



Jereo Salama Isika

2002



REPUBLIC OF MADAGASCAR
Ministry of Health



What is Jereo Salama Isika ?

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Jereo Salama Isika is a Malagasy expression meaning " Voilà, we are in good health! " It is the name of a four-year (1998-2003), 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

2002

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Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ADRA	Adventist Development and Relief Agency
BASICS	Basic Support for Institutionalizing Child Survival
CASC	<i>Comité d'Action Sanitaire Communautaire</i> / Community Health Action Committee
CDC	Center for Disease Control (Atlanta)
CRS	Catholic Relief Services
CSB	<i>Centre de Santé de Base</i> / Community Based Health Center
Fokontany	Neighborhood, locality
Gazety	Bulletins discussing various health themes
HIV	Human Immuno-suppressive Virus
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
JSI	John Snow, Incorporated
JSI	<i>Jereo Salama Isika</i> Project
MAF	Missionary Aviation Fellowship
MICS	Multi-indicator Cluster Survey
MIS	Management Information System
NGO	Non-governmental organization
NID	National Immunization Days
PACT	Private Agencies Collaborating Together
Pha-G-Dis	District Pharmacy
PSI	Population Services International
SALAMA	Central Pharmaceutical Purchasing Agency
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development
VS	Voahary Salama
WHO	World Health Organization

Vaccination Diploma Certificate provided to the family if a child is fully vaccinated by his first birthday.

Youth Passport Health booklet for teenagers and young adults covering various reproductive health issues and substance abuse.

Child-to-Child Initiative School and youth group-based program for the development of peer counseling and health promotion activities.

Champion Community A community that receives the status of “Champion Community” fulfills certain criteria regarding vaccination levels, family planning meetings, cleanliness in public spaces and other pre-requisites. Champion Communities *Voahary Salama* also fulfill environmental protection criteria.

Lactational Amenorhea Method (LAM) of family planning requires exclusive breastfeeding up to 6 months and absence of menstrual period.

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

Integrated Management of Childhood Illness (IMCI) and 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 their illnesses and provide 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 to expiry date.

1. Goals of 2002

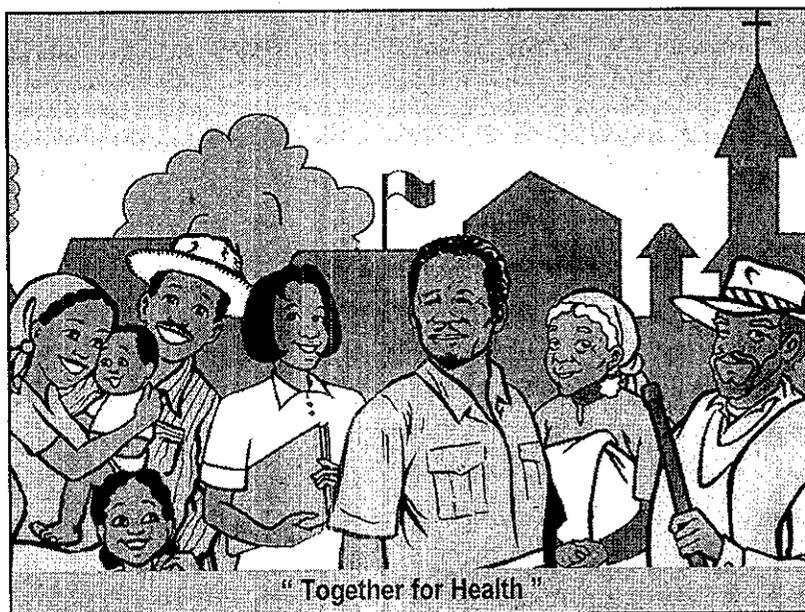
The *Jereo Salama Isika* Project theme for 2002 was "Together for Health."

During 2002, a primary focus was on further integrating the priority health initiatives of reproductive health, child survival, vaccination, and nutrition. The project also concentrated on increasing involvement of community authorities, schools and churches in improving health. The development of pro-active health policies as well as organizational and institutional capacities were important efforts in 2002.

2. Highlights of 2002

This was a year marked by a political crisis with widespread repercussions on the health of the Malagasy population. Severe shortages of fuel and some security problems limited field operations. JSI worked closely with its partners to mitigate the effects of the crisis through special action programs. Some of the activities reflect innovations that can enhance long term sustainability.

Some new directions in 2002 included:



- Coordinating a logistics committee with other partners for the emergency delivery of contraceptives, vaccines, cold chain supplies and essential drugs
- Revitalizing community mobilization programs
- Developing an approach with locally elected officials and church associations as contact points for community mobilization
- Improving pre-service training for health professionals by adding reproductive health and community mobilization
- National and policy level support for contraceptive security, polio eradication, routine immunization and the national AIDS prevention program
- Institutionalization of lessons learned.

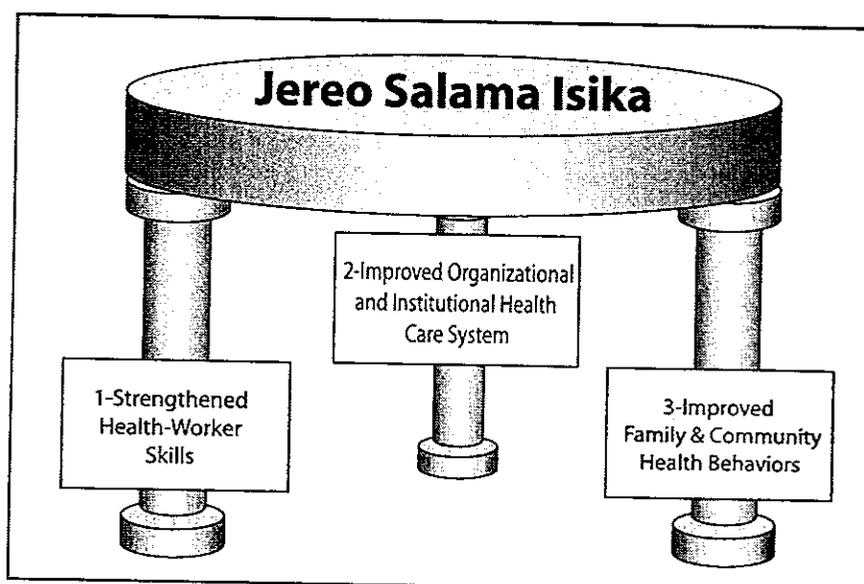
JSI worked with the new Ministry of Health both at the central level and in USAID focus regions (Antananarivo and Fianarantsoa). Several health districts from provinces in which JSI is not active asked for support, especially in community mobilization and the micro planning.

