to know during a child's early years. This year, the Ministry of Health adopted this card for use nationwide. It is available for purchase for a nominal fee. The card helps individual parents track their children's health indicators by providing a step by step guide to child development and health needs. For example, there is a "road to health" type growth chart which tracks weight for age. Parents can readily see if a child drops into the "danger" zone of weight for age. The record has places to put information on vaccination and other routine services, such as Vitamin A distribution. A blank part allows for family members to document periodic illnesses and treatment. In addition, the card serves as a teaching guide for volunteer animators. Once trained in how to use the card, community animators find this easy-to-use tool assists their community mobilization efforts. Streamlining by simplifying activities makes program expansion easier and less costly. A key *JSI* goal is to offer IEC materials that provide a full complement of essential health information in forms that are simple and inexpensive enough for mass distribution. The *Family Friendly Child Health Card* meets these criteria.

**The Child-to-Child Initiative :** The Child-to-Child Initiative encourages school children to learn and then to share information on healthy behaviors with each other and with their



Many peer educators learned to share information this year in the *Jereo Salama Isika* Child-to-Child Initiative.

families. This year, it expanded to fifty-four school districts. Peer educators from 140 primary schools, 50 secondary schools, and 40 youth groups were trained. *Jereo Salama Isika* collaborated with the National Curriculum Development Office (UERP) and the Education Task Force to produce the highly regarded primary school manual. UERP plans to expand and replicate the model with assistance from other donors, such as UNICEF and SEECALINE, a World Bank-funded, government nutrition program. An innovative feature of the Child-to-Child program is that it incorporates both child health and reproductive health messages, especially for secondary schools.

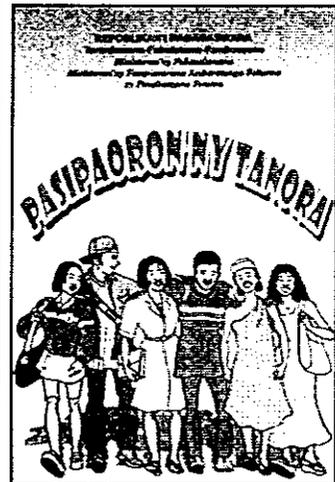
**CHALLENGE FOR 2002:** Ensure that trained volunteers remain active in key areas such as family planning and immunization.

**The Young Adolescent Reproductive Health (YARH) Program:** *Jereo Salama Isika* activities with youth were greatly expanded this year through the Young Adolescent Reproductive Health (YARH) Program. The YARH Program is designed to reach youth with up-to-date information on reproductive health, STIs and HIV/AIDS. The YARH initiative uses innovative tools, such as the youth passport (see story below) to engage youth and those who work with them in addressing critical issues. Twenty intensive districts, several government ministries, youth groups, sports associations, the Antananarivo mayor's and governor's offices, and numerous schools and colleges supported the YARH initiative. Together with partners having a youth focus, the project developed materials, conducted peer training and worked to promote "youth friendly" health centers. The overwhelmingly positive response from public officials and other partner organizations demonstrates the high degree of interest in the program.

**SUCCESS STORY: A Passport to Adolescent Health.**

The Youth Passport is a health booklet for teenagers and young adults, that covers various reproductive health topics, including STI/AIDS prevention, family planning and substance abuse. Health partners produced the passport in collaboration with local youth groups and NGOs, such as the Boy Scouts and other church and school-based groups. The Youth Passport also is being distributed to "high risk" youth through community groups, such as associations of sex workers and truck drivers.

**CHALLENGE FOR 2002:** Ensure that the Youth Passport is made available nation-wide to youth and those who work with them.



The University of Fianarantsoa and the University of Antananarivo collaborated with *Jereo Salama Isika* on the YARH program. The project also began to work closely with the Ministry of Technical and Professional Education (METFP), which supported youth exhibitions in the high schools as well as held teacher training sessions and peer education groups. The addition of reproductive health to the secondary school program is progressing.

