

AWARE II Annual Report PY1

AWARE II

August 2009 - June 2010

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHS-I-05-07-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Action for the West Africa Region (AWARE II) Project

Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

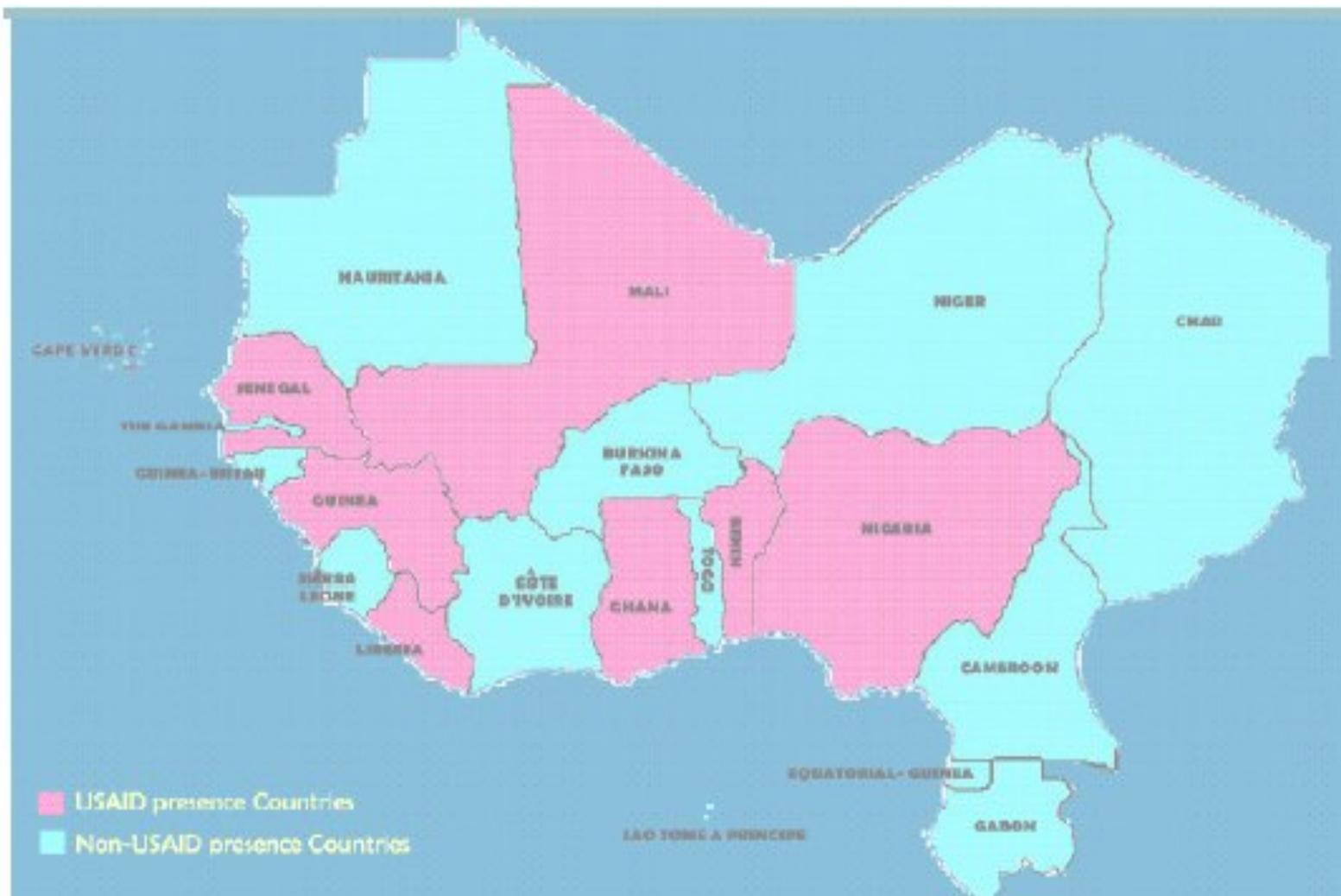


USAID
FROM THE AMERICAN PEOPLE

USAID AWARE II

Annual Report

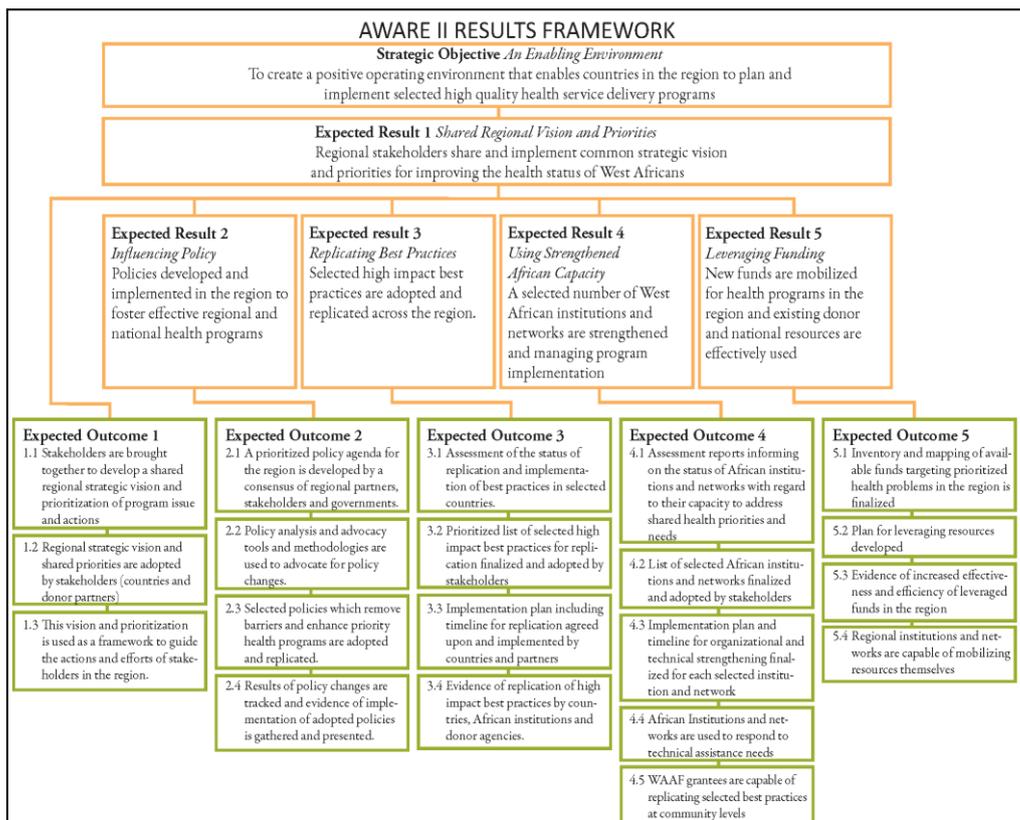
Year I (Aug 2009 – Jun 2010)



BUILDING AWARENESS FOR ACTION



The AWARE II Team and members of the selected Technical Leadership Institutions: APROSAR, CBCHB, MWANGANZA, IPS, SMIT.



Contents

Executive Summary	4
1. STARTUP.....	6
1.1 Team Building Meeting	6
1.2 The First Work Planning.....	7
1.3 Training in Leadership and Management	7
2.1 Regional Priority Setting Conference	9
2. EXPECTED RESULT 1	9
2.2 Technical Working Group (TWG 1 & 2)	11
3.1 Policy Agenda Identified	12
3.2 Advocacy Tool Development	12
3. EXPECTED RESULT 2	12
3.3 11 th ECOWAS Assembly.....	13
3.4 PIAT Workshop.....	14
4.1 Implementation at Country Level	15
4. EXPECTED RESULTS 3.....	15
4.2 Supply Chain Management.....	16
4.3 Assessment of Family Planning and EmONC	16
4.4 Newborn and Child Health	16
4.5 HIV and AIDS	17
5.1 TLI Orientation Workshop	18
5.2 Institutional Capacity Development	18
5. EXPECTED RESULTS 4.....	18
5.3 Grant Proposal Development.....	19
5.4 WAAF Grant Guideline and Tool.....	19
6.1 Baseline Assessment of Leveraging Options.....	20
6. EXPECTED RESULTS 5.....	20
6.2 Partners' Meeting.....	23
6.3 Assessment of Fund Leveraging Opportunities.....	23
Conclusion	25
Annex 1:.....	26
Activities completed year 1, results achieved and next steps in Burkina Faso.....	26
Activities completed year 1, results achieved and next steps in Mauritania	26
Activities completed year 1, results achieved and next steps in Sierra Leone	27
Activities completed year 1, results achieved and next steps in Togo.....	29
Annex 2: Summary Performance Year 1 Status September 15, 2010.	30

Executive Summary

The achievements and lessons learned from the two previous AWARE-RH and AWARE_HIV projects (2003-2007) have been of immense benefit to the AWARE II project during this first year of implementation. The unification of the two previous projects under AWARE II offers a great opportunity to better coordinate and integrate the various technical areas to foster their synergy and complementarities in the project. Year one as reflected in this report was dedicated to building the foundations for both the regional and country specific activities. Given the various profiles of the team members and the need to develop a strong collaboration with WAHO, the first months of the start-up phase was dedicated to aligning the team and establishing strong partnerships with the USAID health team, WAHO and other partners.