Lessons Learned

- Although the last few years were marked by crisis in terms of sudden policy changes and political events, the *Jereo Salama Isika* Program has continued to adapt.
- 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.

3. Overview of the Three Pillars :

The concept of three pillars defines the JSI strategy for integrated child survival and family planning programs.



4. Strengthened Health Worker Skills

The political crisis was a major impediment to sustained follow-up and motivational efforts by health workers. To maintain program momentum, JSI embarked on a strategy of working directly with communities and civil society.

To invigorate the entire network of partners and some 19,000 trained community volunteers, basic health concepts were further integrated with the core messages for securing healthier families. The goal was to reinforce basic health messages with modest investments. This included communications through the media and distribution of Gazety and health cards to communities through household visits, festivals and other activities.

Lesson Learned

Carefully timed, periodic follow up is important for successful application of what has been learned by animators or other community volunteers who have received training.

4.1. Community Health Volunteers

A new curriculum was developed to “revitalize” existing Community Health Volunteers. It



Health volunteers celebrate at a community health festival.

streamlines and strengthens basic concepts. Training consists of a one-day workshop concentrating on using the Family Friendly Child Health Card (Booklet) containing the 25 most important health messages for raising healthy young children. Training is even more participatory than previously to further increase animators’ skills in mobilization. After six weeks, a three-hour follow-up training session is held to determine the success of the training strategies. A similar follow-up session is held six weeks later.

Workshops were conducted in 90 communes spread over 10 districts covering more than 4050 volunteers. In Antananarivo, an additional 600 community health volunteers were trained through 28 churches.

4.2. Re-orientation of In-service Training

To avoid prolonged absences from post, the Ministry of Health introduced distance learning for health worker training in 2000. This approach was found to be less effective than formal training and was abandoned. The MOH concluded that health workers need more intensive guidance from specialists. In 2002, workshops were conducted with Ministry of Health specialists and project staff to review and re-orient in-service training guides for health workers. A training of trainers guide was developed for a five-day workshop, followed by some distance learning and assistance from specialists at monthly in service training sessions.

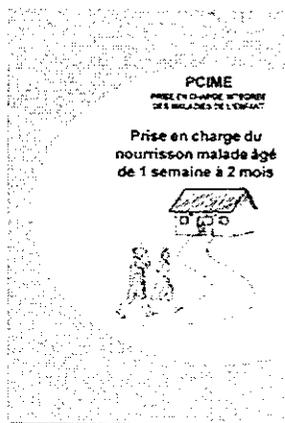
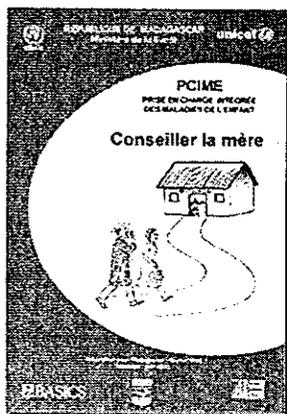
4.3. Integration of IMCI into Health Practitioners’ Curricula

The long-term sustainability of the IMCI and Essential Nutrition Actions depends on pre-service training of health practitioners. Madagascar is the first country to integrate IMCI and nutrition across all seven years of medical training. The Malagasy model will be used by WHO, which plans to launch similar initiatives around the world.

In previous years, JSI and Linkages assisted its partner to develop guidelines for the integration of IMCI into the curricula of the medical schools and para-medical training institutes. Major emphasis was placed on improving the application of IMCI methods at the community level and on increasing the effectiveness of field practitioners. It is important for students to gain sufficient and practical experience in applying the IMCI approach.

- Two workshops were conducted to develop and finalize the curriculum for the implementation of the IMCI approach at the community level.
- Two three-day practical training orientation workshops were conducted for a total

- of 33 university supervisors and internship supervisors in the health centers.
- Two 11-day workshops for a total of 33 internship health center supervisors were held on IMCI methods, vaccination programs, and community based health activities.
 - A guide for internship supervisors was developed.
 - 25 internship supervisors in Antananarivo and 24 in Fianarantsoa were trained and provided the materials required for implementing the IMCI approach.



Lessons Learned

- Pre-service training fosters the sustainability and effectiveness of IMCI and other health disciplines. Concepts instilled during pre-service training are more likely to endure throughout 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.

5. Improved Organizational and Institutional Health Care System

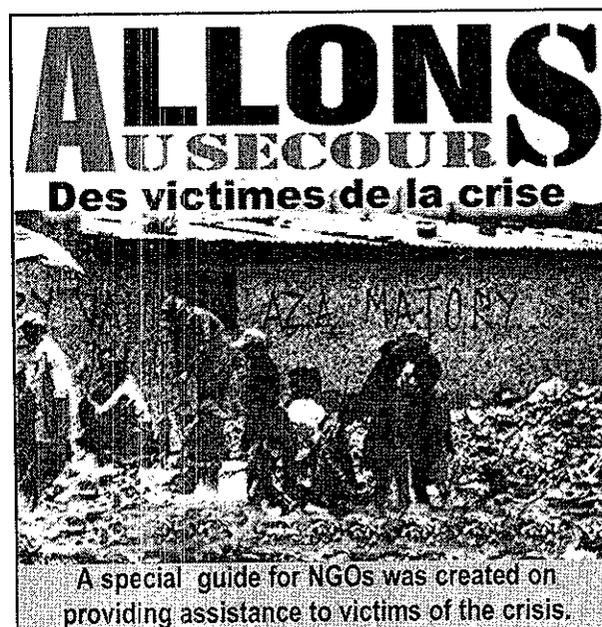
Over the last four years, JSI has gained a wealth of experience to attain the goal of smaller, healthier Malagasy families. JSI conducted two seminars with other partners to share lessons learned. The first seminar covered the lessons learned in all areas in which JSI has worked; the second presented more detailed lessons on Disaster Preparedness and Mitigation. Presentations also were made at the Global Health Council and several international meetings.