Malagasy youth speak out at a YARH exhibition...



Here is what they say:

*"I learned a lot about the consequences of premature sexual relations thanks to your exhibition. It is useful for us youth because our sexuality is unleashed."*

Male student at Jules Ferry High School.

*"I think that the exhibition allows us to learn a lot about abstinence and sexuality. Our parents would never talk about these subjects with us."*

Female student at Jules Ferry High School.

*"I thank you very much for the exhibition. I think that it helps to prevent dangers that STI and AIDS foster in the country."*

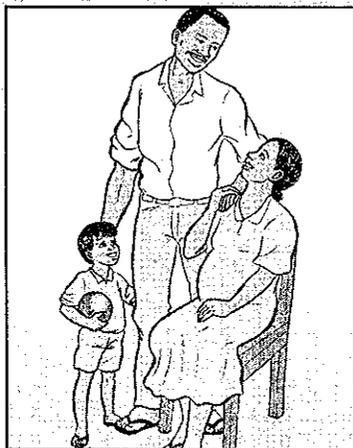
Male student from JJ Rabearivelo High School.

In all, over 370 primary and secondary schools and youth groups now have trained teachers or peer educators and over 2000 animators (teachers, educators, youth) have been trained. The first in a series of youth-oriented reproductive health exhibitions took place in the capital city of Antananarivo in 2001. Over a three-week period, they reached 7,000 adolescents, teachers, and many parent teacher association members with basic reproductive health messages. There is now a waiting list of high schools requesting exhibitions.

Madagascar is one of very few countries with a national policy on adolescent health. Policy documents were distributed to all twenty intensive districts. District management teams received technical materials for community advocacy and an improved training module. *Jereo Salama Isika* supported activities for out-of-school youth, including 'Treka,' YARH Awareness Days in Ambalavo and Antananarivo, and Sports Days, which included YARH awareness activities before soccer and basketball matches in two stadiums in the national capital.



**STI/AIDS Program:** *Jereo Salama Isika* is part of a multi-donor HIV/AIDS effort and participated fully in the development of national policy and strategy in this area. A long-term technical advisor was provided to the Prime Minister's Office in response to a request for assistance in strategic planning, advocacy, and training of religious leaders. *JSI's* goal is to improve care for STIs in the project districts



#### STI/AIDS IEC Materials

In 2000-2001, *JSI* distributed over 1,000 STI/AIDS informational tool kits and counseling cards to NGO and public sector health partners and providing support for national coverage and reaching its goal of complete coverage in project focus regions. *JSI* played a key role in ensuring a high level of technical standards in the development and pre-testing of the following print materials:

- For World AIDS Day 2001, *JSI* produced a special brochure on HIV designed for toward decision-makers in collaboration with partners supporting the National AIDS Bureau.
- For the June 2001 eclipse, a special brochure was produced in collaboration with the National Eclipse Preparation Committee. Fifteen thousand copies were distributed in high-risk zones, especially in the two *JSI* focus regions.
- Six billboards with messages promoting condom use are being installed on the main axes of the national highway system in heavy traffic zones where local officials have donated space in proximity to hot spots and truck driver rest areas.



though a combination of training and logistics support to the public and private sector care providers, as well as social mobilization for the general public and for high-risk behavior groups. Training in syndromic management of STIs and primary prevention of STIs and HIV/AIDS has been organized for a broad range of public and private sector service providers. Supplies of essential STI drugs and condoms were made available through improved logistics and stock management practices. Better understanding of the issues at hand and improved care seeking behaviors for STIs have been mobilized through a broad-based mass media and social mobilization IEC campaign.

