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REBUILDING BASIC HEALTH SERVICES



REBUILDING BASIC HEALTH SERVICES (RBHS)

SUCCESS STORIES

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FIRST PERSON

A Goodwill Ambassador for Women



Photo provided by Miatta Fahnbulleh

Miatta Fahnbulleh is a prominent Liberian jazz vocalist and radio host—and now she's a women's health advocate, too.

Her voice sounds just like a jazz vocalist's should: low, melodic, and unhurried. She is Miatta Fahnbulleh and she is one of Liberia's best-known entertainers. She is also goodwill ambassador for Liberia's Ministry of Health and Social Welfare, a post to which she was appointed last year.

"My entertainment background has helped. But I also have an NGO that serves girls and women and a weekly radio show that deals with those same issues. I think [that also] influenced my selection [as goodwill ambassador]. They thought, "yes, Miatta can go out there and talk to the people, she's pretty convincing. And I think I am," says Miatta.

A large part of Miatta's role as goodwill ambassador is to travel throughout the country talking to communities about health issues affecting women and children. USAID's Rebuilding Basic Health Services project recently engaged Miatta in its effort to increase the number of women giving birth in health facilities instead of at home.

Rebuilding Basic Health Services (RBHS) is funded by USAID to support Liberia's Ministry of Health and Social Welfare in rebuilding the country's health system, which includes increasing people's use of available health services.

Miatta attended an advocacy meeting with a rural community in northern Liberia with RBHS. "For me, the meeting was fantastic. The way the advocacy meetings are set up, we get there and

**"I SEE MYSELF AS A WOMEN AND CHILDREN'S
ADVOCATE."**

—MIATTA FAHNBULLEH

present the dangers [of *not* giving birth in a health facility] in simple English. We present the challenges and how we, from the Ministry of Health and our [NGO] partners, are trying to handle those challenges. And then we open up a discussion with [the community] on how they, the community and chiefs, etc., how they think they can help us. Because they know. And they've really gotten into it, really gotten into it. They've even made some recommendations that I was even a little anxious about, you know, some very draconian measures they want to take," laughs Miatta.

When asked to explain, Miatta says, "For example, we're trying to get women to have their babies in health facilities. That way we're certain we cut down the number of deaths [due to delivering babies] in their homes just assisted by a traditional midwife. Because in the event of an emergency, whatever happens, [the midwives] don't have the capacity [to deal with it].

"So in the community we visited, if you have a woman in labor and you are a traditional midwife, you are to escort her to a health facility, where we know that there is a 60-70% chance that [the woman] will be okay. And usually that traditional midwife can participate and help care for that woman while she's there.

"But woe unto you if you allow her to have the baby at home! If you are a trained traditional midwife, your license will be revoked, yes! Your license will be revoked! This is the community deciding that.

"And in the event where there is a death of the mother of the child, [the community] will report it to the court for prosecution. I was saying, 'oh no!'

laughs Miatta. "But, yes, the community decided that. And also the husbands will be fined if they do not allow their wives [to give birth at a health facility]."

"So then you realize, oh my goodness, they are taking it seriously, because we present the dangers in such a way that they have to."

Advocacy with recognizable and inspiring leaders like Miatta Fahnbulleh is a key component of RBHS's efforts to increase the percentage of women who give birth in health facilities. Since 2009, when the project started, this number has increased from 29% to more than 60%.

When asked what she thinks is most effective about her advocacy efforts, Miatta says, "I just come from a very realistic and human [place]. I allow the bureaucrats to come up with the statistics for maternal mortality. But [then] I just say, 'Hey, if your wife or daughter goes off to have a baby and doesn't come back, we know the repercussions. It's like taking a snake and cutting off its head – that's what a mother is.'

"I give it back to them in that basic language. And this mother already has three children, so what happens to her children? Who looks after them? Who nurtures them? Who cares for them? And we know in our society, once that happens, the children are always divided, children are separated from their homes. And we're going to have children, years down the road, you know, who are dysfunctional, traumatized. Yes, I put it to them like that, because that is how I see maternal mortality. You know, we can call up the numbers forever and call up the statistics. But at the end of the day, they are human lives that are affected. Forever, forever."