5.1. Organizational and Institutional Capacity Strengthening

JSI, and its partner PACT have worked to strengthen the organizational and institutional capacities of public agencies and NGOs working in health. Their approach provides timely and targeted support to institutions, as well as training and workshops. This support is an entry point for identifying and addressing organizational development needs.

Several documents were prepared to help foster the sustainability of the JSI/PACT Organizational and Institutional Capacity Strengthening program, including :

- Training Guide for Reinforcing Organizational and Institutional Capacity in the Public Sector.
- Guide for the Organizational and Institutional Development of the District Health Management Teams.
- Document "Let Us Go to the Aid of Victims of the Crisis" guide for NGOs.
- "Contingency Plan for Health" prepared during the political crisis by donor agencies with the participation by JSI.
- Evaluation of the Organizational and Institutional Capacity Changes of the District Health Services.
- Evaluation of NGO Partners' Organizational and Institutional Capacity to Determine Future Strategies and Cooperation.



An evaluation was carried out to assess the effectiveness of JSI partner NGOs. Successful NGOs had more effective management systems and were better able to integrate health promotion activities. Stronger organizational and institutional capacities translated into more effective implementation of activities. Partners for the Project's local NGO development component include PACT, Catholic Relief Services, ADRA, and the Peace Corps.

Church-based NGOs are competent and conscientious health providers, due partly to their well-organized national and local level infrastructures. Church volunteers are highly motivated to work with the church community. Cooperation between the churches and community-based health centers has 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 and their families. This facilitates planning of health care and prevention programs. Their results greatly exceed averages for all health indicators. 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 having need to improve management and institutional capacities, which when weak impedes their effectiveness in the field.

Lesson Learned

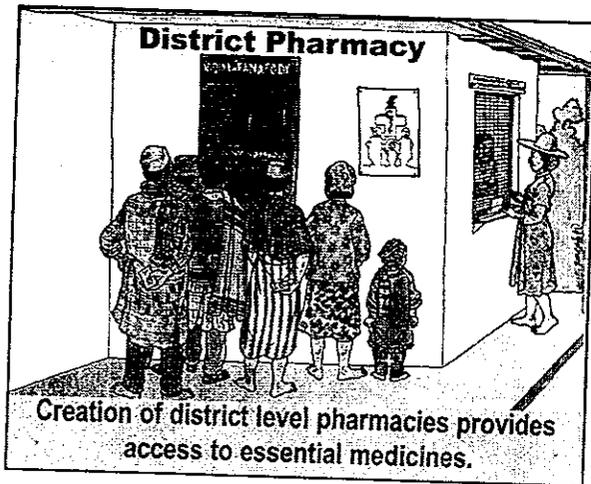
Working through church groups in Madagascar is useful because members are often motivated, dynamic, and experienced in volunteer work.

5.2. Management Information Systems

JSI developed a data management system with the Ministry of Health to track health delivery and illness data at health centers. During the crisis it was often difficult for health centers to send reports to the capital for analysis. The collection of data during this time was particularly crucial since it provided indicators of the impact of the crisis on health. JSI assisted the data collection by organizing transport of people, materials and information/data.

5.3. Logistics

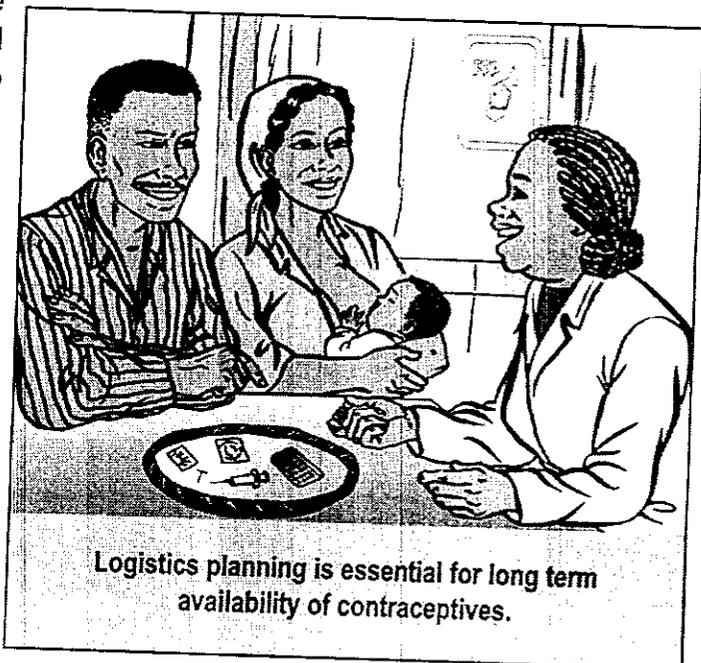
While raising community awareness about the need for vaccination and contraception is important, it also is necessary to ensure that the demand created can be met. JSI works with its partner, The Futures Group, and the Government to improve the logistics and stock management, so there is no interruption of vaccines and contraceptives.



Several policy changes took place throughout the course of the project regarding provision of medicine at the community level. A cost recovery program for medical care was instituted by the government, but it was suspended post-crisis. These changes could impede the establishment of a sustainable logistics system. The political crisis also made it difficult to ensure that medical supplies reach communities and interrupted evolution of the routine drug supply system.

