

August Monthly Progress Report

African Strategies for Health

June 15, 2012

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number AID-OAA-C-11-00161. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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

Table of Contents

1. Notable Achievements.....	3
2. Technical Updates.....	3
a. Maternal, Neonatal and Child Health	3
b. Infectious Disease	3
c. Health Systems Strengthening.....	4
d. Monitoring and Evaluation	5
e. Cross Cutting	5
3. Management and Administration.....	5
f. Finance	5
g. Project M&E.....	6
h. Project Communication and Dissemination	6
i. Partnership Collaboration.....	6
j. Other Updates.....	6
k. COR Meetings	6
l. Potential Issues or Areas Needing USAID Support	7
4. Key Activities Planned for Next Month.....	7

African Strategies for Health (ASH)

Monthly Progress Report: August, 2012

1. Notable Achievements

- The ASH team participated in both an internal project retreat and a retreat with USAID to develop the year two work plan.
- ASH staff met with various USAID staff on inputs for development of the ASH year two work plan activities.
- Organizers of the Health Systems Research Global Symposium to be held in China in November 2012 accepted the USAID/ASH abstract for a satellite meeting on health care financing reform in Ethiopia.
- ASH met with CDC on IDSR and developed a draft joint work plan.

2. Technical Updates

a. Maternal, Neonatal and Child Health

ASH held discussions with MCHIP regarding collaboration on the IPTp activities being planned by ASH for year two. ASH also talked with other key implementing partners working on IPTp, including the Malaria in Pregnancy (MIP) Working Group of the Roll Back Malaria Initiative and the London School of Hygiene, to ensure that its proposed activities for year two complements other initiatives underway. As part of continuing efforts to assess opportunities for ASH involvement in promoting the use of ORS and zinc, ASH attended the Working Group on Pneumonia and Diarrhea. This meeting underscored the extensive array of activities underway and brought to light the fact that regional African institutions have not been directly involved. Further consideration of the potential role and added value of their involvement is necessary before any recommendations in this regard can be made. ASH also participated in a telecon organized by the PMNCH (WHO), ARMNH, USAID, and MCHIP to plan MNCH case studies in Asia, with an eye and ear towards informing potential plans for similar case studies in Africa.

b. Infectious Disease

The Infectious Diseases Advisor, together with the Communications and Advocacy Advisor, travelled to CDC Atlanta for a joint IDSR work planning meeting. A draft work plan and a trip report were completed. A teleconference between USAID, CDC, and ASH was planned with the purpose of following up on IDSR activities subsequent to the Atlanta meeting. Discussions focused on planning for a teleconference with WHO/AFRO, developing a draft agenda for both the teleconference and the September meeting in Brazzaville, and developing a concept note for the IDSR evaluation. The teleconference with WHO/AFRO will serve as a planning meeting for further discussions with WHO/AFRO in Brazzaville during the September visit.

The Infectious Diseases Advisor participated in a series of conference calls with USAID on pediatric TB in Uganda. The aim of these calls was to understand proposed pediatric

TB activities in Uganda involving USAID/Uganda, CDC, and USAID/East Africa, as well as USAID's Global Bureau and Africa Bureau. CDC, who recently conducted a field visit in Uganda with a focus on pediatric TB, produced a report from the field visit, which included inputs from the teleconferences. This written report has been circulated to stakeholders. In collaboration with USAID, ASH is planning to have a teleconference with WHO/AFRO regarding pediatric TB. This phone call with WHO/AFRO will serve as an opportunity to plan for discussion in Brazzaville during the September visit. A revised set of pediatric TB activities were finalized for inclusion into the ASH year two work plan.

c. Health Systems Strengthening

During the month of August, ASH HSS work focused mainly on the mHealth compendium, the China Health Systems Research (HSR) meeting, the HSS network, and the review of management training. Regarding the mHealth compendium, ASH is working to develop a document which describes the major mHealth activities USAID is funding in the region. The document will be shared with health officers at the family planning meeting taking place in Tanzania during November 2012. In August, ASH finalized the compendium template. The project also began a review of databases and other inventories to develop a list of potential projects for inclusion in the compendium.

In early August, USAID/AFR asked ASH to assist with development of an abstract for the HSR meeting, which will be held in China in early November. The abstract, which focuses on health care financing reforms in Ethiopia, was accepted, and ASH will continue to work with USAID/AFR to organize the two-hour satellite session.

During the past month, ASH spent time planning a visit to Ethiopia which will take place in late September. The purpose of this visit will be to work with USAID/Ethiopia to select one Ethiopian organization that can assist the HSS network organize field trips for other missions and their MOH counterparts to see the health care financing reforms in Ethiopia. USAID/Ethiopia has developed a short list of organizations and will work with ASH to make the final selection.

Lastly, ASH made good progress on the review of management training in Africa. Over 100 articles have been collected and are being reviewed. Almost all interviews with organizations providing training are finished. ASH will soon begin writing the report. Preliminary findings are listed below.

- A great deal of management training is taking place in Africa.
- There are a wide variety of approaches to training.
- The training provided is very ad hoc and there is very little standardization.
- There is minimum tracking of who has been trained.
- ASH has identified some best practices (i.e., Kenya which as a very comprehensive approach to management training).
- More attention is needed on quality of training and evaluation of impact.
- There is a need to categorize curricula and develop some core competencies.
- ASH should work regionally to build and expand capacity of local entities which are providing training.

d. Monitoring and Evaluation

ASH worked on the development of the HIS study protocol. The study will identify key lessons from successes and failures in those investments and development efforts. As part of the study ASH will prepare a summary of lessons learned, guiding principles, and proven approaches for providing effective and sustainable HIS-related technical assistance. The protocol will be ready for submission to USAID/AFR in mid-September.