**SUCCESS STORY: First STI/AIDS Mass Media Campaign Targeting Urban and Rural 'High Risk' Groups Pulls No Punches**

The first mass media campaign on STI/AIDS in Madagascar produced with support from *Jereo Salama Isika*, addresses themes such as condom use, abstinence, fidelity, and care-



seeking behavior for STIs. Three television advertisements and twelve radio spots began airing in Antananarivo and Antsirabe in August 2001 on national television, where they received important time slots before the morning and evening news. Radio spots targeting urban and rural "high risk" groups are on the airwaves throughout the two most densely populated regions of the country. Nationwide expansion is currently being negotiated. These spots 'pull no punches.' One focused on painful penal discharge in men, with the Secretary General for Health providing advice. The second and third TV spots addressed sub-target audiences of men-in-uniform and urban youth.

*The STI/HIV/AIDS mass media campaign is direct and frank. One TV spot, featuring a prominent member of the National Police Force, targets mobile, sexually active men for condom use. Another TV spot on painful discharge represents a major milestone due to evidence of increased health seeking behavior after it aired.*

JSI identified through competitive bidding a private sector advertising firm to pilot the development of the mass media campaign and messages. JSI then stimulated the creation of an *ad hoc* working group composed of public and private sector partners working in STIs and HIV/AIDS to develop and validate a campaign orientation and messages.

While it was relatively simple to agree upon the general framework of the campaign, it was less simple to address the particular orientations of all partners. Some favored "abstinence" messages only, while others favored an aggressive push for increased condom use. Surprisingly, it was relatively easy given the breadth of the mass media program to accommodate messages and high-risk behavior groups which are a priority for a wide range of interests, and as such to reach consensus on messages which everyone on the STI and HIV/AIDS IEC Working Group could endorse. The campaign has been well-received by health professionals and the general public alike.

*Jereo Salama Isika* assisted the regular police academy in Antsirabe and the officers training facility in Ivato with the incorporation of reproductive health, STI, and HIV/AIDS awareness and prevention activities as part of pre-service training for Malagasy police cadets. In less than a year, twenty teachers, twenty trainers, and a few high-level police officers received training, underwent training of trainers courses, and integrated specific lessons into the curriculum. By the end of 2002, all new police officers will have received basic instruction in these areas.

**Innovative Partnerships under *Jereo Salama Isika***

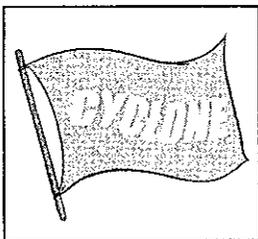
**Cyclone Preparedness and Disaster Relief Program.** *JSI* administers a special Cyclone Supplemental Program funded by USAID to work with the government national disaster planning group, the *Conseil National du Secours* (CNS). While technical support was provided nationally through participation in CNS national activities and training, the focus of activities is the cyclone-prone southeastern region of Madagascar.

*JSI* trained over 350 health workers serving seventy communities on cyclone-related health issues. The project produced a cyclone flag and multiple IEC materials in consultation with the CNS that are part of an early warning system for cyclone-related emergency situations and provide public health information on measures to prevent cholera outbreaks.



Since transportation in this region is mainly by river, the project provided two motor boats and safety equipment for the transportation of health workers, managers and vital supplies to areas inaccessible by road.

A survey on malaria, cholera, general health and cyclone preparedness undertaken by *Institut Pasteur* and John Snow, Inc. focused on care seeking behavior and the relationship of villagers to providers. It demonstrated a number of potential weaknesses in the plan to deliver services. For example, women tend to go to the doctor as a matter of "last resort" because of economic, transportation or cultural reasons. They self treat a lot of malaria



and/or go to traditional practitioners, with variable results. The accompanying seroprevalence (of malaria) survey demonstrated that a lot of things which are not malaria are misdiagnosed, both by individuals self treating and by doctors in clinics without testing equipment. *Jereo Salama Isika* incorporated malaria prevention into its ongoing activities in districts also included under the Cyclone Disaster Preparedness and Mitigation Project. It is working on the provision of health services and education, in partnership with NGOs working in the region including CARE, Population Services International, Catholic Relief Services, Red Cross, the Health Department of the Malagasy Lutheran Church (SALFA) and *Action Santé Organisation Secours* (ASOS).