Building consensus on the regional vision and priorities as well as the key high-impact interventions to promote were the most important regional level achievements of the project in during this 1st Year. Consensus building, though the most powerful decision making process for a group, is often difficult to achieve particularly in the context of public health at regional level with many experienced experts from different backgrounds.

AWARE II, therefore started the process by collecting data from both published and un-published documents and experts' opinions about the most up to date scientific and programmatic information in the four technical focus areas: FP, MH, HIV&AIDS and NCH.

As a result an initial consensus was reached after the first desk top review, which was followed by the two technical working group (TWGs) meetings lasting a week each. Through the various techniques employed such as the small working groups, plenary presentations and discussions in all target areas, summary technical documents were produced in each technical area to detail the scope of the challenge in the domain and the most effective best practices towards addressing them.

After the preparatory work, a well designed and carefully managed regional conference was organized with stakeholders from the 21 target countries to build consensus on the key health priorities for the region. All the key actors in the conference (the facilitator, the four expert presenters, the two observers as well as

the three note takers) were carefully selected, oriented and aligned by the AWARE II team on the project's overall consensus building strategy.

Through the consensus building process, the agreed vision for the region was formulated as ***“Harmonized health policies and standards among committed countries, allocating adequate funds for quality health services and achieving health impact”***. An agreement was also reached on the key health priority areas and a limited number of high impact interventions in each technical area for the region to be implemented at country level.

A global agreement was reached after negotiations with WAHO and discussions with the general assembly to adopt the criteria developed in the technical proposal in the selection of countries and regional implementing institutions for the 1st year. On the basis of this consensus the four countries: Burkina Faso, Mauritania, Sierra Leone and Togo were selected to the focus countries for year one.

After reaching this regional consensus, the selected key interventions were presented to the larger audience in each of the target four countries during the 1st official country visits by the AWARE II team to extend the consensus to stakeholders who did not attend the conference and discuss their effective implementation. This agenda of consensus building with key partners has characterized by both the launch and implementation phase of the selected key activities within the countries.

The key strategies at the country level during the year were all oriented towards preparing for launching or strengthening the service delivery activities in year 2. Specifically, Rapid participatory assessment have been conducted at both local and district levels to adjust the planned activities for the PMTCT program (Togo), the FP and EmONC activities (Mauritania) and the Newborn interventions (Sierra Leone). The revision and update of guidelines for PMTCT (Mauritania), for Community IMCI (Togo) and also the update of the curriculum to integrate the HTSP for EmONC (Mauritania) and CBD program (Burkina Faso) were undertaken.

The Policy and fund leveraging activities launched at regional and country level particularly in Mauritania where two important advocacy tools in Islam and HTSP and Islam and HIV have been developed with and for religious leaders. This first Year witnessed an excellent collaboration with WAHO as per the MOU signed the initial start up stage and on the basis of which the two institutions have conducted a significant number of regional and country specific activities as presented in this report.

1. STARTUP

1.1 Team Building Meeting

The team building meeting was convened to align the project team members as part of the startup process. It was a critical step towards building the team spirit, create trust among the staff and develop or strengthen the sense of collaboration and mutual support among the key staff members of nine experts from different background, different countries and cultures. It was perceived as an essential activity for their effectiveness and efficiency. Every opportunity, whether it be a formal or non formal gathering with all or few members of the team, was used to help them know each other's background, experiences, strengths and weaknesses to strengthen their mutual

[The team spirit developed helped a lot in the alignment and orientation training session in management and leadership. The level of tolerance and respect for each other as well as the support they are providing to each other is visible outcome of the two month team building exercise.]



Team building, leadership and management training meeting

understanding, tolerance and commitment to work as a team. The interactions among the team members used various techniques including short presentations by each person in his or her specific technical areas followed by discussion and structured or unstructured exchanges about the project contents and the regional epidemiological profile.

1.2 The First Work Planning

The year one work plan defined the results to be achieved, activities to be implemented, required resources, the responsible staff as well as the timelines. The plan also has monitoring and evaluation indicators for each activity. The planning meetings discussed the project context and WAHO strategic plan and the linkages between them as well as USAID expectations from the project.

Based on the five Key Expected Results and the 19 expected outcomes of the project, the team identified and planned 68 activities to be conducted in year one. Forty-nine of them (72%) will be conducted in full collaboration with WAHO. At the end of the planning process the team produced four key documents and submitted these to USAID/WA Health Office for approval (see box).

Key documents produced at the first work planning include:

- 1. A narrative report to guide the implementation of the 68 activities,**
- 2. A detailed implementation plan,**
- 3. A monitoring and evaluation plan using the USAID performance indicators reference sheet based on the U.S. Foreign Assistance Strategic Objective Investing on People Indicators, and**
- 4. A detailed budget for each activity.**

1.3 Training in Leadership and Management

As part of the startup process, a three-day training in leadership and management was conducted for the newly created AWARE II team of 10 members and the head of USAID/WA health team to strengthen the management and leadership capacities of each member of the team in order to promote sound leadership and good management in the project implementation and alignment of the team. The team learned the clear definition of leadership and management and the linkages between them.

Leadership & Management:

Leadership involves enabling others to face challenges and achieve results in a complex environment. It consists of scanning, focusing, aligning/mobilizing and inspiring while managing involves planning, organizing, implementing, monitoring and evaluation.

Another key outcome of the leadership and management meeting was the definition of the AWARE II consensual mission and vision

statements which respectively are **mission:** “work with WAHO and other partners to improve the policy environment, strengthen organizational capacity and leverage funds to support countries in West Africa to implement and scale up best practices in health”. **Vision:** “harmonized health policies and standards among committed countries, allocating adequate funds for quality health services and achieving health impact”.

Four selected values by the team as their guiding principles include:

- (1) **Team Spirit** - meaning open-mindedness, tolerance, solidarity, respect, commitment, support.
- (2) **Professionalism/Accountability** - result driven for quality work, use standards, responsible, respectful.
- (3) **Transparency** - sharing information.
- (4) **Positive** - never give up, a half glass full mentality, supportive.



Training in Leadership and Management

AWARE II mission:

“work with WAHO and other partners to improve the policy environment, strengthen organizational capacity and leverage funds to support countries in West Africa to implement and scale up best practices in health”.

AWARE II vision:

“harmonized health policies and standards among committed countries, allocating adequate funds for quality health services and achieving health impact”.

AWARE II Goal:

Create a positive operating environment that enables countries to plan and implement selected high-quality health service delivery programs.