In 2002, JSI and the Futures Group worked with the new government to identify methods to ensure that contraceptives, vaccines and essential medicines reach the population. Additionally, JSI is working with other partners to establish a new procurement and distribution strategy and to revise the national drug financing policy. A program ensuring that "essential medicines" reach government health centers is already being implemented. JSI successfully promoted the addition of contraceptives, including condoms, to the list of essential medicines.

To ensure the permanent availability of essential medicines, a system of District Pharmacies (Pha-G-Dis) was launched in 2001. Local NGOs manage the Pha-G-Dis through a Memorandum of Understanding with the Ministry of Health. Although this effort is well under way, more time is needed for monitoring and follow-up. Stock management methods were created to insure permanent availability of essential medicines. JSI sponsored two experience-sharing workshops and one working session with district health staff, district management and service providers.



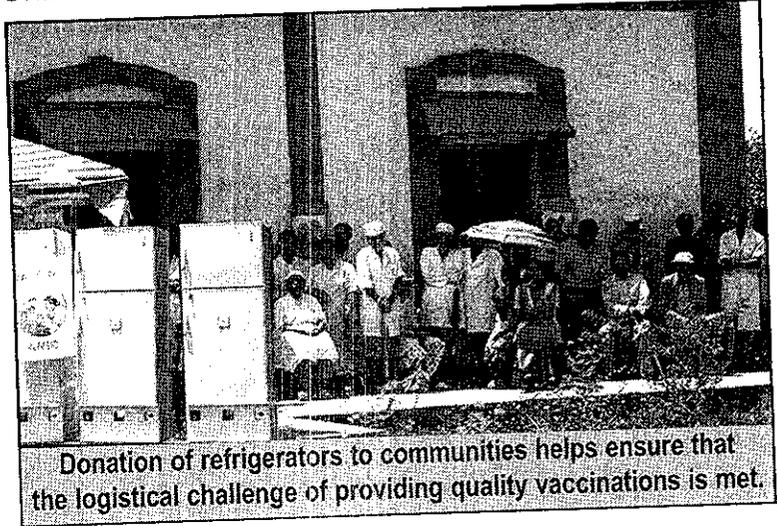
JSI worked with the Ministry of Health and other partners to develop tools to improve the management of stock for vaccinations.

A workshop to validate the procedure manual for contraceptive supplies was conducted with support from the JSI logistics team. In 2002, stock-outs were reduced by 90% for contraceptives.

JSI conducted another workshop, in cooperation with the Ministry of Health and INSTAT, to facilitate long range planning for

contraceptive needs. A model to forecast the contraceptive needs for the next 10 years was developed based on population projections. It highlighted potential shortfalls in contraceptive supplies beginning in 2004.

From January to June, the Logistics Unit worked on crisis mitigation with UNFPA, UNICEF, WHO, World Bank, SALAMA, the Association of Transporters, and the Missionary Fellowship Aviation. JSI developed a methodology and information system to determine contraceptive and over drug needs for each district during the crisis. The group studied the community needs, prepared packages, and facilitated transport to every district through two series of deliveries. JSI also worked with SALAMA to mobilize medical and surgical supplies for Fianarantsoa.



6. Improved Family and Community Health Behaviors

6.1. Community Mobilization

The JSI strategy for community mobilization is multi-pronged. It includes:

- Creation of Community Health Action Committees (CASC)
- Education and training of health practitioners and community volunteers
- Involvement of schools, churches and NGOs
- Use of IEC tools with key messages
- Use of mass media
- Creation of programs that challenge communities and schools to meet specific health improvement levels
- Organization of festivals and other activities to celebrate and promote health activities.

Five main channels were used to revitalize community mobilization following the crisis :

- Community Health Volunteers and local health committees
- Local political leaders, especially mayors or Presidents of Fokontany
- Churches and religious organizations
- Ministry of Education, to re-orient the child-to-child approach to include child-to-community
- NGOs and associations.

Lessons Learned

- It is important to continue promoting a spirit of volunteerism.
- It is more effective to use existing village groups to implement community health promotion activities than to create new organizations.

6.1.1. Community Health Volunteers and Community Health Action committees

The behavior change strategies promoted by *Jereo Salama Isika* Project have been effective in the community. 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. Community Health Action Committees (CASC) were formed in each commune where JSI

An Effective Approach Community Health Volunteers

Each community volunteer covers 10-15 families. The objective is to have about 2% of the population in any given location covered trained as a community health volunteer. Once trained and motivated, volunteers form a resource that is also useful for other needs, such as responding to disasters or epidemics.

is active. These groups consist of 6-8 local officials, health practitioners and local leaders. They form a core group to organize health actions at the local level. These groups have played a central role in creating a positive atmosphere and involving all local actors in health behavior change.

Lesson Learned

Approval and acceptance of health promotion structures and activities by ordinary citizens, local authorities and health practitioners is a necessary foundation for success.

6.1.2. Local authorities

In June, a "local authorities approach" was launched. Previously, the primary contact point in the communities had been government health centers. JSI realized that if a more integrated approach to health was 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 their community. Their authority is useful in



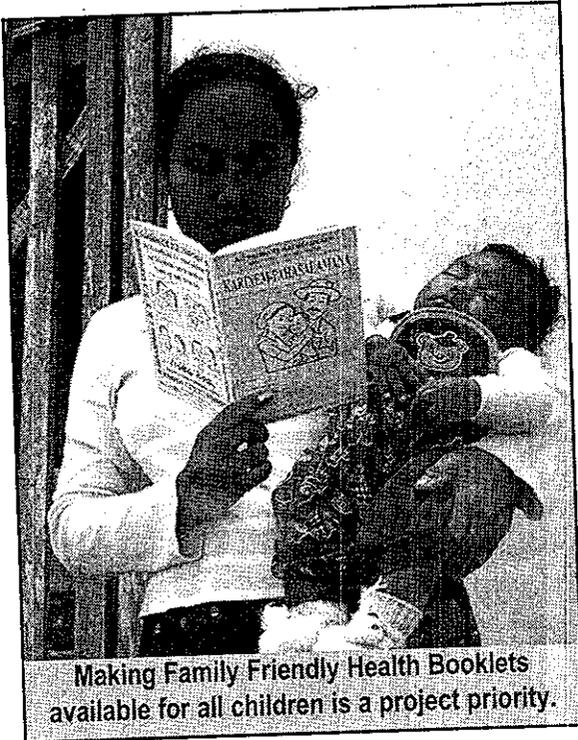
promoting health issues since they are locally elected, while health center officials are often from other communities. They provide important support for local health practitioners.