**SUCCESS STORY: PARTNERSHIPS FOR INNOVATION**

- Global Alliance for Vaccine and Immunization (GAVI) provided funding for several important initiatives: introduction of the Hepatitis B vaccine, a pilot program to introduce auto-disposable syringes and a JSI-UNICEF study on their use, and production of EPI guides, tally sheets, newsletters, child health cards and 40,000 diplomas.
- ADRA (Adventist Development Relief Agency) and JSI initiated an experiment in inter-agency cooperation on health programs to share technical approaches. Results are visible in both joint project districts.
- FISA (Happy Family Agency) developed a Center of Excellence for Reproductive and Sexual Health with JSI support and was designated "one of IPPF's best affiliates."

**Voahary Salama.** A unique coalition of some twenty diverse organizations in Madagascar

formed in 1999, *Voahary Salama* includes *Tany Meva*, a Malagasy foundation funded by The Summit Foundation, seven Malagasy NGOs, and twelve other organizations. The Malagasy terms, *Vohary* and *Salama*, stand for 'Nature' and 'Good Health.' USAID funds pilot activities in health/population/environment through *Voahary Salama*. contributes both technically and by co-funding (with *Tany Meva/Summit Foundation*) NGO activities, such as ASOS in Fort Dauphin, Micet, and CIMAD. In late 2001 the *Voahary Salama* consortium received supplemental funding for its activities from the Packard Foundation implemented through the JSI Research and Training Institute, Inc., Landscape Development Initiative (LDI), ECHO and other partners.



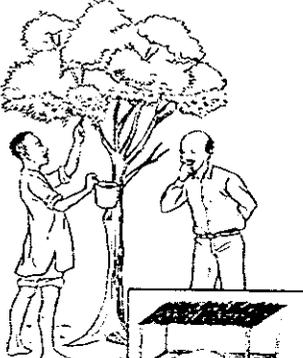
**FAMOKARANA ZANAKAZO  
SY FAMBOLEN-KAZO**

TONTOLO IAINANA SY FAHASALAMANA

"Voahary Salama" dia fanjakarana'ny fariamborain'ireo fikambanana mara, azay mifanana mahaosona fa mandringa ny fampeoanana ny aloha sy ny mpitana monina naha tsy voahary manaka ny tafasy FAHASALAMANA - TONTOLO IAINANA ary TOE-PIAINAN'NY MPOHIN'ny andan'ny mitano toerana lehibe amin'izany ny fikarakarana taninjana-kazo sy famboLEN-KAZO. Ireto nisy hetsika manokara sy toromarika, ary hafatra tsara hampitana momba io tafasy io.

DANTARA FORY

**MAHAY MIKARAKARA TANIN-JANAKAZO I JAO**



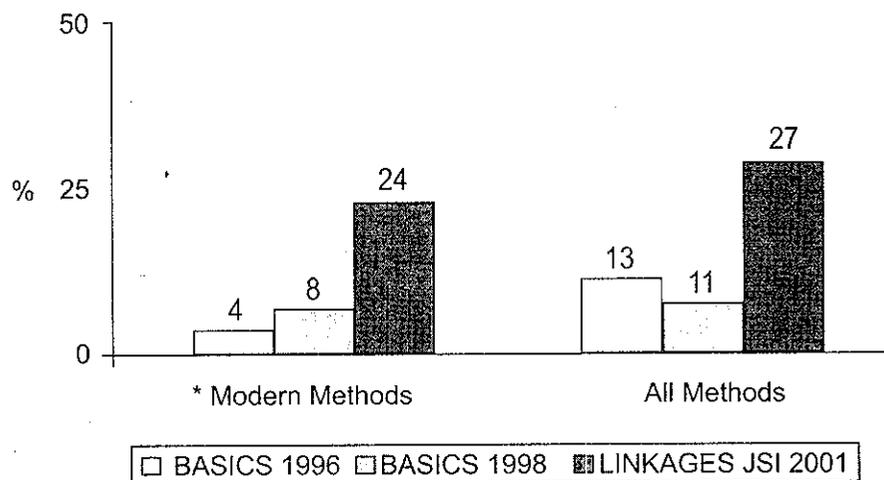
**J. MANANGONA NY MASOM-BOLINY I JAO**  
R- Manangona Masomboly sahady ve. Ry Jao a ?