RURAL HEALTH CLINIC TRANSFORMED

Renovated clinic offers improved conditions for patients and staff



Photo: JSI project staff

The Sandii Kiazolu Memorial Clinic has a new roof, flooring, and windows. Note the new solar panels to the right, which now provide a consistent power source for the clinic.

One morning during Liberia's rainy season, Dr. Moses Pewu and his team from the Ministry of Health and Social Welfare visited the Sandii Kiazolu Memorial Clinic in Grand Cape Mount County. The team arrived at the clinic under a heavy downpour. Because the zinc roof was leaking badly, Dr. Pewu and his team, along with the patients who had come to seek medical treatment, all got wet. In spite of the clinic's deplorable conditions, the patients were seen and treated.

Upon their return to Liberia's capital, Monrovia, Dr. Pewu and his team made a compelling case to USAID's **Rebuilding Basic Health Services (RBHS)** project for rehabilitation of the clinic. Due to USAID's close partnership with the Ministry of Health and Social Welfare, plans were soon in place to address the problems at the clinic. The RBHS team collaborated with their counterparts at the Ministry of Health and Social Welfare, the county health team, the community, and the

officer in charge of the clinic to prepare and plan for the clinic's rehabilitation.

Despite the very poor road conditions during the heavy rainy season in Liberia, the facility was rehabilitated just three months later with a new zinc roof, new glass window panes, new flooring, and new ceilings. In addition, the team found that the clinic lacked a consistent source of power and therefore solar panels were added to the scope of the project. To reduce costs, the panels were installed on the ground rather than on the roof, which would have required expensive reinforcements. The short project completion time allowed the clinic to be turned back over to the Ministry of Health for the county health team to put it back into use quickly to continue addressing the area's health needs.

The RBHS team has supported over thirty rehabilitation projects in health facilities and training institutions across five counties in Liberia.

TURNING TEACHING INTO A JOY

Liberian Health Science Instructors Learn How to Engage Their Students and Themselves in the Learning Process

Photo: JSI project staff



After graduating as a physician's assistant and getting a bachelor's degree in biology, Rebecca began working as a full time instructor in the school's physician assistant training program. However, like most of the teachers there, she had no teaching experience. She explained, "I did not know how to teach the students, so it was a very difficult time for me. I never prepared for class and the students were not really learning."

Lack of effective teaching skills was just one of the challenges faced by the school. In addition, teachers did not arrive at school on time and did not adhere to the curriculum. Morale was very low and faculty believed there was nothing they could do to improve.

In the effective teaching skills course, international training experts trained the teachers in effective teaching techniques, including how to create effective lesson plans. After the training, RBHS staff followed up, mentored, and monitored the teachers, to ensure they were putting to use concepts they learned in the training.

Following the training course, Rebecca and her fellow teachers recognized the importance of planning and preparing for classroom lectures, presentations, and practical sessions in the simulation lab. Good preparation is a key part of improving their ability to teach well. "During each teaching session, I manage my time effectively and meet my objectives," said Rebecca. "Because of this course, my teaching skills have improved tremendously. Teaching is now exciting and easier."

Putting to use the techniques she learned from the effective teaching skills training course, Rebecca Scotland posts a lesson plan for students to use as a guide for the day's coursework.

It is 9:00 a.m. on a sunny day in May, and students are attentively listening to their teacher, Rebecca Scotland, who they recently voted "best teacher" at Liberia's largest nursing, midwifery, and paramedical training institution. Rebecca is confidently teaching a group of newly admitted freshmen students one of their first courses. Rebecca is among nearly 100 faculty members who have participated in the effective teaching skills training course, supported by USAID through the Rebuilding Basic Health Services (RBHS) project in Liberia.

PREGNANCY SUCCESS

Family planning methods help a rural Liberian couple conceive



A woman cuddles with her healthy baby at a health clinic in rural Liberia. Family planning services can help couples successfully conceive, as well as prevent, pregnancies.

Fertility awareness methods are family planning methods that are based on when a woman's fertile days start and end. These methods require partner cooperation because couples must be committed to abstinence or use of another contraceptive method during the woman's fertile days to prevent pregnancy.