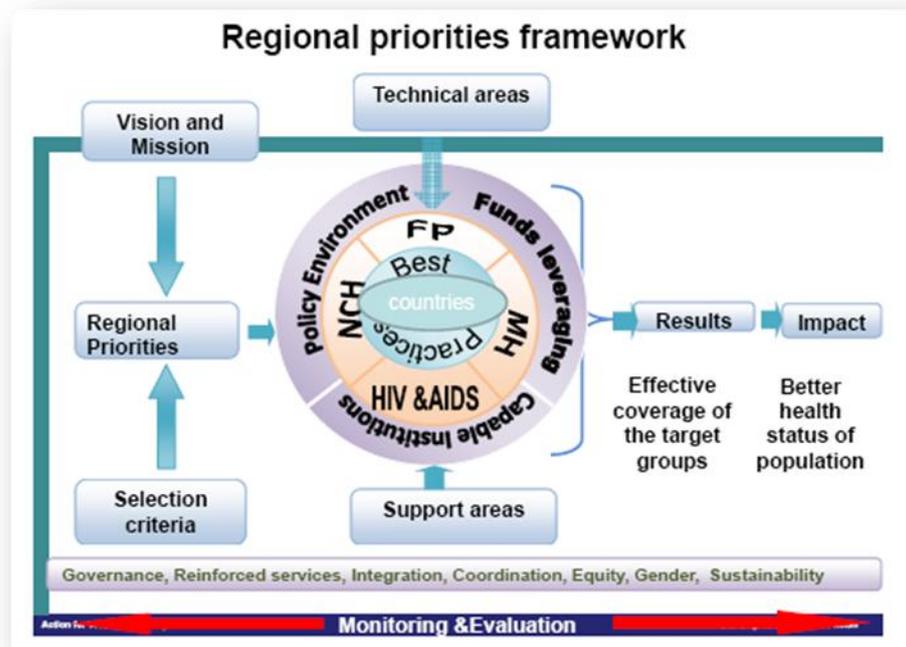
2. EXPECTED RESULT 1: SHARED REGIONAL VISION AND PRIORITIES

2.1 Regional Priority Setting Conference

The conference was to build consensus around the regional vision and priorities as well as the key intervention packages that countries would go back and apply once they agreed.

Once an overwhelming agreement was reached, the countries were asked to select and discuss the steps they would follow and the key activities they would conduct to implement the most appropriate key interventions in their specific context.

The regional strategic framework presented in the diagram below, describes a linear process which from the left to right elaborates the key steps from the Vision, Mission and the Selection criteria, to the Identification of Regional Priorities and the Implementation Processes up to the Expected results and Impact.



The selected and adopted priorities and the key interventions for each technical area are presented in the table below.

Table 2.1: Key interventions to be implemented at scale

Technical component	Priority areas	Key Interventions	
Family Planning	Unmet needs	Community Based Distribution of contraceptives including injectables & the promotion of HTSP	
		Contraceptive security	
Maternal health	Post Partum Hemorrhage	EMONC (Emergency Obstetric and Neonatal Care)	Active Management of Third Stage of Labor
	Eclampsia		Magnesium Sulfate /prevention and treatment of eclampsia
	Complications of Abortion		Post-Abortion Care
Newborn Health	Neonatal Infections	Essential newborn care at facility and community level	Clean delivery
	Asphyxia and breathing difficulties		Use of antibiotic
	Low birth weight and prematurity		Newborn resuscitation
Newborn Health	Neonatal Infections	Essential newborn care at facility and community level	Prevention and management of hypothermia / Kangaroo mother care
	Asphyxia and breathing difficulties		Clean delivery
	Low birth weight and prematurity		Use of antibiotic
Newborn Health	Neonatal Infections	Essential newborn care at facility and community level	Newborn resuscitation
	Asphyxia and breathing difficulties		Prevention and management of hypothermia / Kangaroo mother care
	Low birth weight and prematurity		Clean delivery
Child Health	Acute Respiratory Infections	Community IMCI	ARI treatment with antibiotic
	Diarrhea		ORS low osmolarity+ zinc
	Malaria		ACT + impregnated Treated Nets
HIV & AIDS	Extension and access to prevention, VCT and PMTCT services.	Update of national PMTCT and treatment guidelines	
	Reinforcement of the monitoring and evaluation system	Prevention services focused on most at risk population	
Cross-cutting	Strengthening the planning and evidence based decision making procedures	Set up of a national computer-based data management system	
	Increased financial access to health care services	Implementation of integrated national computerized data based system	
		Put in place alternative health financing mechanism	

2.2 Technical Working Group (TWG 1 & 2)

The AWARE II team in collaboration with WAHO identified regional experts from WAHO's list of regional experts in public health who assisted the project define the magnitude and severity of the health problems in the domain, the geographical and population distribution, the major determining factors (cause and favoring factors), the limit and insufficiency of the solutions being currently applied and the alternative solutions in terms of best practices the groups proposed. They identified and proposed the likely necessary actions for the creation of the enabling policy environment for the scale-up of each proposed best practice, a list of potential capable institutions to support the implementation at scale, as well as some appropriate mechanisms for fund leveraging from known sources. A list of key monitoring indicators for each best practice was suggested. The group reached a consensus on a list of preselected countries for the tier 1, 2 and 3 for presentation to the regional conference.



Participants to the Regional Conference following the TWG

3. EXPECTED RESULT 2: INFLUENCING POLICY

3.1 Policy Agenda Identified

After the regional conference, the AWARE II team developed the first draft of policy actions based on the key interventions adopted at the conference. The policy actions are shown in table 2.

Table 3.1: Policy actions per technical component

Family Planning	Maternal & Newborn Health	HIV and AIDS	Cross-cutting policy actions
Conduct tailored policy dialog and advocacy with high level decision makers	support the country policy dialogues and advocacy actions for the development and use of regulatory texts (decrees, PNPs) for effective application of the adopted RH law in countries	Contribute to the review and update of the legal application texts for the 12 countries that already adopted the HIV & AIDS law	Strengthen the capacity of the TLIs, the program managers and services providers
Use advocacy tools with decision makers at community (religious leaders), government & health ministries to reposition FP	review and update the maternal and child health PNPs to address the following critical policy issues: - International code of marketing for breast milk substitutes - New low Osmolarity Oral Rehydration salts formula +Zinc	Intensify the ongoing policy dialogue and advocacy actions with stakeholders, partners, policy makers and program managers to update the HIV & AIDS policy environment, norms and protocols	Develop and use in collaboration with WAHO specific advocacy and funds raising tools and approaches for funds leveraging that can be adapted to identified sources of funding
Obtain systematic integration of the WHO recommended three key messages for HTSP in all IEC, BCC and counseling materials for maternal and child health services	- Community Treatment of Pneumonia with antibiotic - Institutionalization of systematic use of Kangaroo mother care for hypothermia	Application of the most up-to-date PMTCT and Treatment guidelines	
	- Institutionalization of the recommended protocols for the use of ACT + ITNs in prevention & treatment of malaria for pregnant women & under five children	Institutionalization of the reviewed and updated prevention protocols focusing on the most vulnerable populations	
	- Institutionalization of the systemic use of validated protocol for proper application of AMSTL directive using oxytocin. - Institutionalization of validated guideline for the prevention and treatment of Eclampsia using Magnesium Sulfate	Adoption for national application of the most recent NTIC systems for data management such as the TRACnet (Rwanda), ESOPE/(Burkina Faso)[EPI-Info concept]	
	- National health policy adoption of the two PAC models: the decentralized and the community based model		

3.2 Advocacy Tool Development

AWARE II engaged decisions makers and opinion leaders, including religious leaders to promote the creation of an enabling policy environment for the implementation of its KIPs in countries. Two advocacy tools in PowerPoint were produced and validated by key leaders including the religious leaders to demonstrate how the Holy Quran supports the fight against HIV and AIDS and promotes HTSP.

Three consultants were recruited to support the provision of the necessary technical assistance for the organization of these activities which saw the participation of very senior persons in the Mauritanian government including the Ministers of Health, Social Action and Islamic Affairs and the US ambassador. These tools were also produced in Arabic for easy

dissemination and will be very effective in promoting the project's objectives.



US ambassador to Mauritania and senior government officials attend advocacy tool development by AWARE II in Mauritania

The Holy Quran supports the fight against HIV and AIDS and promotes HTSP.

3.3 11th ECOWAS Assembly

AWARE II was represented by the Project Director at the 2010 ECOWAS Health Ministers meeting organized in Freetown, Sierra Leone. This 11th ECOWAS annual assembly offered AWARE II an exceptional opportunity to disseminate the outcomes of the regional consensus building conference, and share the project vision, the selected health priorities and the adopted key high impact interventions. All participants received a copy of the AWARE 2 document titled: *“regional strategic vision and framework for prioritization and implementation: major outcome of the WAHO and AWARE II regional priority setting conference”*



11th ECOWAS Assembly, Sierra Leone

3.4 PIAT Workshop

Twenty-six (26) members of WAHO (3 females and 23 males) were trained by AWARE II during a 2-day workshop to strengthen WAHO's capacity in advocacy and on the application of the Policy Implementation Assessment Tool (PIAT) for the effective monitoring and implementation of harmonized policies in the region. Key personnel including the Director General of WAHO attended the opening ceremony.