**J. Hovoleko alohaloha mantsy ny zanakazoko, Ramose, nibe ho vontan'ny orana. Ny hazo hakana voa tsy manitsy fantenana sao sendra ny voa ratsy, ka hamoa hazo ratsy koa!**  
R- Dia aza no hitehirizanao ny voa, raha toa ka... ?

**J. Oadray ! Ela misy tranohava nomaninay mianakavy kely ao hitehirizana ireo voa voafantina, fa amin'ny hianohan'ny volana Novambra iry izahay dia eta hamboly hazo, koah !!**

**The Voahary Salama coalition has adopted the Champion Community approach as part of its strategy, adding key actions in water and sanitation, improved agriculture and environmental protection to the criteria and set a goal of assisting ten additional communities to achieve that distinction in 2002.**

## Percentage of Women Using at Least One Form of Birth Control and Usage of Modern Methods (women with Children 0-23 Months)

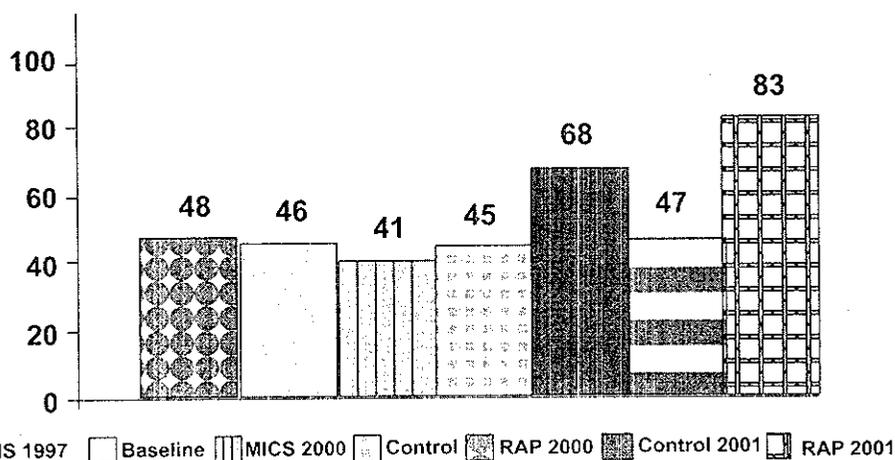


\*Modern Methods includes LAM, pills, condoms, spermicide, injection, and long term methods. No data available on LAM from BASICS 1996, 1998.



**The 2001 Rapid Assessment:** The LINKAGES Project took the lead on the 2001 Rapid Assessment with *Jereo Salama Isika* support at every stage. The project co-funded the survey and provided technical assistance for its design, sampling, and data analysis. The assessment produced results in record time for data collection and analysis. Its encouraging findings validated the JSI/LINKAGES approach in target districts that are guiding the development of joint follow-on activities.

## Practice: Exclusive Breastfeeding in first 6 months of life (Women with infants from 0-5 months)



**Technical Coordinating Committee:** A proactive Technical Coordinating Committee (CTC) that includes high level participation from USAID, the Ministry of Health, Ministry of Finance and Planning, and several other ministries provided consistent support to the project. In 2001 CTC members visited all twenty focus districts plus the regional health offices in Fianarantsoa and Antananarivo. In addition, all eleven NGOs receiving grants from JSI were visited.