In Liberia, many health workers don't mention fertility awareness methods in family planning counseling sessions because they don't know about them. USAID's [Rebuilding Basic Health Services \(RBHS\)](#) project trained service providers to provide information about and access to fertility awareness methods so that clients would have more family planning options.

One of the midwives who benefited from trainings on fertility-based awareness methods is Bendu Wratto, who works in Sanniquellie, Northern Liberia. One day while Bendu was working at the G. W. Harley Hospital, a woman walked into the clinic seeking family planning services. As Bendu talked with her client, she realized that client wanted to become pregnant—a change from most of Bendu's clients, who wanted to prevent pregnancy.

Yet Bendu was not deterred by her client's uncommon request because she had been trained to provide holistic reproductive health services and knew just what to do. Bendu asked her more questions, and surmised that the woman and her

partner probably weren't having sexual intercourse when the woman was ovulating. Bendu talked to her about various fertility awareness methods and the woman decided to try cycle beads.

Six months later, the client returned to the hospital to see Bendu. This time she had come for antenatal services. Yes, family planning helped her to become pregnant! The cycle beads helped the couple determine when to try to become pregnant and they succeeded.

As part of the woman's antenatal care, Bendu talked to her about the importance of healthy spacing between pregnancies and suggested family planning methods the new mother could

use to avoid becoming pregnant for at least two years.

In areas where Rebuilding Basic Health Services has been introducing interventions to increase the use of family planning services, the number of couples using family planning has risen substantially. In 2012, 35,000 couple years of protection were provided in these areas.

Bendu's experience with this client delighted her because, as she explained, "Now I can show that family planning is not just about preventing pregnancies, it is also about helping women become pregnant!"

**PROVIDING FAMILY PLANNING TRAINING FOR MIDWIVES
HELPS THEM PROVIDE COUNSELING FOR CONCEIVING,
AS WELL AS PREVENTING, PREGNANCIES.**

MANY WAYS TO SAVE A MOTHER

Engaging communities in the fight to save the lives of Liberian mothers



This Liberian woman from a rural village chose to give birth in a health facility instead of at home. She is celebrating the birth of her healthy baby.

The first time Finda Tamba gave birth, she was 16 and was forced to give birth outside in the bush, behind her house. She was in labor for two days and almost died. "To be honest, I was scared," said Finda. "Two of my good friends had died when giving birth and I didn't want that to happen to me." More than half of Liberia's pregnant mothers give birth without the benefit of a professionally trained health worker by their side.

According to a new UN report, pregnancy is the leading cause of death among women aged 15-19. With 42% of Liberia's rural adolescent girls giving birth before the age of 19, one can begin to understand why this small West African country

has one of the highest maternal mortality rates in the world. Having women give birth at a health facility has been shown to go a long way towards saving their lives.

Finda lives in a rural community in Liberia's Lofa County, about a ten-hour drive from the capital, Monrovia, and a six-hour walk away from the nearest health clinic. A USAID-funded initiative called Rebuilding Basic Health Services is using an approach designed to involve communities in solving problems related to maternal health — particularly around how to transport women to health facilities when it is time for them to give birth. The approach involves organizing community meetings (and regular follow-up

RBHS IS USING AN APPROACH DESIGNED TO INVOLVE COMMUNITIES IN SOLVING PROBLEMS RELATED TO MATERNAL HEALTH – PARTICULARLY AROUND HOW TO TRANSPORT WOMEN TO HEALTH FACILITIES WHEN IT IS TIME FOR THEM TO GIVE BIRTH.

meetings) to inform residents about the country's urgent maternal mortality problem and brainstorm solutions with them for how to address the issue.

When one of these meetings was organized in Finda's community, it was well attended. Participants included political leaders, traditional leaders, members of civil society organizations (including women's groups), members of the local transport and motorcycle unions, and health workers including trained traditional midwives.

The meeting facilitators began by highlighting the high rates of maternal and newborn mortality in Liberia and sharing evidence-based practices for how communities can reduce them. Members of Finda's community were then asked to identify realistic and doable actions they could take to try and curb the problem.