Training for WAHO staff on PIAT

The PIAT workshop was attended by the core professional staff of WAHO including key personnel in charge of Primary Health Care and Planning and Technical Assistance, they are the professional officers in-charge of the technical components of WAHO's operations and key members of the administrative team.

The workshop has equipped WAHO personnel with the key tools for monitoring the implementation of policy actions and for effective advocacy.

WAHO envisions using this tool to assess health policies in the region using one country as a case study. AWARE II will provide the necessary support when WAHO is ready for the practical application of these tools.

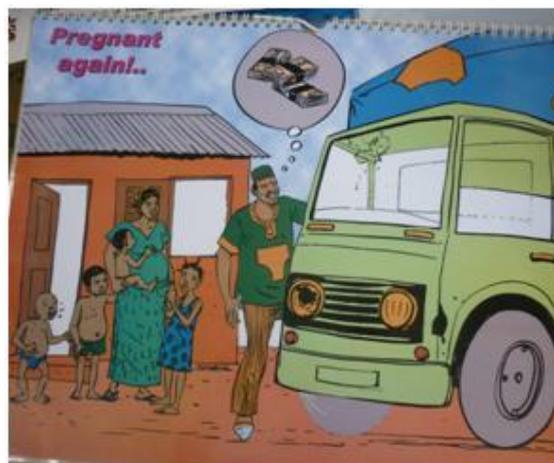
4. EXPECTED RESULTS 3: REPLICATING BEST PRACTICES

4.1 Implementation at Country Level

Country level implementation of activities under this project is a process driven by WAHO and other West African institutions. During Year 1 AWARE II, through a process of consensus and a wide based collaboration with key stakeholders in the region, selected interventions based on the likelihood that they will have significant health impact, can be replicated and scaled up in a country and regionally, and will be supported and sustained through leveraged funding. Year 1 therefore focused on preparatory activities such as visiting the countries, identifying and selecting TLIs, NGOs, consultants and then building the capacities of these entities to be able to implement the key intervention packages (KIPs). Each KIP will combine a best practice with an enabling policy, a regional institution that is trained and equipped to offer South-to-South technical assistance (and that will work with one or more country-level implementing organizations), and leveraged funding for support. The information we gleaned from the country visits will be used to assemble the KIPs and assist institutions in Tier 1 countries in carrying out demonstration projects and other replications during Year 2.



AWARE II STA for NCH (L) in Sierra Leone



Country communication-education tools:
e.g. IEC from Sierra Leone

Table 4.1: Selected interventions for each technical area in the four countries visited

Technical Area	Planned Interventions
Family Planning	Promotion of CBD & HTSP
Maternal & Child Health	EmONC and Essential Newborn Care
HIV and AIDS	Strengthen PMTCT programs, review and update WHO implantation guidelines, support setting up of computerized database at national level and train managers (e.g. ESOPE software), support VCT.

“The assessment showed utilization rate for FP was poor ranging between 1.16% in the rural area of Bababé district to 9.8% in the urban area of Aleg city. Availability of contraceptive methods in facilities where FP services are offered was very poor with frequent stock-outs and most providers have not received any training”.

4.2 Supply Chain Management

To ensure that the project achieves its mandate, interest and commitment to increase the uptake of Family Planning in the region, AWARE II sponsored representatives from the Family Health/Reproductive Health Division/ Directorates from the Ministries of Health in tier 1 Francophone countries to participate in a supply chain management of essential health commodities workshop in Ouagadougou, Burkina Faso from March 21-28, 2010. The workshop was organized by the Institut Bioforce of France in collaboration with the USAID/Deliver Project for Africa with the objective of improving the knowledge of participants in the management of logistics and planning for essential health commodity needs so they can become champions and focal points for the implementation of its RHCS activities.

4.3 Assessment of Family Planning and EmONC

An assessment of the FP and EmONC situation in the Brakna region was carried out in Year 1. The assessment showed utilization rate for FP was poor ranging between 1.16% in the rural area of Bababé district to 9.8% in the urban area of Aleg city. Availability of contraceptive methods in facilities where FP services are offered was very poor with frequent stock-outs and most providers have not received any training. The most available and used methods are pills, injectables (Depo-Provera) and the male condom.

There was lack of capacity in EmONC, frequent stock out of Magnesium Sulfate and Oxytocin, and very limited facilities in the region offering EmONC services. The C-section frequency ratio is about 5% in Aleg hospital with a stillbirth rate of 5.6%. AMTSL is available only in the regional hospital of Aleg. There had been 10 maternal deaths (7 by eclampsia, 2 by postpartum hemorrhage and 1 by complicated labor) out of the 1946 deliveries in the Aleg hospital in 2009. The lethality ratio per eclampsia was found to be high at 70%.

The selected MCH key intervention packages, EmNOC, essential newborn care, facility and community based IMCI integrating HTSP will contribute to addressing these gaps in Year 2.

4.4 Newborn and Child Health

AWARE II through a local consultant working in close collaboration with UNICEF and WHO revised Togo's C-IMCI guide to focus on ARI, Diarrhea and Malaria among children under five years and integrate HTSP. The new guideline has integrated well drawn, illustrated and explicit pictures, and job aids for CHWs. It has been simplified and is user friendly.

4.5 HIV and AIDS

During the year, AWARE II in close collaboration with UNICEF, UNAIDS and the MOH conducted a qualitative and quantitative assessment of the PMTCT strategy in Togo involving 30 selected PMTCT sites (2 Universities hospitals, 4 regional hospitals, and 24 local health structures at district level) out of the total 128. In Togo the number of pregnant women tested has steadily increased from 70.5% in 2006 to 74.2% in 2007, 90% in 2008, and 93.5% in 2009. At the same time the number of persons testing positive continue to slowly decrease from 7.2 in 2007, to 6.8% in 2008 and 6.1 in 2009. The number of women tested positive receiving prophylactic ARV therapy increased significantly from 35 in 2002 to 1451 in 2009. Some of the identified challenges which could be supported by AWARE II include insufficient geographical coverage with 128 PMTCT site out of the total 625 service delivery points, low involvement of the partners of women who have tested positive and weak supervision and monitoring of activities particularly at district level. AWARE II will use its broker role to advocate and try to engage other partners to address as many gaps as possible and focus on the update and renewal of the PMTCT national guidelines to integrate the WHO 2009 recommendations. It is a regional agenda that AWARE II in collaboration with WAHO and WHO is already supporting regionally.

AWARE II will also support the ESOPE computerized database system recently introduced in the country to improve the management of the HIV/AIDS data.

An assessment of the HIV/AIDS database system, ESOPE was conducted in Burkina Faso with the aim of working with Burkina Faso to improve the HIV/AIDS data management in the country. A version number 2 of ESOPE was produced and is being used in 11 of the AWARE II 21 target countries.

[In Togo the number of pregnant women tested has steadily increased from 70.5% in 2006 to 74.2% in 2007, 90% in 2008, and 93.5% in 2009. At the same time the number of persons testing positive continue to slowly decrease from 7.2 in 2007, to 6.8% in 2008 and 6.1 in 2009. The number of women tested positive receiving prophylactic ARV therapy increased significantly from 35 in 2002 to 1451 in 2009]

5. EXPECTED RESULTS 4: USING STRENGTHENED AFRICAN CAPACITY

5.1 TLI Orientation Workshop

This meeting was organized with three key objectives:

- To present to them the new project and the outcome of the regional conference,
- To obtain their lessons learned from the previous two AWARE I projects,
- To present their organizations competitive advantages and experiences as related to the project' focus areas

Table 5.1 Summary of the participation at the meeting with TLIs

Country	Organizations	Network		Representatives
Benin		1	PSR/AF	1
Burkina Faso	3 ABSP, SERSAP, MWANGAZA			3
Cameroun	2 CBCHB, CHP			2
Ghana	1 GSMF			1
Mali		1	RAP+	1
Sierra Leone	2 CHASL, PPASL			2
Senegal	7 INTERCAP, CEFOREP, IPS, ISED ISMS/CESAG, IFDSR, SMIT/CRF			13
Togo	2 ARECA, CEFA			
TOTAL	17	2		23

5.2 Institutional Capacity Development

Organizational assessments, using the MOST assessment tool, were conducted for selected African Institutions and networks with the objective of improving their capacity to address the health priorities of the region. The benefiting institutions were APROSAR, CBCHB, CEFA, CHP, CEFOREP, GSMF, MWANGAZA, SMIT and CRCF. The assessment identified challenges that will have to be addressed including lack of qualified human resources in administration, budgeting and financial management as well as the appropriate tools and approaches as contained in their SOPs.