Lesson Learned

Involvement of locally elected officials close to the population helps community health programs succeed.

Fokontany leaders typically have 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 a health improvement program. To encourage involvement of the local authorities, they were asked to sign an informal "contract" agreeing to participate in the promotion of improved health in their communities



Making Family Friendly Health Booklets available for all children is a project priority.

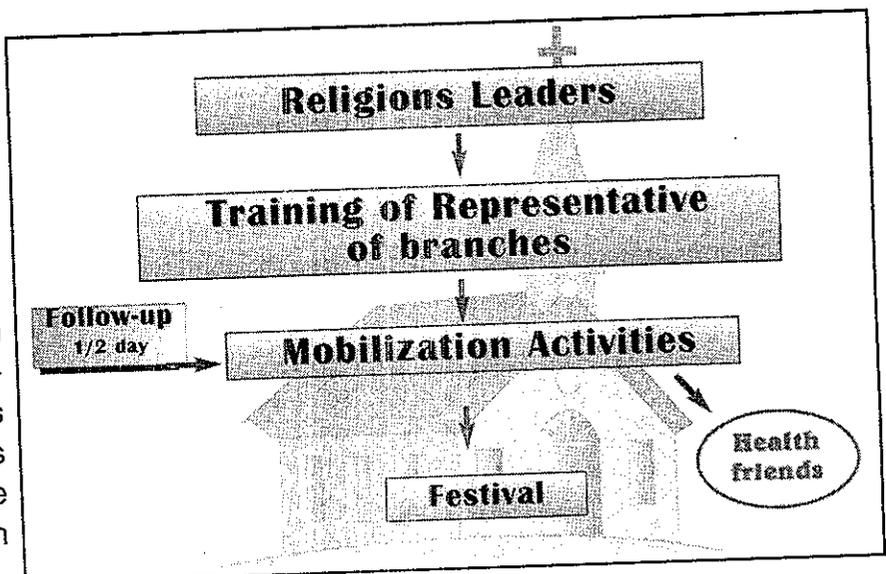
Revitalization training for community health volunteers took place with the explicit support of local authorities. This helped to establish the authorities in their role as community health promoters.

Municipal offices were engaged in the promotion and dissemination of the Family Friendly Health Booklets. Family Friendly Health Booklets previously were only available at the health centers. Now when a couple comes to the municipal office to register their marriage or the birth of a child, the staff takes the opportunity to promote the booklets.

6.1.3. Church based Initiative

In Antananarivo, the concept of community at the local level is less developed because it is a sprawling urban area and inhabitants are a mixture of ethnic and socio-economic groups.

Consequently, revitalizing community health is more effective if churches are involved because most churches have tightly knit volunteer groups. A study showed that two thirds of the Antananarivo population, including youth, attend church at least once a week. A one-day training to of volunteers included both new volunteers from church groups and some who had already been trained.



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.

6.1.4. Child-to-Child and Child-to-Community

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. In 2002:

- Trainings were conducted in middle and high schools to re-revitalize the previously trained youth peer educators on reproductive health
- The popular Youth Passport booklet that addresses main health issues for adolescents was revised and represented
- Follow-up activities for peer educators were carried out
- Students prepared presentations on reproductive health.

The Child-to-Child approach results in concrete improvements such as increased water points, latrines, and cleaner school grounds. Schools able to make these concrete changes received the status of " Beacon Schools".

The Young Adolescent Reproductive Program operates in tandem with the Child-to-Child program. Parents, teachers and students themselves are actively involved in this program. Early intercourse, adolescent pregnancy, high levels of Sexually Transmitted Infections (STIs) as well as behavior that increases the risk of contracting HIV characterize too often adolescent behavior. These are addressed in the program.

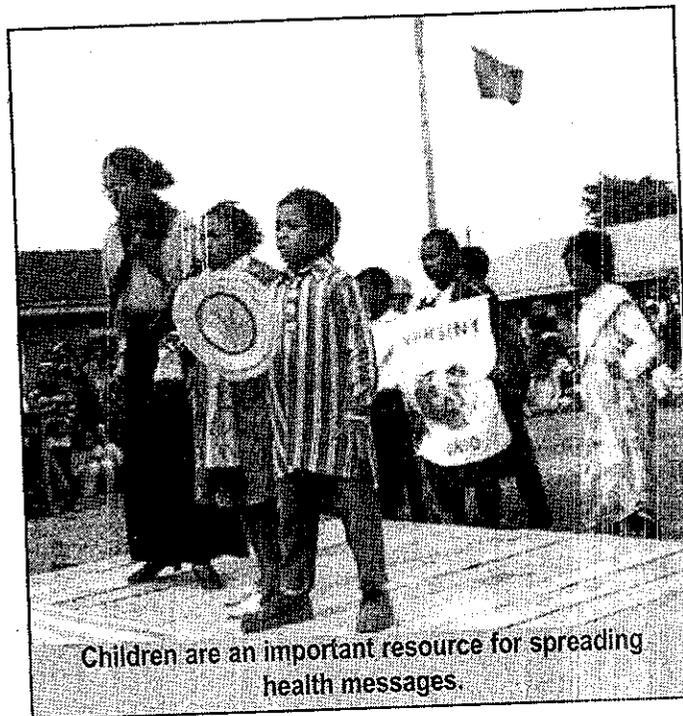
The tools and activities used to promote positive adolescent reproductive health behavior include:

- Peer education and counseling
- Educational exhibitions by students
- Village-theater
- Health festivals
- Youth-friendly clinics
- Mass media.