The community decided they would work together to:

- Ensure trained traditional midwives register all pregnant women in their catchment communities on a monthly basis so they are tracked and receive the antenatal care they need.
- Work with chiefs to propose that families pay a small amount of money to trained traditional midwives who take care of pregnant women and accompany them to health facilities to deliver their babies.
- Build "maternity waiting homes" in towns with health facilities, where very pregnant women and girls (who live far away) can stay until it is time for them to deliver their babies at a facility.
- Work with the motorcycle and transport unions to provide transport for pregnant women to health clinics, carry messages from clinics to families and vice versa, retrieve ambulances as needed, and bring midwives from health facilities to pregnant women as needed.

As part of the approach, the facilitators from USAID's Rebuilding Basic Health Services project returned to Finda's community in Lofa three months later to follow up and support their progress. What they found was encouraging:

- Trained traditional midwives share a list of all pregnant women from each village and town with all area health clinic staff.
- Motorcycle and transport unions have shared their contact numbers with communities for use in transport emergencies.

- Members of the motorcycle union are passing on referral information to nearby clinics.
- Community stakeholders are informed about and participate in helping pregnant women get to higher levels of care if needed (e.g. a hospital as opposed to a clinic).
- Local traditional and political leaders have instituted a practice of punishing husbands (via fines or jail time) who do not permit their wives to travel to clinics for delivery. The money collected from fines is given directly to the government of Liberia as revenue.
- Six “maternity waiting homes” have been constructed in towns with health clinics. Four more waiting homes are currently under construction.
- All pregnant women have been mandated by community leaders to move closer to the towns with clinics for quick access to health services during delivery and emergency complications (should they arise).

For Finda Tamba, these changes bring relief. She recently delivered her second child at a health clinic with a trained traditional midwife by her side during her entire labor. “I felt so much safer,” she said, thinking back on the experience.

“I couldn’t have done it without the support from my community – from help with getting transported to the clinic to having a place to stay while I waited for my labor to begin,” she said.

Since 2008 when Rebuilding Basic Health Services began, the percentage of women in Liberia who give birth in health facilities has risen from 29% to over 60%. And since this community-led approach was introduced in Finda’s area of Lofa County less than a year ago, there have been no maternal deaths reported. “No one wants a mother to die,” said Finda. “And when communities know what they can do to save their mothers’ lives, they will do everything in their power to do it.”

**SINCE 2008, THE PERCENTAGE OF WOMEN IN LIBERIA
WHO GIVE BIRTH IN HEALTH FACILITIES HAS RISEN
FROM 29% TO OVER 60%.**

MIDWIVES PROVIDE COMPASSIONATE CARE

Mothers welcome the services of newly trained midwives



Photo: Robin Hammond

RBHS has trained traditional midwives to recognize and minimize complications during labor and accompany women to the clinic for delivery.

For her first two children, and just as most expectant mothers in Yopea, Liberia have done for decades, Meme Flomo gave birth under the supervision of a traditional midwife. In Liberia, however, midwives sometimes try to force women to give birth by putting pressure on their abdomens, or demand they confess to extramarital affairs, which some traditional midwives believe is the cause of labor complications or delays.

"Like many other women, my first two deliveries were very painful," Meme said. "I will never forget

it. Even though I was faithful to my husband, the traditional midwives did all kinds of things to me until I confessed the name of a man, and then they forced me to give birth. After those deliveries I had a lot of problems including stomach pain for over a month. The traditional midwives did not give me any medicine."

In response, the USAID-funded project Rebuilding Basic Health Services trained 15 midwives from the communities surrounding Yila Clinic, including Yopea, to recognize and minimize complications during labor and accompany pregnant women

to the clinic for delivery. After the training, the midwives recognized the importance of delivering children in a clinic instead of at home. They also came to understand that some of their traditional practices could cause harm to both the mother and child.

For Meme's third delivery, a traditional midwife accompanied her to a clinic, where she rested comfortably in the maternal waiting home until she was ready to deliver. After the delivery, she said, "I did not have the problems I had for my first two children."

Staff at the health facility gave Meme medicine she needed and gave her baby vaccines. They also thanked Meme for coming and gave her baby clothes, soap, a blanket, and diapers. Meme remembers, "I stayed in the maternal waiting home for three days and went home happily with my baby." RBHS has trained 1,050 midwives over the course of the project. These efforts have helped ensure safe, successful pregnancies and deliveries across Liberia.