Table 5.2 Number of People who participated in the assessment using the MOST per institution

INSTITUTION	Distribution of Participants		
	Male	Female	Total
MWAGANZA	4	3	7
CEFA –Lome	1	1	2
CEFOREP	5	2	7
CFR	9	6	15
CHP	7	10	17
CBCHB	12	3	15
GSMF	4	6	10
Total	42	31	73

5.3 Grant Proposal Development

In response to its mandate of using African institutions and networks to respond to technical assistance needs in the region, the project developed RFAs for five pre-selected TLIs (APROSAR, MWANGAZA, SMIT, IPS and CBCHB) for implementation of the project's key interventions in the four year 1 countries. The TLIs were then invited to a three day workshop where they were assisted to develop drafts of the technical and financial proposals for the provision of technical assistance to the countries described in the RFA's. Gender participation was very encouraging as seen from table 5.3.

Table 5.3 Distribution per institution of participants at the TLIs grant proposal workshop

Institution	Women	Men	Total
APROSAR	-	3	3
CBCHB	1	2	3
IPS	1	2	3
MWANGAZA	2	-	2
SMIT/CRFR	2	-	2
Total	6	7	13

The development of proposals by the TLIs for the award of grants by the project has been a-learning by doing process for most of these institutions. It also helped them to learn the procedures for submission of grant proposals and the rules and regulations governing administration of USAID funds.

Table 5.4 AWARE II TLIs areas of focus and country of operation

TLI	Area of Focus	Countries
APROSAR	EmONC, HTSP	Burkina Faso, Mauritania, Sierra Leone, Togo
CBCHB	National HIV Policy, Norms and Procedures, HTSP, PMTCT	Mauritania
IPS	NCH, HTSP, C-IMCI	Burkina Faso
MWANGAZA	NCH	Sierra Leone
SMIT/CRFR	ART centers, management of PLWHAs, PMTCT	Mauritania

5.4 WAAF Grant Guideline and Tool

Guidelines for Applicants for the WAAF fund has been completed and submitted to USAID. This guideline has been developed by AWARE II team assisted by the project contract officer at MSH HQ. It describes all the steps that the embassy will follow from the advisement of the RFA to the selection of the two top technical and financial proposals to send to AWARE II for review and final selection of the candidate to be awarded the Grant.

6. EXPECTED RESULTS 5: *LEVERAGING FUNDING*

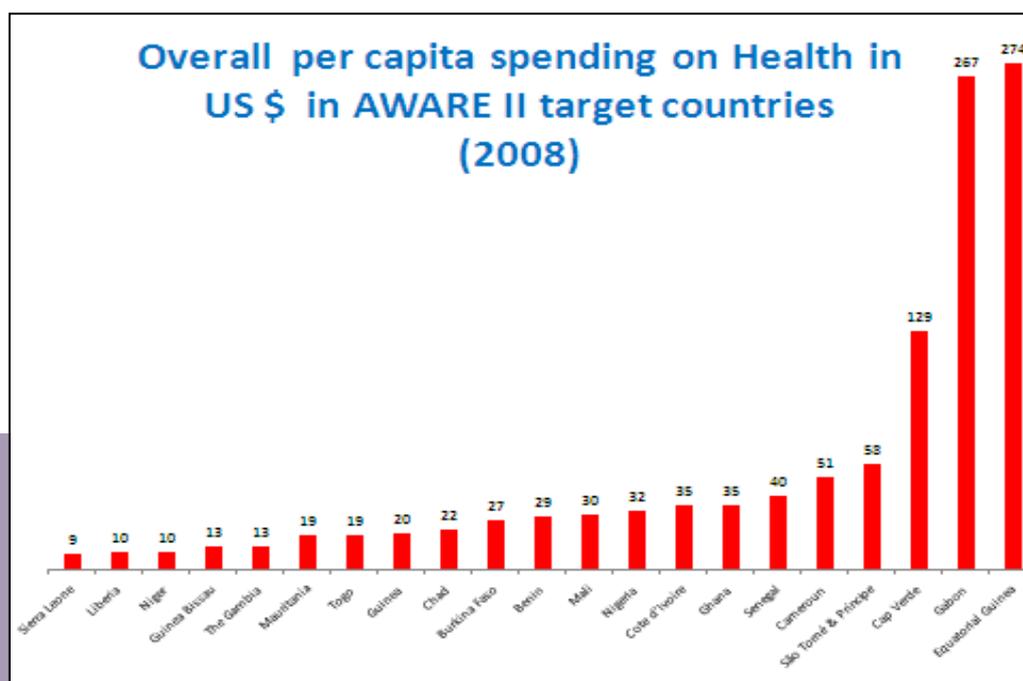
6.1 Baseline Assessment of Leveraging Options

AWARE II selected a consultant to conduct an inventory and mapping of fund leveraging target sources for the scaling up FP/RH, MNCH & HIV/AIDS high impact interventions in the AWARE II supported countries. The consultant was tasked to conduct a study to review financing options for the 4 technical areas listed above. The geographical design of the study focused on two priority zones, Burkina Faso, Sierra Leone & Togo constituted priority 1 countries while the rest of the AWARE II countries were classified as priority 2 countries.

The key activities conducted included:

- Consultations with WAHO, AWARE II and USAID/WA
- Inventory and mapping of existing sources of funding
- Discussions with AWARE II and USAID
- Finalization following feedback

According to the findings of this mapping study, the mean total per capita income for health across the AWARE II countries has more than doubled from 1995 to 2006 (from 25.10USD to 54.40 USD). However, this mean is largely skewed by three countries in the region that increased far in excess of the average in the zone. Equatorial Guinea progressed from 45 USD in 1995 to 274USD in 2006, Cape Verde from 62 USD to 129 USD and Gabon from 191 to 267 USD over the same period. In spite of this mean, 13 countries amongst the 21 AWARE II target countries fall below the recommended WHO minimum of 35 USD per capita on health. The Abuja objective goal of allocating 15% of overall public expenditure for health is also largely not met in the AWARE II intervention zones (see figure below).



Per capita spending on health in AWARE II target countries

The assessment sighting a USAID study mentioned the major multilateral partners engaged in the region as agencies of the UN System (WHO, the World Bank, UNDP, UNFPA and Program UNAIDS), the European Union, the AFDB and (though not a donor but an organization of the donor states) the OECD. The report discloses the most important bilateral donors in the region as France, Japan, Germany, the United States and the Netherland and signalled most donors are moving towards budget support for the implementation of National Health Plans.

Numerous funding mechanisms for countries have been presented in the report, they include: Global fund (for HIV/AIDS, TB, Malaria), PEPFAR, UNFPA (Family Planning and Commodity Security), KFW (Family Planning and Commodity Security), USAID (Family Planning and Commodity Security), GAVI (Immunization Support and Health Systems Strengthening), AFDB (HIV/AIDSs), and the EU/ European Bilateral Countries for budget support. See the table below for major external funding mechanisms being implemented in the AWARE II intervention zones- Source Donor Statistics.

Table 6.1: Summary Table of Major external financing mechanisms being implemented in the AWARE II intervention zone

Mechanisms	Benin	Burkina Faso	Cameroon	Cape Verde	Chad	Cote d'Ivoire	Equatorial Guinea	Gabon	Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Sao Tome and	Senegal	Sierra Leone	Togo	
Global Fund Subsidy for HIV and Aids	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Global Fund Subsidy for Malaria	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Global Fund Subsidy for Tuberculosis	x	x	x		x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x
PEPFAR										x												
PMI						x											x					
UNFPA FP Commodity Support	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
KFW FP Commodity Support	Detailed country data is not available																					
USAID FP Commodity Support	Detailed country data is not available																					
World Bank MAP for HIV and Aids	x	x	x	x	x	x		x	x	x	x	x		x	x		x		x	x	x	
GAVI immunization support	x	x	x		x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x
GAVI Health Systems strengthening support		x	x		x	x				x		x	x	x			x			x	x	
AFDB HIV and Aids support	x	x	x		x		x					x		x								
Some form of EU and/or European Bilateral development partner Health Sector Budget Support (either in the form of general or health sector budget support)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
International Heal Partnership Compact Support	x	x												x			x					

Source donor statistics

The assessment also report that on October 23, 2009, the assembly of Ministers of Health of all ECOWAS countries officially called on WAHO to develop and implement

a common strategic plan for the attainment of the MDGs 4, 5 & 6. This Mandate sets the stage for the regional health financing leveraging strategy in a strategic manner and provides ECOWAS/WAHO with a distinctive comparative advantage in driving un-tapped or under tapped macro-level financing options notably that which concerns national engagement for health financing.