**CONCLUSION:** This has been an unusual year-for the world at large, for the United States, for Madagascar, and for *Jereo Salama Isika*. In 2001, JSI implemented activities throughout Madagascar with a number of partners at the district level in the country's most populous regions, Antananarivo and Fianarantsoa. Due to a significant number of innovative activities to promote child survival, family planning, and reproductive health, JSI and its partners are making a measurable difference in the overall health and well-being of countless Malagasy families. The impact of provider training coupled with improved systems support, community engagement, and mass media has led to rising EPI rates and family planning coverage rates, and initial improvements in quality of care for STIs. We are extremely proud of what has been accomplished in health partnerships in Madagascar. The Malagasy population is facing a health crisis resulting from recent political events. *Jereo Salama Isika* is working with health care providers and communities to overcome the obstacles created by tremendous forces beyond our control. As the country confronts unusual challenges in 2002, *Jereo Salama Isika* hopes to assist in any way needed.



Many mothers in Madagascar, such as these women from Vohipeno, a village situated on the cyclone-prone eastern coast, have lost infants to malaria. Health workers in the region expressed a critical need for health education about malaria prevention, symptoms and treatment, along with improved sanitation.

Photo: Fred Léon

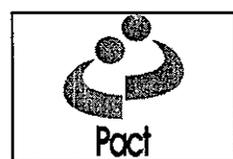
## *Jereo Salama Isika* PROJECT IMPLEMENTING PARTNERS



**John Snow, Inc.** and its non-profit affiliate, the JSI Research and Training Institute, are experienced consulting firms with some 450 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. Since 1978, JSI has become a recognized leader in the implementation of innovative programs in public health, maternal health, child health, family planning, reproductive health, nutrition, HIV/AIDS, sanitation, health financing, health policy development, and organizational 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 health 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 STI/AIDS and adolescent reproductive health and the design of social marketing and mass media strategies.



**Academy for Educational Development (AED):** 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 *Jereo Salama Isika* approach to ensure behavior change and program sustainability. In 2001 AED contributed two full-time advisors in Community Mobilization/ Information-Education-Communication and Health Management Information Systems to *Jereo Salama Isika*. The project also benefited from its close relationship with LINKAGES, an AED-managed USAID program to promote breastfeeding and improved nutrition.



**Private Agencies Collaborating Together (PACT):** PACT's global 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. PACT supports the project with a part-time Senior Technical Advisor for STI and HIV/AIDS, who provides strategic planning and technical support to the Ministry of Health's National AIDS Control Program and the AIDS Focal Point of the Prime Minister's Office as well as technical assistance in the design and implementation of the STI and HIV/AIDS Mass Media program. PACT's Organizational Development Unit 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 Ministry District teams with the tools and skills needed to plan, manage and implement their duties and programs of work. PACT's OD staff also ensures 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 direct USAID grants.



**The Futures Group International (TFGI):** TFGI 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 security. TFGI was also instrumental in the successful effort to orient principal NGO partners toward commercial suppliers of products used in their programs that promote family well-being.



**Entreprise Claudine:** Entreprise Claudine is a Malagasy company that specializes in transportation and logistics. The firm oversees all aspects of the management of the *Jereo Salama Isika* motorpool, including vehicle maintenance, driver selection, training and supervision, and trip planning and logistics. Entreprise Claudine also furnished two boats and safety equipment for the USAID-funded Cyclone Relief Project. It also trained boat operators and designed an operator's manual with instructions on safe motor boat operation.



**MICROTECH:** MICROTECH is a Malagasy computer technology firm. *Jereo Salama Isika* contracted with the company for routine computer maintenance of its extensive computer network in the main office and the field. Microtech provides computer training and technical assistance to the field offices of JSI and its public sector and NGO partners.



*Jereo Salama Isika ! Voilà, we are in good health!*

***Jereo Salama Isika Annual Report 2001***

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**Published by the *Jereo Salama Isika* Project.**

**Antananarivo, Madagascar. April 2002.**

**Printed by: DLI N° 2747/05/02 - Imp. : ECOPRIM**