"THE TRADITIONAL MIDWIFE AND OTHER PROFESSIONAL HEALTH STAFF HELPED ME TO DELIVER BY ENCOURAGING ME, AND WAITING FOR THE CHILD TO COME WITHOUT FORCE."

—MEME FLOMO, A MOTHER WHO RECENTLY DELIVERED HER THIRD CHILD AT A HEALTH CLINIC.



BABY BY CHOICE, NOT BY CHANCE

Communication campaign teaches young Liberians about the benefits of delaying pregnancy



Photo: JSI project staff

*Young Liberians gather to hear the latest installment of the radio drama series *Baby by Choice, Not by Chance*, which communicates about the benefits of not becoming pregnant during the teen years.*

Aisha had to drop out of school at age fifteen because of an unintended pregnancy. For two years, she stayed out of school in order to care for her small son. During that time, Aisha became an avid listener of community radio, particularly a serial drama called *Baby by Choice, Not by Chance*. Aisha and her girlfriends enjoyed the program so much that they often got together to talk about what was happening on the show.

Teenage pregnancy is a serious problem in Liberia. Many adolescent girls, like Aisha, drop out of school each year due to unintended pregnancies. Because pregnancies among teenagers have a higher chance of developing complications, they are an important risk factor contributing to Liberia's high maternal mortality rate.

In an effort to educate girls about the risks of becoming pregnant while still in their teens, USAID's Rebuilding Basic Health Services (RBHS) project developed the *Baby by Choice, Not by Chance* radio show as a means to disseminate important messages about family planning.

Baby by Choice, Not by Chance ran for one year on community radio stations throughout Liberia – the drama serial and spot messages were broadcast on 13 radio stations in RBHS-supported counties and five stations in Monrovia. The drama serial consisted of 26 episodes, which were developed in cooperation with young people – ensuring the program addressed the most pressing issues affecting youth and in a way that would best capture their attention. The show's theme song also became a big hit.

During an assessment of the impact of *Baby by Choice, Not by Chance*, most young people in the communities where it aired acknowledged hearing the show's messages and could talk about what those messages meant to them personally. As an additional surprise, many could sing the theme song word for word!

"I am an example," said Aisha. "I had a child before hearing this show. The show taught me to go to the clinic or hospital for more information about how to protect myself from becoming pregnant before I am ready. I recently went and the health worker helped me choose which method to use."

"I wished I had heard these messages two years ago. I am back in school now because I am using family planning and I will continue to do so until I complete my schooling."

BELLY BUSINESS

Birth spacing improves life for woman and her family



Photo: Robin Hammond

RBHS-trained community health volunteers promote responsible family planning, including birth spacing, which leads to healthier pregnancies and, in Jebbeh's case, happier mothers.

In Karnga, a rural village in Liberia, women like Jebbeh Zokai have been discouraged from using modern family planning methods because of a belief that contraceptives promote promiscuity among women. If it is discovered that a woman is using contraception, she can be flogged and denied normal social activities by her male partner. As a result, Jebbeh had become pregnant several times when her youngest child was less than one year old. The responsibility of caring for several very young children as well as the lack of recovery time on her body was a hardship for her. To help women space out their pregnancies, the

USAID-funded Rebuilding Basic Health Services (RBHS) project trains community health volunteers to promote responsible family planning among their neighbors in Karnga and other rural villages. The community health volunteers teach people about family planning options, distribute and refill family planning products and condoms, and refer people to the health clinic for professional care and additional information. When villagers receive family planning information from these trusted peers, the resistance to modern contraception is lowered, and more women choose to use family planning services.

**“I AM HAPPY NOW. I HAVE NO BABY AND BELLY
BUSINESS BECAUSE OF THE FAMILY PLANNING
SERVICES I RECEIVE HERE.”**

— JEBBEH ZOKAI, WHO USES RBHS-SUPPORTED FAMILY PLANNING SERVICES TO LENGTHEN THE
AMOUNT OF TIME BETWEEN HER PREGNANCIES.