However, this advantage has not been fully enforced and the author of this report recommends that in order for ECOWAS and WAHO as principal AWARE II partners to tap into these opportunities they would need to

- I. Develop policies and strategies that more proactively drive engagements for national financing of FP/RH, MNCH, & HIV/AIDS
- II. Support policies and strengthen regulations that guarantee inclusive participation in FP/ RH, MH, NCH, AIDS/ HIV programming
- III. Focus on national plans and common framework for Monitoring and Evaluation

In consideration of the current funding trends and donor interest in best practice capitalization as an efficiency lever, the report identified very specific opportunities for synergy between WAHO, AWARE II, and the following donors:

1. UNFPA (Contraceptive commodity security)
2. UNICEF for MNCH
3. GF/ AFDB/World bank for HIV/AIDSs
4. Netherlands for RH

The financing mechanism reported by the author at the Macro-level recommends working with Government on an agenda that addresses major challenges through:

- Strengthening country ownership with strong leadership for policy development and engaging more parliaments and governments in shaping this policy.
- Building more effective and inclusive partnerships with the private sector, civil society organizations, and external donors to better integrate and coordinate all sectors dedicated to health.
- Achieving development results and openly accounting for so as to demonstrate that our actions translate into positive impacts on the lives of people.

At the micro level, AWARE II should support the various financing mechanisms (alternative schemes) that exist in countries, including the cost recovery or cost sharing through user fees, co-payments, etc. paid by the patient at the point of service delivery. These payments are mostly for curative rather than preventive services, and some countries have introduced pre-payment, national insurance, or mutual schemes as a mechanism to increase access to and use of services by sharing the cost between the sick and healthy as well as the rich and poor.

The efficiency gained through reform is a third mechanism mentioned in the report for funding and purchasing health care (private & public) with the best cost-effectiveness possible in the light of need and defined objectives to closely link service delivery to resources transferred to the providers. These efficiencies gained through reform seek to guarantee equity and good governance in the health sector. The report recalls the three main issues that the health financing needs to better address in the AWARE II target countries as recommended by the WHO commission of macro-economic and health as:

1. Limited availability of resources to provide a basic package of essential health care services that cost an average of if not less than 35 USD per capita
2. Catastrophic health expenditure which must come out of pocket/paid directly at the service delivery point
3. Generally, unequal distribution of resources that highlights the important issues of distribution of available resources across countries and population sub-groups (gender, age, locations)

6.2 Partners' Meeting

Due to the non- participation of some partners previewed for its TWG and Regional Conference, AWARE II decided to organize special meetings with them to share the project's content and the outcome of its regional conference. The meeting was also intended to explore the possibility of establishing partnerships with them in their respective focus areas as related to the project's target countries. It involved in-depth meetings with these partners towards the establishment of the collaborations with the project. Generally, each of the participants presented his or her organization's key activities after the AWARE II team presented the project goal, objectives, strategies and key interventions.

A total of 14 participants attended the meeting, representing almost all the potential target partners invited (UNFPA, UNICEF, World Bank, HKI, UNAIDS, MNI, WHO) with the exception of KFP and GTZ. The partners at the meeting were appreciative and supportive of the agreed regional vision, priorities, and key interventions. The only suggestions made were for the inclusion of immunization and exclusive breastfeeding on the list of the key interventions. They accepted the list as adopted by the conference on the principle to focus on a limited number of key interventions with the highest impact receiving less attention and support in the region.

The project's collaboration with WAHO was commended and was encouraged to work together with WAHO in seeking external partnership. Most of these partners and perhaps all of them collaborated with AWARE I and are ready to maintain and strengthen this collaboration with AWARE II.

6.3 Assessment of Fund Leveraging Opportunities

While working with national health programs and international donors with health interests in the region to leverage funds for the expansion of its activities, AWARE II after the completion of the assessment of potential partners from the for non-profit organizations, sees great opportunity in the Corporate Social Responsibility (CSR) work engaged by private sector firms working in the region. A consultant has therefore been recruited to assist the project in designing forward-looking approaches to partnering with private sector firms who are interested in supporting the scaling up of best practices in health.

AWARE II Target Partners who attended the regional conference meeting:

***WAHO
UNAIDS
HKI
UNFPA
UNICEF
WHO
International
Organization of
Migration (IOM)
World Bank
SPS/MSH***

The scope of work for the consultant was to;

- a) Map out the private sector firms operating in the 21 target countries of AWARE II, the number and way in which they are organized (networks, Alliance, partnerships)
- b) Analyze and discuss their experience and history in financing the social sector under their corporate social responsibility (CSR) framework
- c) Develop a strategic approach for AWARE II to mobilize resources from the private sector.

The report submitted by the consultant mapped out private sector firms in the region that show potential partnerships with AWARE II and recommended that Ghana and Senegal should serve as economic hubs as most of the regional offices of multi-national companies were located in the two countries.

Table 6.2: Distribution of Regional Private Sector Institutions by major characteristics

<i>Name</i>	<i>Sector</i>	<i>Social Responsibility Focus</i>	<i>Country</i>	<i>Scope</i>	<i>Potential Partner</i>
West African Trade Information Network	All	Health/Education Agriculture	ECOWAS	Regional	Yes
North Star Alliance	Transportation	HIV/AIDS	Ghana	Regional	Yes
EcoBank	Finance	Education	Ghana	Regional	Yes
Standard Chartered Bank Limited	Finance	Water/Health	Ghana	Regional	Yes
MTN	Communication	Education/Economic Empowerment/Health/ Music/Culture	Ghana	Regional	Yes
American/Ghana Chamber of Commerce	All	Education/HIV/AIDS/ Health/Economic Empowerment	Ghana	No	Yes
Nestle	Consumer Goods	Nutrition/Wellness	Ghana	Regional	Yes
The Coca-Cola Company	Consumer Goods	Water/Health	Ghana	Regional	Yes
TIGO	Communications	Child Labor, Electronic Waste, Energy and Climate Change, Visual Pollution.	Senegal	Regional	Yes
Shell Senegal	All	All	Senegal	Regional	Yes
Total	Energy	Alliances for/Development/ HIV/AIDS	Senegal	Regional	Yes
Africa Cola	Consumer Goods	None	Senegal	No	
Coca-Cola	Consumer Goods	Water/Health	Senegal	Regional	Yes
Nestle Senegal	Consumer	Nutrition/Wellness	Senegal	Regional	Yes
Pfizer	Pharmaceuticals	Malaria	Senegal	Regional	Yes
General Electric	Energy	Health	Ghana	Regional	Yes

According to the report, public-private partnerships are imperative to develop healthy communities for the facilitation of Sustainable Economic Growth although the private sector itself often complains that they are usually invited to participate in social program planning only as donors, not as partners. This approach, they believe, limits their level of engagement and denies governments and community leaders the benefit of the value their core competencies can offer to complement their corporate Social

Responsibility efforts. The consultant therefore recommended that AWARE II should facilitate the inclusion of the private sector as core members of each operating mechanism. For instance the Chambers of commerce, leading national and multinational companies should serve as anchors to encourage full private sector participation.

The creation of the Nigerian Business Coalition against HIV/AIDS (NIBUCCA) was reviewed and recognized as a best practice in this area and a visit to Lagos to undertake a consultation with NIBUCCA's management has been suggested by the consultant.

Conclusion

In conclusion, the first year of the AWARE II project was quite eventful. The ground work preparatory to commencing implementation of planned activities was successfully completed during the year. The mission, vision and goal of the project have been clearly defined. The necessary team building and collaborations have been established and the policy environment conducive for implementing the KIPs selected by AWARE II and partners during the consensus building meeting is satisfactory in most of the Year two countries. With these preparatory phase activities well implemented, the stage is now set for launching into the implementation phase commencing in the Year 2. The Year 2 workplan of the project has thus been updated accordingly to take advantage of the ground work done in Year 1.



