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**Support for Analysis and Research in Africa
(SARA)**

**Annual Report
Project Year 3 (FY 95)**

Submitted to the
Health and Human Resources Analysis for Africa (HHRAA) Project

November 1995

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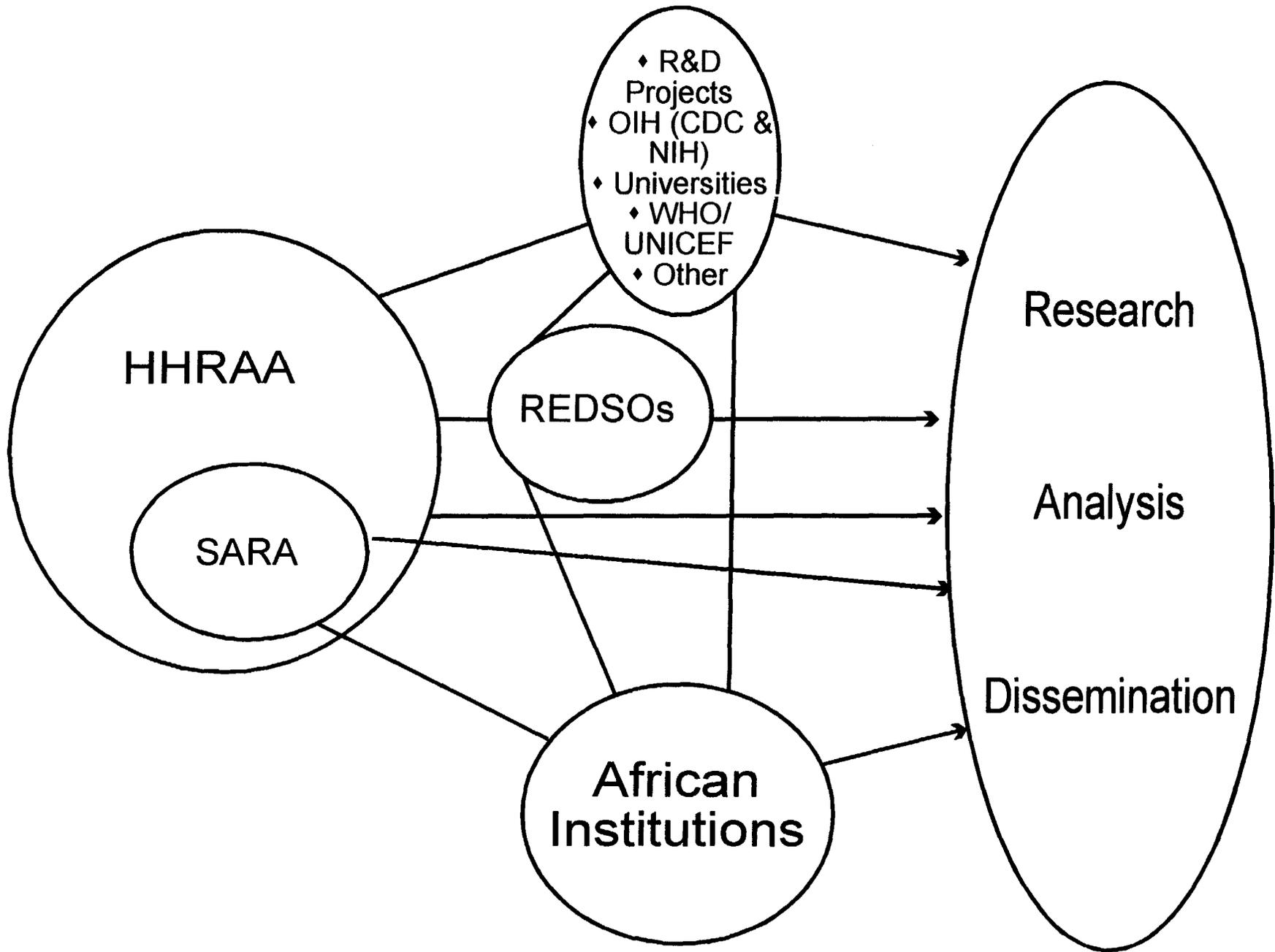
Support for Analysis and Research in Africa