ASH also worked with the AU to provide assistance in revising their MNCH annual report.

e. Cross Cutting

ASH has made good progress on moving forward the review of community strategies. Approximately 25 key informants have been contacted and interviewed. ASH has also collected over 100 peer reviewed articles and unpublished reports identified from websites, journals, and from key informants. General findings are listed below.

- ASH has identified many different approaches to community engagement, with different training, mobilization and participatory approaches
- Many organizations refer to CHW initiatives as their main community strategy; organizations describe very minimal engagement of the many identified community stakeholders
- There is a need for better coordination, as community-based interventions are generally fragmented

ASH has also made good progress on the mapping of on-going advocacy training activities for elected leaders. Approximately 40 key informants have been contacted and interviewed. ASH has also performed an extensive literature and website search of peer reviewed articles and unpublished reports. Some preliminary results are mentioned below.

- ASH has identified several different approaches to advocacy training with elected leaders, including tools and presentations within the fields of family planning and population, HIV/AIDS, and malaria
- Training agendas generally include content on governance and budgeting; most health specific training programs need to include some technical matter on the specific health issues discussed (malaria, FP/RH, etc.), as elected leaders often have little knowledge of the health issues covered
- Most advocacy trainings are taking place on an ad hoc basis at the country level. Some of the most well-established efforts are within the family planning field; however, generally speaking, these trainings are expensive and their direct impact is extremely difficult to gauge, given the length of time necessary to change policy and the various other influences in the policy-making process

3. Management and Administration

f. Finance

MSH has just closed the books for June, 2012. The delay is because the MSH financial year ends on June 30, 2012 and all the expenditures for June 2012 could not be

accounted until now. Therefore, for the purpose of this report ASH has estimated expenses for July and August, 2012.

1) Total Obligation	=	\$2,657,479
2) Expenses		
Total expenditure and accruals as of 6/30/12	=	\$1,776,921
Estimated expenses for July and August, 2012	=	<u>\$ 400,000</u>
Total estimated expenses as of August, 2012	=	<u>\$2,176,921</u>
Pipeline (1-2)	=	\$ 480,558

g. Project M&E

ASH is finalizing the draft PMP which will be submitted by the end of year one.

h. Project Communication and Dissemination

USAID gave final approval for the project brochure; 500 copies of the brochure were ordered for printing and distribution. The project general overview presentation was also updated for future adaptation and use. ASH continued work on the design of the ASH Project website. In late August, ASH incorporated feedback from USAID on the draft project advocacy, communications, and dissemination strategy and resubmitted it to USAID.

i. Partnership Collaboration

ASH has been working closely with Khulisa on the draft year two work plan. ASH has also finalized a grant to the Kinshasa School of Public Health to support students on behalf of USAID/DRC. ASH has begun a dialogue with Africa Center for Health and Social Transformation (ACHEST) on the community strategies work in order to formulate guidelines on how countries can develop effective accountability mechanisms. ACHEST has submitted a description of proposed areas of collaboration to ASH. This proposal will be discussed with USAID/AFR to agree on what elements of the proposal can be supported by USAID/AFR through ASH.

j. Other Updates

Staffing:

M&E Specialist: Khulisa recommended three potential candidates for the M&E Specialist position. MSH/ASH interviewed all the candidates and provided recommendation to Khulisa. Khulisa is in the process of negotiation with one potential candidate. MSH will submit an approval request to the USAID COR and Contracting Officer in September.

Project Officer (PO): This position was advertised beginning in August 2012. MSH is screening candidates for interview. It is expected that the interviews will be completed by the middle of this month so that the PO can be on board starting October 1, 2012.

k. COR Meetings

During August, one COR meeting took place on August 24.

I. Potential Issues or Areas Needing USAID Support

ASH is looking forward to collaborating more closely with the USAID regional missions. This is an important activity which will impact greatly on the project's ability to have wide impact within the region. ASH appreciates USAID/AFR assistance with setting up these meetings.

4. Key Activities Planned for Next Month

- ASH will be meeting with WHO/AFRO to discuss collaboration
- The HSS Advisor will be visiting the USAID/Ethiopia mission and the AU
- The ASH Project Director will be attending the HHA meeting in Zimbabwe on behalf of USAID
- The Director of Finance will visit DRC to meet with Kinshasa School of Public Health (KSPH) to provide orientation/reporting instructions on a grant awarded by MSH to KSPH for scholarship support to MPH and PhD students.
- ASH will complete revision of the AU's 2012 Status Report on MNCH
- ASH will work with WHO/AFRO to further develop the IDSR evaluation protocol and advocacy strategy
- ASH will draft the tools and protocol for the pediatric TB mapping and the pediatric TB implementation assessment
- ASH will finalize and submit a technical report on regional approaches for HIV/AIDS (this builds upon the draft which was shared with USAD earlier)
- ASH will work on the mHealth compendium to finalize a draft for review by USAID/AFR and USAID/East Africa
- The draft report on advocacy with parliamentarians and elected leaders will be completed
- ASH will finalize the HMIS protocol and submit to USAID/AFR for review
- The community strategies report will be completed
- In light of the recent USAID prohibition on new websites, ASH will initiate the process of developing an ASH web page on the MSH website
- ASH will submit the quarterly actuals report to USAID for the 4th quarter of FY 12.