Annex 1:

Activities completed year 1, results achieved and next steps in Burkina Faso

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
Policy	Support the implementation of the RH law at national and regional level	Completed	RH regulatory texts developed and disseminated	Support the dissemination in the 3 district where AWARE 2 works
	Support the implementation of the HIV law at national and regional level	Completed	HIV law regulatory texts developed and published	Support the dissemination in the 3 districts where AWARE 2 works
Best Practices Implementation	Documentation of the existing pilot CBD program supported by GTZ in collaboration with the MOH	Completed	Results show significant increase of the CPR <u>12.7%</u> (2007) to <u>14.5%</u> (2009) in the South West & <u>5.2%</u> to <u>7.6%</u> in the East regions	Replicate this program by adding the HTSP of program in 3 districts
	Assessment of the ESOPE an EPICONCEPT software used for the HIV & AIDS program management	Continuing	Preliminary results show that the ESOPE is used in 11/21 AWARE 2 supported countries	Finalize the assessment to advocate for it extension to other non covered countries support ESOPE expansion in Burkina, and Togo and introduce the tool in Sierra Leone

Activities completed year 1, results achieved and next steps in Mauritania

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
Policy for HIV & AIDS	Developed a national HIV and HTSP PPTs as advocacy tools for religious leaders to reduce the high HIV stigma and mitigation	completed	The tool have been reviewed, approved by officials at the MOH for use nationally	A dissemination plan have been developed to be implemented

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
	and to promote birth spacing			
	Training and orientation of the Mauritanian Parliamentarians on advocacy for passing the adapted version RH generic law	Completed	Draft adapted law has been elaborated and the parliamentarians trained on advocacy for the RH law	Finalize the drafted version and prepare for its presentation to the assembly
Best Practices Implementation	Assessment of Family Planning services in EmONC activities in Brackna region	completed	The results show poor FP and EmONC in Brakna with CPR at 3.6% ; 9.8% in Urban & 1.16% in rural and limited EmONC services	Support the reinforcing of the PF & EmONC activities in the region – The CBD is being launched in 2 districts
	Revision of the PMTCT training module and the national guideline and training of 24 Trainers	Completed	The module and the national guideline have been revised and has been revised and strainers trained	Support the expansion in to 10 sites and strengthen the 14 existing ones
	Extension of the ART treatment and care to two hospitals	continuing	Assessment of the need completed treatment center to select	Continue for the training and start of the treatment activities in year 2

Activities completed year 1, results achieved and next steps in Sierra Leone

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
Policy	Develop an FP advocacy tool to stress the benefit of the HTSP for MOH and partners	Completed	Results show that SL could have 12,317 deaths averted if women accepted to space their births 2 years part	Extend the use of the PPTs presentation nationally and in the 2 district where AWARE 2 works
	Assisted to revise and adapted the HIV law	Completed	The HIV law as been revised and adapted to the country specific need	Assure the dissemination insisting in our two districts

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
	Development of a RAPID model to advocate	In process	The first draft has been completed with all needed basic data conforming among many key indicators the high maternal & infant mortality	Completed and use the RAPID Model
Best Practices Implementation	Develop C-IMCI guidelines integrating HTSP and disseminate to partners	Completed	It is the same that the one developed for Togo that just need to be translated into English	Pursue with the effective implementation of the new guidelines in the AWARE 2 two districts
	Develop a CBD program including injectable	Postpone for Year 2	The AWARE2 Expanded program is being finalized in French to integrate HSTP & injectable and will be translated into English	Finalize the AWARE CBD expanded program being develop and extend its use here
	Update EmONC training module and train trainers	Canceled	The EmONC program in SL is totally supported by UNICEF through the Liverpool School	Negotiating the integration of the HTSP tools we developed in the country into the EmONC activities
	Replicate the computerized HIV information system ESOPE HIV M&E model from Burkina	In process	The ESOPE assessment is not completed and it's the improvement if needed	will be completed and refinement made
	Assessing newborn care then develop tools and implement a pre extension phase at district level	In progress	The field phase has been completed and the consultant is currently analyzing the data	The training will immediately follow the publication of the assessment results and then the activities implementation in the two districts

Activities completed year 1, results achieved and next steps in Togo

Technical areas	Year one Planned Activities	Status	Results achieved	Conclusion & next steps
Policy	Assist to revise FP policy and norms to integrate CBD	Initiated	The initial process including the first assessment and the SOW	To be completed year 2
	Assist the revision and adaptation of the HIV law	Initiated	The initial process including the first assessment and the SOW	To be completed year 2
Best Practices Implementation	Assessed the Togo - PMTCT program	Completed	Key highlights from the report include # of pregnant women tested increased from 70.5% in 2006 to 74.2% I 2007, to 90% IN 2008 AND 93.5% in 2009 and the # of tested positives decreased from 7.2% in 2006 to 6.1% in 2009	Pursue the extension of the application of the newly revised guidelines to the entire country and support PMTCT extension in 20 new sites
	Revising C-IMCI tools then assist for planning implementation	Completed	The guidelines have been reviewed and updated illustrated and with job Aids	Expand the use to the new C-IMCI guide nationally and in the 2 districts supported by AWARE 2

Annex 2: Summary Performance Year 1 Status September 15, 2010.

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
ER 1.0: Shared Regional Vision and Priorities: Regional stakeholders share and implement a common strategic vision and priorities for improving the health status of West Africans						
1.1. Stakeholders are brought together to assess program issues and actions to bring to the regional priority-setting activity	1. Number of countries and organizations who attended the AWARE II regional vision and priority-setting conference	Count of the unique number of organizations and countries that participated in the meeting to develop the strategy.	0	40	41	Participants from 18 countries, 6 regional organizations and 17 potential TLIs
1.2. Regional strategic vision and shared priorities are adopted by stakeholders (countries and donor partners)	2. A completed regional strategic vision and priorities document adopted by stakeholders	The completed regional strategic vision document provides global orientation for health policies and programs. This document illustrates how consensus was gained from countries that participated in the regional conference.	0	1	1	The regional strategic vision and shared priorities and key interventions has been documented. That regional vision guides all AWARE II country level interventions
1.3. The regional vision and prioritization are used as a framework to guide the action and efforts of the	3. Number of countries utilizing the AWARE II vision and interventions in	A count of the number of countries that have effectively adopted and integrated the regional priorities and key	0	4	4	All the 4 year 1 countries committed to work with AWARE II and developed plans to implement the key

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
stakeholders in the region	country planning	interventions into their country plans				interventions with support partners. Implementation of these plans are ongoing
ER 2.0: Influencing Policy: Policies are developed and implemented in the region to foster effective regional and national health programs						
2.1. A prioritized regional policy agenda is developed by a consensus of regional partners, stakeholders, and governments	4. A regional policy agenda developed and adopted by a consensus of AWARE II stakeholders	A document that specifies policy interventions as related to each of the selected key interventions. The document outlines the enabling policy environment for each key intervention to enable replication and/or scaling up national level.	0	1	1	A global policy interventions developed based on the selected key interventions and being applied to each individual country situation
2.2. Policy analysis and advocacy tools and methodologies are used to advocate for policy changes	5. Number and type of policy tools and methodologies used to address each policy challenge identified	A unique count of the number and type of tools and methodologies used to address each policy challenge at the country level and regional level.	0	3	3	-HIV mitigation and HTSP advocacy tools for religious developed for Mauritania -HTSP advocacy tool developed for Sierra Leone -Ongoing RAPID model development for Sierra Leone

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
2.3. Selected policies that remove barriers and enhance priority health programs are adopted and replicated	6. Number of countries that have adopted or revised a policy, regulation, or guideline in the areas of (FP, MH, Newborn/Child Health, and HIV/AIDS) as a result of adopting key interventions	This indicator represents the extent to which countries have had improvement in laws, policies, regulations and guidelines related to access to and use of health services in the areas of (FP, MH, Newborn/Child Health, and HIV/AIDS)	0	4	3	-HIV law voted in Senegal and Niger in February 2010 -HIV law regulatory text (decret d'application) published in Burkina in March 2010 -HIV law currently being revised in SL and Togo - ongoing adoption of RH law in Mauritania
2.4. Results of policy changes are tracked, and evidence of implementation of adopted policies is gathered and presented	7. Number of countries that allow the use of pills or injectables in the CBD package	This indicator materializes countries interest and commitment to promote the use of oral contraceptive and/or injectable by CBD workers at community level. Given the limited access to facilities that offer FP by qualify health personnel, this indicator represents also a critical step for countries engagement to revitalize their FP program	1	2	3	Sierra Leone already integrated CBD of pills and injectables in their policy Togo and Burkina allows pills at community level A study tour to Malawi with country participants to learn about the successful experience and plan for replication has been delayed