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Project Year 3 (FY95)**

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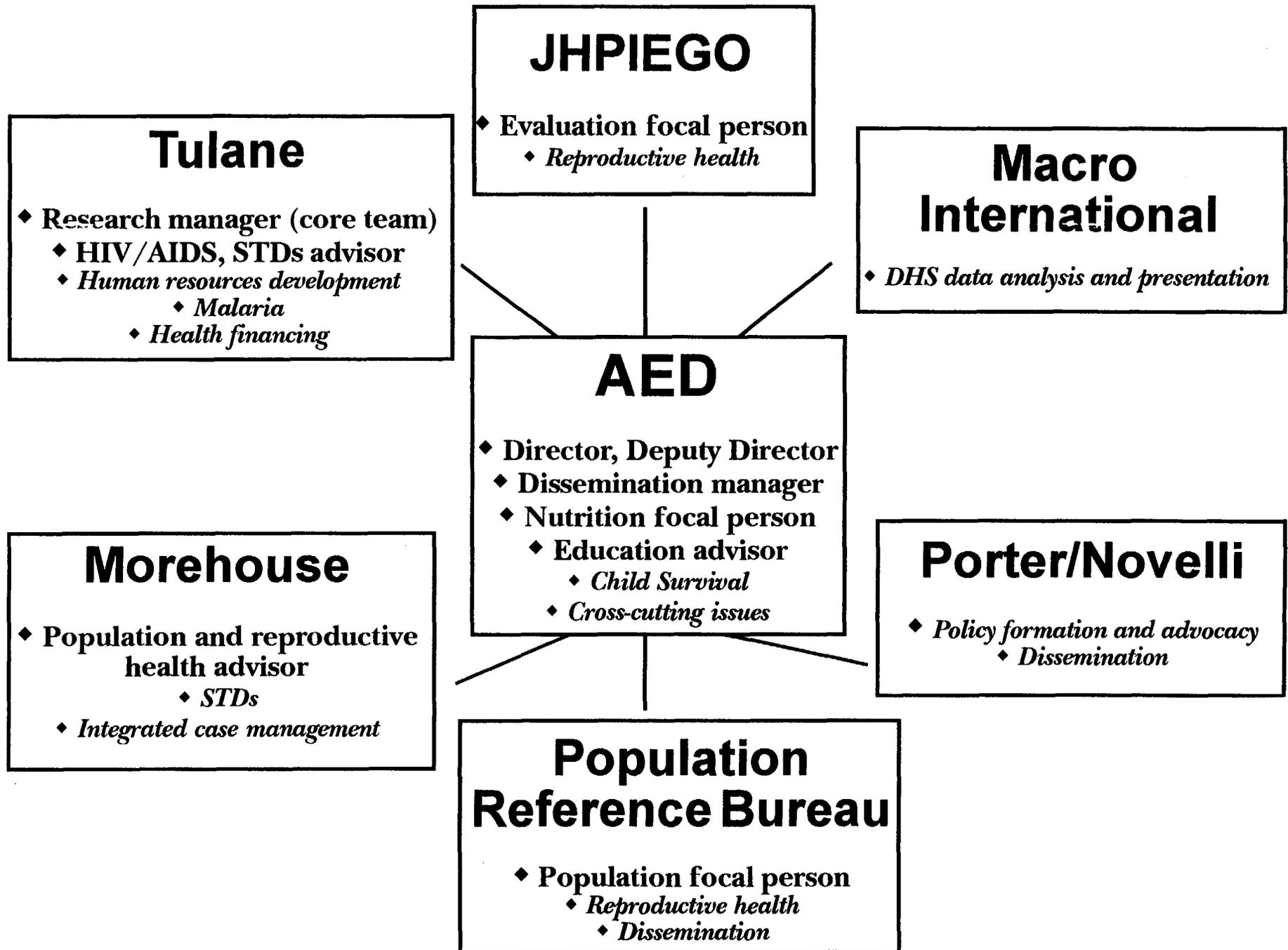
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Mechanisms for Implementation of Research, Analysis, and Dissemination Activities