Lesson Learned

Support from parents and teachers is important for peer programs to be successful.

The Child-to-Child program was extended in 2002 to include Child-to-Community actions. Teachers were trained in the community health promotion approach. Parent Associations offered a link between schools and community programs.



Children are an important resource for spreading health messages.

6.2. Information Education and Communication (IEC) for Behavior Change

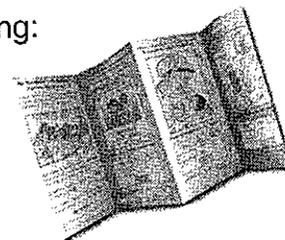
A large array of IEC materials support the strategy of increasing health by encouraging individuals, families and communities to take action to improve their own health. In 2002, messages centered on three core areas of reproductive health, nutrition and vaccination promotion.

Messages were also integrated so they complement each other. The standard applied to IEC materials is to retain and reinforce those IEC materials that foster message retentive and actual behavior change. Materials are continually tested in the communities and improved by making them:

- Concrete ! Limited in Number ! Action-Oriented !

A broad range of IEC materials have been developed, including:

- Flash cards
- Posters
- Fliers and booklets
- Cartoon stories
- Guidelines for preparing village sketches on health
- Health Cards (for mothers, children and youth)
- Vaccination record cards
- Small hand-outs with key messages
- Guidelines for preparing village theater sketches
- Radio and television messages.



In 2002, emphasis was placed on the consolidation of materials. JSI also was active the mass media to reinforce messages. Widespread dissemination of IEC materials was a priority in 2001 and 2002. New catalogs for print and mass media were prepared, in conjunction with the Ministry of Health IEC Task Force.



6.2.1. Mass Media

Mass media is an important tool because it can reach a wide audience. At the same time, it serves to encourage community actions by publicizing them. The IEC unit was transformed into the IEC/Mass Media Unit. This change reinforced the role of the mass media in energizing communities and their health centers.

Radio, in particular, reaches a large audience and complements the activities of health workers and volunteers. Local radio stations communicate with their audience in the local dialect, making the messages even more effective. About 270 radio spots produced by the project are aired every day.

Three-day workshops were held to provide technical training to over 100 radio presenters from 27 radio stations in the provinces of Antananarivo and Fianarantsoa. The training emphasized methods of organizing and delivering radio programs in addition to how to convey core health messages. A two-pronged approach for broadcasting health information by radio stations was used. 5-10 minute programs on specific health issues and reports on community health activities are conducted by radio broadcasters. Professional radio and television "spots" (short messages) are broadcast at the rate of 10 per day by each of 27 stations. The 27 participating radio stations currently air an average of two 5-10 minute programs per week. These programs present health related activities that have been carried out in the communities. This includes publicizing festivals that award Champion Communities status, and interviews with local health practitioners or authorities and community volunteers. This approach promotes health messages, while enhancing the pride of local communities. It invigorates those who give of their time to promote health.

**"Avoid any undesirable pregnancies,
Space births for family welfare
Choose and use family planning methods
I tell you this my aunt, I urge you to do this my uncle
Tomorrow will be better, under the roof of your house"**

Lesson Learned

The return on investment of training radio presenters is high because programs can continue to be broadcast without ongoing financial support.

Radio and television "spots" use songs and other entertaining means to convey health messages. JSI finances the broadcasting of 10 spots per day by each of the 27 participating rural and urban radio stations. Five television stations broadcast one spot per day.

6.2.2. New IEC Materials Developed

The Family Friendly Health Booklet has become the most important IEC tool for child health in Madagascar. It contains the 25 most vital messages that help ensure health of children five years of age. A special acronym was developed to help health workers remember the steps they need to take when approaching a family with health messages. Other materials that were developed include:

- Two training guides for re-vitalizing the rural and urban areas
- Home Visit Card, prepared to reinforce a existing skills of the community health volunteers
- Families who receive household visits are asked to sign an informal "contract" to motivate them to apply the actions discussed during counseling
- A guide to help trainers teach volunteers how to apply messages on the card.



Innovation

"Daily Contact Card" - An innovative method was developed in 2002 that reinforces the basic messages previously introduced. Three cards were developed, each containing a key message on the core topics of vaccination, breastfeeding, or family planning. At the beginning of each week, each Community Health Volunteer distributed three copies of a card in the community. Recipients were asked to study the message and pass it on to another person in the community. Consequently, the message circulated throughout the community for an entire week. Each week a new message was given out. Each message was circulated three times over the course of nine weeks. To blanket the entire community the process was repeated twice. 45 volunteers in 90 communes circulated over 12,250 messages.

6.3. Vaccination Program

The vaccination program faced serious logistic difficulties caused by the political crisis. JSI joined the Ministry of Health and other partners to intensify efforts and collaboration. JSI target districts achieved more than 70% vaccination coverage in 2002. In these districts, vaccination promotion is integrated with reproductive health and nutrition as part of the package for improving the health of Malagasy families.



Specific activities for improving immunization coverage included:

- Improvement of logistics and managerial capacities across all parts of the chain
- Inclusion of Community Health Volunteers in locally organized campaigns to reduce the number of children not receiving all their vaccinations before their first birthdays
- Preparation of an emergency vaccination plan during the crisis
- Collaborating with Ministry of Health, CDC, UNICEF and WHO on 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
- Provision of 50 refrigerators to improve the cold chain in the south-east.