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
	8. Number of countries that allow Oxytocin and Magnesium Sulfate at all facilities that offer delivery services	The number of countries that allow at all facilities that offer delivery services (stated in their national policy, norms and procedures documents) the administration of oxytocin to prevent sever post partum hemorrhage and the use of magnesium sulfate to treat preeclampsia and eclampsia	0	2	4	All year 1 countries allows Oxytocine and Magnesium sulfate
	9. Number of countries that include management of low birth weight babies through Kangaroo mother care in their MNCH policies	Countries where MNCH policies include “kangaroo mother care” practice at facility and community level for low birth weight babies	0	2	4	All year 1 countries BURKINA Faso, Mauritania, Sierra Leone and Togo
	10. Number of countries that allow antibiotic administration by CHWs within C-IMCI	Countries where Community Health Workers are allowed through the national policy, norms and procedures, to provide	0	2	2	The Pilot phase has been launched in Burkina and is being expended in Togo

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
		antibiotics to treat Acute Respiratory Infections (ARI) among under five years within an IMCI program				
	11. Number of countries that have revised guidelines for PMTCT and ART according to WHO recommendations & including information on HTSP	Number of countries that have revised their national guidelines for PMTCT and for ART accordingly to the WHO 2009 guidelines	0	4	2	Completed in Burkina and Togo in collaboration with WHO and UNAIDS AWARE II contributed in collaboration with UNAIDS & WHO to the orientation for the guidelines revision process for: Mali, Togo, Burkina Faso, Nigeria, Ghana and Ivory Cost.
ER 3.0: Replicating Best Practices: Selected high impact best practices are adopted and replicated across the region						
3.1. Assessment of the status of replication and implementation of best practices in selected countries	12. A completed assessment of the status of replication and implementation of best practices in selected countries	A completed assessment that seeks baseline information of perceptions, attitudes, and results from replication and scale-up activities from AWARE	0	1	1	Baseline study completed and the results have been used to guide the year 1 work plan – for guiding the policy agenda , the best practices and the use of

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
		I.				the regional institutions.
3.2. Prioritized list of selected high-impact best practices for replication finalized and adopted by stakeholders	13. Number of countries that have adopted the complete list of high-impact best practices from the regional conference	The regional conference adopted a limited list of high impact best practices with limited key interventions from the areas of (FP, MH, Newborn/Child Health, and HIV/AIDS)	0	10	18	All 18 countries that attended the regional priority setting conference adopted the complete list of high-impact best practices selected in FP/RH, MNCH and HIV & AIDS
3.3. Implementation plan, including timeline for replication, agreed upon and implemented by countries and partners	14. Number of countries who have set-up replication teams and completed country work plans based upon the key interventions	A replication team represents a group of country decision makers in areas of FP, MH, Newborn & Child Health, and HIV/AIDS and set-up with the long-standing agenda to enforce and uphold AWARE II interventions agreed upon at the regional conference and adopted in the country. Together they develop a work plan, which is an approach to accomplishing targets outlined by technical working groups, technical	0	4	4	All the 4 countries of year1 set up a technical working group to roll out the activities planned to implement the best practices. This group usually include government counterparts of FP/RH and HIV plus partners

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
		advisors, and targeted participant groups				
3.4. Evidence of replication of high-impact best practices by countries, African institutions, and donor agencies	15. Number of countries replicating and/or scaling up at least one best practice	Countries who implement at least one best practice as selected during the regional priority setting conference at more than one service delivery point for the aim of widespread practice	0	4	3	<p>Completed: in PMTCT in Mauritania HIV guidelines in Burkina and Togo</p> <p>The AWARE II expanded CBD program has been launched in Burkina and oriented to three districts for demonstration</p> <p>A delay to get TLIs ready on the field to support countries in best practices implementation has been experienced. The main reason is the TLIs weaknesses in developing sound budget for their technical proposal</p>
	16. Number of countries replicating best practices in FP	Number of countries implementing at more than one service delivery point, at least one of the	0	4	2	The AWARE II Expanded CBD program have been launched in Burkina and

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
		AWARE II key intervention in FP as selected during the regional priority setting conference such as Community Based Distribution of contraceptive including injectables or not, promotion of HTSP, Contraceptive security.				Mauritania
	17. Number of countries replicating best practices in MH	Number of countries implementing at more than one service delivery point, at least one of the AWARE II key interventions such as, Active Management of Third Stage of Labor , Use of Magnesium Sulfate for the Prevention and treatment of Eclampsia, Post-abortion Care	0	4	2	The implementation of the provision of oxytocine and sulfate de magnesia has been initiated in Burkina and Togo to have them first in their norms and procedures
	18. Number of countries replicating best practices in	Number of countries implementing at more than one service delivery	0	2	2	The implementation process has been launched in Sierra

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
	Newborn or child health	point, at least one of the AWARE II key interventions such as newborn resuscitation at facility level, Kangaroo mother care at facility and community level , under five years integrated treatment by community health workers including malaria with ACT, Acute respiratory infection with antibiotic, Diarrhea with los osmolarity ORS formula and zinc				Leone with the Newborn assessment and in Togo where the revision of the C_IMCI tools has been completed
	19. Number of countries replicating best practices in HIV/AIDS	Number of countries implementing at least one of the AWARE II key interventions such as Update of national PMTCT and treatment guidelines , Prevention services focused on most vulnerable population , Set up of national computer-based data management system.	0	4	3	PMTCT in Mauritania HIV/AIDS guidelines in Burkina and Togo

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
ER 4.0:Using Strengthened African Capacity: A selected number of West African institutions and networks are strengthened and managing program implementation						
4.1. Assessment reports informing on the status of African institutions and networks with regard to their capacity to address shared health priorities and needs	20. Number of assessment reports completed for African institutions and networks	An assessment report of each Technical leadership institution (TLI)or network selected to work in collaboration with AWARE II project to support countries to implementing the Key Intervention packages	0	6	8	8 regional institutions have been assessed, using the Management Organizational Sustainability Tool (MOST)
4.2. List of selected African institutions and networks finalized and adopted by stakeholders	21. Number of shortlisted TLIs and networks used or strengthened	A count of the number of organizations who have been used to serve as technical implementing lead agencies for the implementation of the best practices, or which have not been used but received capacity building support. A TLI is a Technical Leadership Institution for which AWARE II will contribute to the institutional capacity development instated by AWARE I to support	0	5	4	5 TLIs have been selected based on their technical capacity in the given domain. But one of them whose domain is community mobilization, has not been assigned any tasks for this last quarter of the project, because the period corresponds to a rainy period in the country and not appropriated for community mobilization activities

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
		countries.				
4.3.Implementation of plan and timeline for organizational and technical strengthening finalized for each selected institution and network	22. Number or organizations provided with ongoing technical support in financial management, and leadership, strategic and project planning, advocacy and technical strengthening	Number or TLIs illustrating improvement in the areas of financial management, management and leadership, strategic and project planning, advocacy and technical strengthening	0	2	1	5 TLIs were preselected and trained but only one CBCHB satisfied last year all requirements to receive the grant – The others will get the grant in year 2 and were used as consultants
4.4. African institutions and networks are used to respond to technical assistance needs	23. Number of successfully completed TORs undertaken by TLIs	Number of TLI that have been able to achieve all the tasks to which they have been assigned in their TORs	0	3	1	Delay in getting TLIs on the field. Only one TLI, CBCHB has an agreement and started introductory activities in Mauritania
4.5. WAAF grantees are capable of replicating selected best practices at community levels	24. Number of best practices implemented by WAAF grantees	The number of best practices in HIV, FP, or MNCH carried out by the West Africa Ambassador’s AIDS Fund (WAAF).	0	2	0	WAAF program on progress -Guidelines including RFA developed and shared with Embassies. Next steps will be Embassies to publish the RFA - 3 proposals received
4.6. WAAF grantees are capable of replicating	25. Number of WAAF grantees	Number of WAAF grantees with activities	0	1	1	One proposal from Togo focused on MARP

Expected Outcomes	Indicator	Definition	Baseline	E.O achievement		Comment
				Year 1 target	Status 15910	
selected best practices at community levels	with specific activities for MARPs	for Most At Risk Populations including female sex workers (FSW), men who have sex with men (MSM), and non-paying partners of FSWs.				