Through the work of these volunteers, including their regular referrals to the health clinics, the uptake of family planning services has increased dramatically. The couple years of protection in RBHS-supported counties has increased from 778 in 2009 to 22,940 in 2014 (one CYP equals the amount of contraception needed for one couple for one year). This contributes to the larger goals of the RBHS project, which are to strengthen and extend health service delivery, strengthen Liberia’s health system, and promote healthy behavior.

Today, Jebbeh Zokai is taking advantage of modern family planning methods to space out her pregnancies. When she speaks with her friends, they can tell that she is excited about her new way of life. “I am happy now,” she says. “I have no baby and belly business because of the family planning services I receive here.”

SHIELDING BABIES FROM HIV

New programs and techniques protect infants from contracting HIV



Photo: Robin Hammond

Women and their babies wait for health services at a rural health facility in Liberia.

It is 10:00 AM on a bright Monday morning in a rural town called Sinje in Grand Cape Mount County, western Liberia, and Jebeh, a young mother of five, straps her newborn baby, Mambu, on her back. She walks about three hours with Mambu through the hot sun to reach the nearest health facility.

Mambu is just one of a growing number of children in the region who are born to HIV-positive mothers. The risk of mothers transmitting HIV to their children is high. To prevent transmission, children need to be closely monitored and tested for HIV at an early age. However in Jebeh and Mambu's county, very few health facility staff were trained

to provide these services. Access to HIV services such as counseling, testing, and treatment were very limited.

With funding from USAID, the Rebuilding Basic Health Services (RBHS) project worked with Grand Cape Mount County to launch and scale up services to prevent mother-to-child transmission of HIV from two health facilities in 2010 to 25 facilities in 2012, out of a total of 32 health facilities in the county. This evidence-based, comprehensive program increased access to and improved the quality of HIV services in the county. RBHS also carried out interventions to prevent HIV transmission during pregnancy, labor, delivery, and post-delivery. Now, expectant mothers are given antiretroviral drugs and counseled on safer delivery practices and infant feeding options. The number of people counseled and tested for HIV increased from 973 in 2011 to 2,212 in 2012. After this period, RBHS shifted its focus from service delivery to capacity building.

As a result of this project, both Jebeh and her baby are receiving care and treatment. Before giving birth, Jebeh was given medicine to prevent her from passing HIV to her baby. Mambu is also taking medicine that is likely to prevent him from contracting HIV from his mother. In addition, Mambu is the first baby in the county to be tested for HIV using a very advanced technique that allows him to be tested just six weeks after birth instead of several months. Today Jebeh and Mambu are both doing very well.

"I thank you people for giving my baby and me this medicine to make us well, and I am happy that my baby is fine in my hands," said Jebeh to the staff at the clinic.

FAMILY PLANNING GIVES THE GIFT OF CHILDREN

Family planning services help a couple successfully conceive

Family planning services do not just prevent pregnancy, they can also help couples successfully become pregnant.



Photo: Robin Hammond

After five years of marriage, Yamah Gbolu still had not become pregnant. “I was gossiped about and my parents were very embarrassed that I was unable to have a child,” said Yamah. “Also, my husband’s family was pushing for us to get a divorce because we could not have children.” Yamah lives in a remote area of Liberia, where those who don’t have children are often stigmatized by their communities. In Liberia, there is a common misconception that family planning services are always intended to prevent conception. As a result, many women, like Yamah, believe that family planning does more harm than good for those trying to have a baby.

USAID’s Rebuilding Basic Health Services project is supporting the country’s Ministry of Health and Social Welfare to deliver family planning services

and basic health care in health facilities across Liberia. In Yamah’s community, the project provided training to volunteer health workers that enabled them to provide evidence-based and reliable family planning services. Yamah’s local community health worker told her that family planning services could actually help Yamah become pregnant, by educating her about her monthly cycle and offering treatment if necessary.