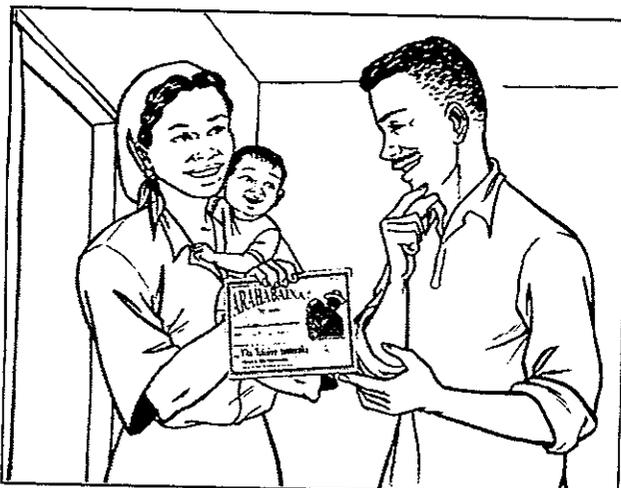
A mascot was designed in 2001 to publicize the addition of Hepatitis B vaccine. The mascot is a Bee, an insect appreciated in Madagascar for its nutritional value and pure honey. All posters concerning vaccinations now include this mascot.

JSI assisted the Ministry of Health to organize national and regional micro-planning workshops. The purpose was to analyze the situation during the crisis and implement strategies and activities to avoid a major breakdown of vaccination availability. Support was provided for the maintenance of the cold chain by financing fuel for transport and the operation of refrigerators in 42 districts from August to November as well as funding travel for technicians to District Health Centers to repair malfunctioning refrigerators.

Lesson Learned

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.

Prior to and during the Polio National Immunization Days (NIDs), JSI provided intensive logistics and technical support. Training guides were developed and JSI technical personnel assisted in training to prepare for the NIDs. JSI also provided supervision before, during, and after NIDs.



The Centers for Disease Control and Prevention sent a team of experts, called the "STOP Team" to each province to train on methods of epidemiological surveillance for Polio. The STOP Team has developed active research-based methods that heighten effectiveness of polio surveillance. The STOP Team trained JSI technical staff who in turn assisted in training health specialists in the provinces of Antananarivo and Fianarantsoa. JSI also facilitated the work of the STOP Team by providing transport and guidance in the two provinces.

Lesson Learned

Giving families a "Vaccination Diploma" for completing all infant vaccinations before the first birthday is useful in promoting immunizations.

6.4. Nutrition

Improving nutrition practices is one of three main JSI strategies for reaching the goal of smaller, healthier Malagasy families. The Linkages Project works in close partnership with JSI to promote the Essential Nutrition Actions that have been identified as being vital for the health of the mothers and young children.

Essential Nutrition Actions

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

Promotion of nutrition is integrated in every JSI program. A rapid assessment was undertaken by Linkages and JSI to determine the level of implementation of key messages. The study found that although the crisis had affected food supplies and the motivation of community health volunteers, certain health actions had improved. Increases were noted in initiation of breastfeeding within one hour of birth and the correct number of feedings of infants from 6 to 11 months old. Levels of feeding during and after illness and immunization remained steady.

The knowledge of health workers and community women regarding breastfeeding remained good although application was not always followed. Vaccination and family planning covered remained steady. This is especially positive given how coverage tumbled elsewhere in Madagascar. It provides evidence that communities that are trained and motivated are better able to cope with crises. Continued intensive re-vitalizing of health practitioners and volunteers is expected to improve results in 2003.

6.5. Reproductive Health

6.5.1. Family Planning

JSI continued to reinforce family planning services in health centers and Community-based Distribution Sites:

- Conducted trainings on the use of the four basic family planning methods and long-term family planning methods
- Opened six new Norplant® sites and one new vasectomy site
- Conducted workshops on contraceptive logistics management.

Family planning promotion is integral to re-vitalizing Community Health Volunteers. Messages broadcast in the mass media also drew attention to the importance of family planning. JSI was able to increase contraceptive use in eight districts in 2002 by 1.5% despite the political crisis.



The project emphasizes the importance of breastfeeding for infant health.

Lesson Learned

Malagasy women are receptive to family planning and to the Lactational Amenorhea Method as a post partum method. After using LAM, women are more likely to adopt modern family planning methods.

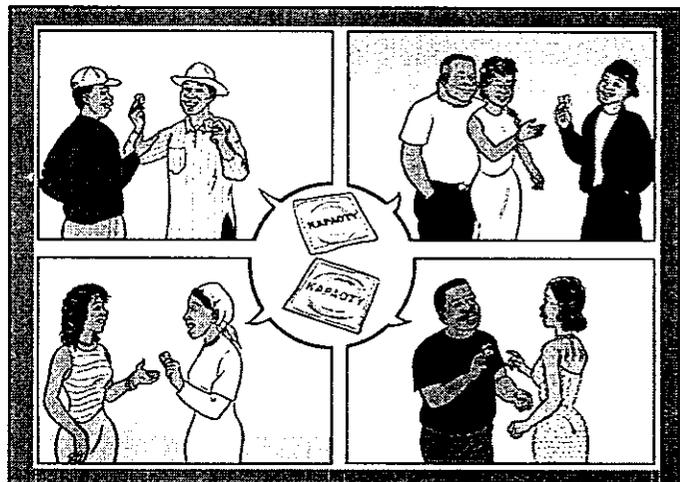
The Family Planning Training Guide was revised after the Assisted Self-Learning Program was dropped. A new guide was used in four district health trainings. A program to strengthen long term family planning methods was developed and is being tested in the field.