to

SARA Project Consortium



Acronyms

ABEL2	Adult Basic Education and Literacy
ABIC	Africa Bureau Information Center
ACI	Africa Consultants International
ADDR/P	Applied Diarrheal Disease Research Project
AED	Academy for Educational Development
AFR/SD/HRD	Africa Bureau/Sustainable Development/Human Resources and Democracy
AIDSCAP	AIDS Control and Prevention Project
AIDSCOM	AIDS Communication Project
ARI	Acute respiratory infection
BASICS	Basic Support for Institutionalizing Child Survival
BHA	Better Health in Africa Initiative
BREDA	Bureau Regional d'Education Pour l'Afrique (UNESCO/Dakar)
CAs	Cooperating agencies
CDC	Centers for Disease Control and Prevention
CDD	Control of diarrheal diseases
CERPOD	Center for Applied Research on Population and Development
CIDA	Canadian International Development Agency
COHRED	Council on Health Research for Development
CRHCS/ECSA	Commonwealth Regional Health Community Secretariat/East, Central, and Southern Africa
DAE	Donors to African Education
DHS	Demographic and Health Surveys

DJCC	Directors' Joint Consultative Committee
ECSA	East, Central, and Southern Africa
ECSAHC ECSA)	East, Central, and Southern Africa Health Community (formerly CRHCS/
ENHR	Essential National Health Research
EPI	Expanded Program on Immunization
ERNESA	Educational Research Network for East and Southern Africa
ERNODA	ERNWACA electronic-mail network (proposed)
ERNWACA	Educational Research Network for West and Central Africa
ESS	Education Systems Support
FGM	Female genital mutilation
FP	Family planning
HFS	Health Financing and Sustainability
HHRAA	Health and Human Resources Analysis for Africa
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HPN	Health, population, and nutrition
HSR	Health Systems Research
IDRC	International Development Research Center
IEC	Information, education, and communication
ICM	Integrated case management of the sick child
IPAS	International Projects Assistance Services
IRM	Information Resources Management
JERA	ERNWACA Journal of Education Research in Africa

JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU	Johns Hopkins University
JSI	John Snow, Incorporated
MAQ	Maximizing Access and Quality
MCH	Maternal and child health
MEB	Ministère d'Education de Base
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management Sciences for Health
NAPHI	Network of African Public Health Institutions
NCIH	National Council for International Health
NGO	Nongovernmental organization
NIH	National Institutes for Health
ORANA	West African Food and Nutrition Organization
PACD	Projected activity completion date
PAHO	Pan American Health Organization
PATH	Program for Advanced Technologies in Health
PCS	Population Communication Services
PHS	Public Health Service
PRB	Population Reference Bureau
PSAPP	Private Sector AIDS Policy Presentation
PVO	Private voluntary organization
RARSR	Réseau Africain de Recherche en Santé de la Reproduction

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REDSO	Regional Economic Development Support Office
RDA	Research, analysis, and dissemination
RTA	Resident technical advisor
SAGO	Society for African Gynecologists and Obstetricians
SANA	Support for Applied Nutrition in Africa
SARA	Support for Analysis and Research in Africa
SSA	Sub-Saharan Africa
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
TB	Tuberculosis
TID	Tropical infectious diseases
UAPS	Union for African Population Studies
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USIA	United States Information Agency
WHO	World Health Organization

I. Introduction

The organization of the third Annual Report of SARA activities is briefly explained as follows:

SARA activities fall under five main headings, which reflect the overall goals of the project in support of the USAID Africa Bureau's HHRAA (Health and Human Resources Analysis for Africa) Project. An overview (Section II) is offered on activities to date under each of these headings, and directions for the future are summarized.