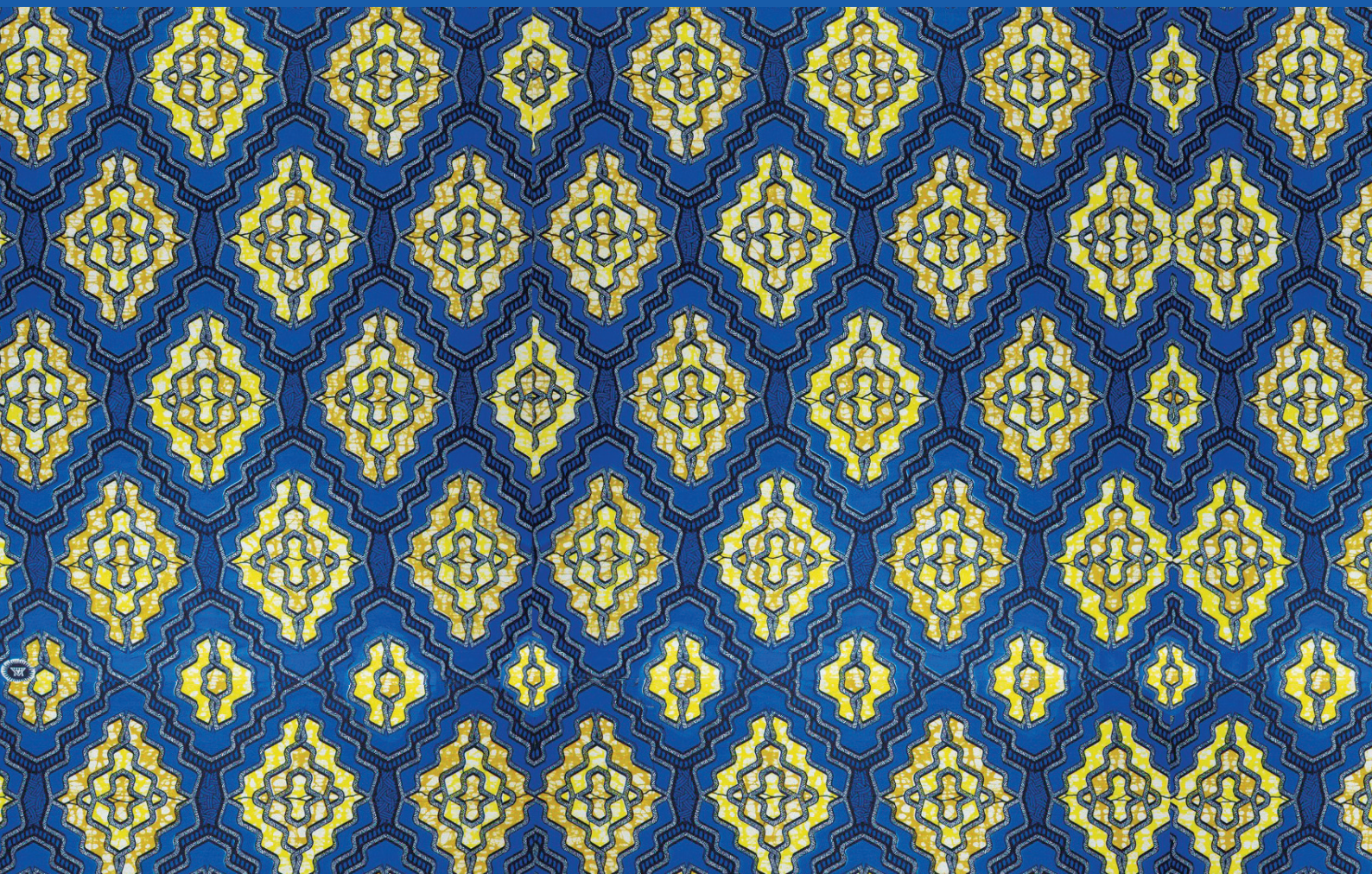
“So I went for the [family planning] services a year and three months ago and got treatment,” said Yamah. “Soon I became pregnant and delivered a healthy son. People are no longer gossiping about me and I can now walk around the community without bowing my head. My husband and I and our parents are now happy.”

Yamah is among an increasing number of Liberian women accessing family planning services at her community clinic. In Yamah’s community alone, the clinic’s monthly client load for family planning services has doubled.

“NOW I KNOW THAT FAMILY PLANNING CAN BRING HAPPINESS IN THE HOME AND FAMILY.”

— YAMAH GBOLU, A NEW MOTHER WHO REALIZED HER DREAM OF HAVING A CHILD AFTER USING FAMILY PLANNING SERVICES.

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Photo: Robin Hammond