6.5.2. STI/HIV AIDS



In 2002, JSI scaled up its work in HIV/AIDS and STIs. Working closely with the National AIDS Program, a media campaign to fight STIs and HIV/AIDS was launched. Training and IEC materials were provided to NGOs, the National Police, and health practitioners on STIs and HIV/AIDS. Activities included:

- Preparation of radio and television messages on STIs and HIV/AIDS
- Training of 256 members of the National Police, transport groups, NGOs, and associations on primary prevention
- Training of 42 health practitioners in treatment of STIs
- Follow-up training sessions for the volunteers
- Integration of STI/HIV/AIDS themes into the Champion Community program
- Provision of training equipment and condoms to two Police Schools for 741 students on STI and HIV prevention.



An evaluation of the syndromic diagnostic and counseling system, was carried out in 28 sites. This led to the development and implementation of a new work program to improve application. JSI worked with PSI and other partners to promote condom use as a family planning method and means of preventing STIs and HIV by :

- Training and motivating public and private sector health care practitioners to promote condom use
- Mobilizing and promoting community level actions to increase condom demand and use, particularly in high risk behavior groups
- Integrating condom promotion efforts with other programs and organizations.

The success of the program was evidenced by a more than 20% increase in condom sales and distribution in six of the districts served by JSI.

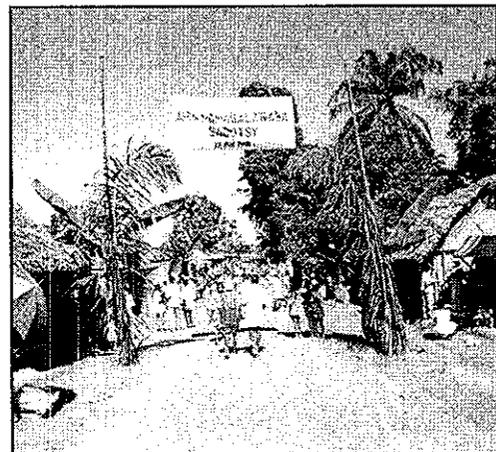
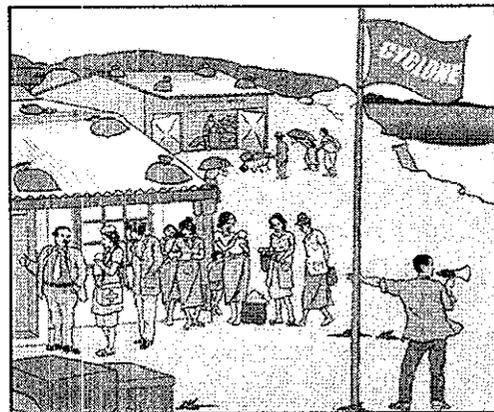
Syndromic Approach

The syndromic approach was developed because many patients go untreated due to the high cost and difficulty accessing laboratories for diagnosis. This approach requires health practitioners to treat patients in response to symptoms using a series of clearly defined diagnostic steps. Laboratory analysis is only conducted if a special need arises.

7. Management of Risks and Catastrophes

JSI was active in developing a system to manage risks and catastrophes at the community level. In 2002, JSI continued efforts in this area through:

- Working with UN volunteers to organize Communal (CCS) and Local Relief Committees (CLS).
- Integrating the structures that were created with existing institutions such as the CNLS, the Weather Department, health centers, etc.
- Training of 2020 Community health volunteers and CASC members in 477 villages across five districts on the south east coast on decreasing disaster risk.
- Developing special IEC materials to inform the population on how to decrease risk.
- Financially supporting infrastructure improvement for relief actions, including repairs to 50 community based health centers and the provision of basic medical and cholera treatment equipment to five additional district hospitals.



Communities join "Together for Health" in the management of risks and catastrophes.

8. Integrating Resources for Special Programs

USAID funding and support for the JSI partnership program enabled the development of a successful integrated resources model. By joining forces with partners, JSI was able to improve and expand the impact of community level activities. The model inspired a series of joint initiatives between JSI and other organizations:

- The Ambassador's Girls Scholarship Program, funded through the Education for Development and Democracy Initiative
- Salt fluoridation through JSI Research & Training, funded by the World Bank and American and Malagasy Rotary Club
- Reproduction of additional Youth Health Passports, assisted by the Brush Foundation
- Madagascar Green Healthy Communities (MGHC), funded by the Packard Foundation.

Example of a Joint Initiative on Health and the Environment Madagascar Green Healthy Communities (MGHC) and Voahary Salama.

Health and the environment are closely linked. Through the *Voahary Salama* initiative, 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 Lucile Packard Foundation to assist the implementation of this integrated approach and to reinforce the skills of *Voahary Salama* member organizations.



The MGHC project currently collaborates with JSI and LDI in three communes in Toamasina and Fianarantsoa to pilot a "social marketing approach" to population-health-environment. JSI is the primary source of expertise and IEC materials for health, while LDI provides the same for the environmental component. The project is a prime example of field level collaboration to reach important development goals.

The JSI community approach was adapted to the MGHC project and incorporated social marketing methods. Tools such as Champion Communities, Child-to-Community, and Farmer-to-Farmer are being institutionalized in communities through the project. JSI IEC materials were adapted and special materials, such as Gazety on agricultural production were developed. USAID continued to sponsor field activities with NGO partners through JSI, ECHO/EHP and LDI.

Health center workers and volunteers from the community are trained in 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 individuals received training.

Technical areas of focus for MGHC include:

- Family planning
- Vaccination promotion
- Hygiene and sanitation
- Reduction of "slash and burn" methods of agricultural production.
- Increased agricultural production for improved nutrition and income
- Promotion of fish production and bee-keeping.

Jereo Salama Isika
PROJECT IMPLEMENTING PARTNERS



John Snow, Inc. and its non-profit affiliate, JSI Research & Training, Inc. 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. 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 STI/AIDS and adolescent reproductive health and the design of social marketing and mass media strategies.



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.



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 .



The Futures Group International (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 and vaccine security.



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 managed operations of two boats and safety equipment for the USAID-funded Cyclone Relief Project and trained boat operators and designed an operator's manual with instructions on safe motor boat operation.



Jereo Salama Isika ! Voilà, We are in good health!

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