Section III deals in somewhat more detail with key cross-cutting issues that touch on all the analytic areas of HHRAA/SARA. In particular, emphasis is given in this year's report to the mid-term assessment—its process and recommendations—which took place in November and December 1994. A principal recommendation was for greater effort in dissemination and this report documents those increased efforts.

SARA activities carried out from October 1994 to September 1995 in each analytic area are then summarized (Section IV), with indications of what SARA hopes to accomplish in the remaining two years of the contract. Some lessons learned are offered in conclusion.

Overview

II. Overview: SARA goals, progress to date, and directions for the future

This overview presents a brief synthesis of achievements and plans for each one of SARA's five major goals:

A. *Assist HHRAA to improve processes for issues identification and for the development and implementation of its analytic agenda*

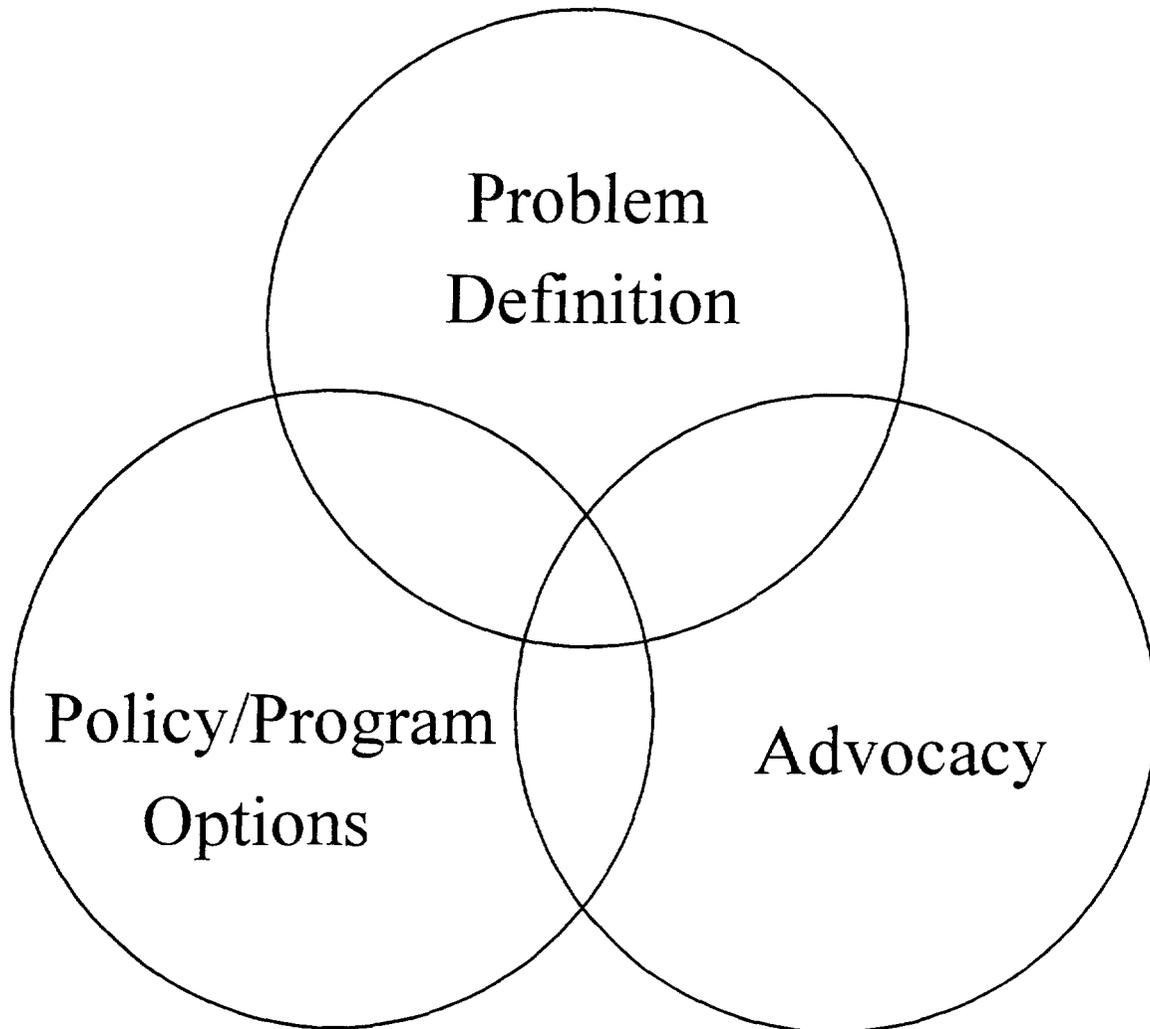
The mid-term assessment of all HHRAA-funded activities, including the SARA component, was carried out at the end of 1994 and provided a framework for SARA activities in 1995 in support of implementing the HHRAA analytic agenda. Recommendations of the assessment highlighted the need for HHRAA to:

- ◆ intensify efforts to clarify the impact desired from its research and analysis activities;
- ◆ focus energy on the activities needed to obtain the impact desired on policy and programs;
- ◆ increase attention to dissemination and advocacy activities needed reach impact; and,
- ◆ increase linkages with African institutions and efforts to build African capacity for dissemination and advocacy.

SARA, as the support project for HHRAA, has therefore worked intensively this year with the USAID/HHRAA staff (now numbering 11 in the health, population, and nutrition areas, and seven in the education area) to assist them in their role as activity managers in defining the impact sought for each activity or cluster of activities, as well as the next steps that need to be taken by HHRAA staff, the contractors for each activity, SARA, and others, to reach the desired results.

The figure on page 3, drawn from the SARA Publication *Knowledge Utilization and the Process of Policy Formulation*, has served as a useful lens in thinking through the type of impact that can reasonably be expected from the wide range of HHRAA-funded activities. The figure suggests that changes in policy and programs are brought about from a temporally-mixed process where there are iterative interactions between three "streams" of activity: defining the problem agenda, suggesting alternative solutions, and obtaining political consensus

Figure 1: Policy and program changes can occur when problem definition, policy/program options, and advocacy come together:



Overview

through advocacy. Using this framework, SARA has assisted in clarifying the place of HHRAA activities in the three streams of activity, giving particular attention to the dissemination and advocacy activities that are needed to reach the political consensus required for change. The process of clarification has given rise to revised action plans for each sub-sector of HHRAA.

The nine HHRAA Strategic Frameworks for Research and Analysis that SARA developed with HHRAA staff during the first two years of the Project have been published this year. A “Summary of HHRAA Strategic Frameworks for Health, Population, Nutrition, and Basic Education in Africa” was produced by SARA and widely disseminated. Further dissemination will include targeted mailings and posting on electronic networks.

In the last two years of the SARA contract, we plan to continue to work with HHRAA to refine and implement its efforts to have an impact on selected policies and programs. At the time when HHRAA contracted out many of its research and analysis activities, dissemination and advocacy components were often ill-defined and not included in the contracts. The task of carrying things forward after the initial research/analysis thus tends to fall on HHRAA staff and on the SARA contract. This task usually requires systematic coordination with other donors and implementing agencies involved in programs in Africa, as well as with the African regional institutions and networks that have the potential to play a follow-up and advocacy role.

B. Increase the use of research and information produced through HHRAA/SARA, as well as other information, on key areas identified in the strategic frameworks

SARA has advanced on several fronts in the effort to increase the use of research and information. Approaches range from the more classical publications and workshops to promoting E-mail connections and supporting an African regional institution to build up a network of 13 dissemination centers in the East, Central, and Southern Africa (ECSA) region. In brief:

- ◆ SARA has supported several fora this year where research has been disseminated and discussed. Issues discussed in Anglophone Africa have included breastfeeding and infant feeding, the consequences of unsafe abortion, health reform, and integration of STDs into MCH/FP services. In Francophone Africa, adolescent reproductive health, consequences of unsafe abortion, the use of risk approach in maternity care, integration of STDs into MCH/FP services, and removing barriers to

family planning services have been the subjects of discussion fora supported by SARA.

- ◆ Technical issues that have been addressed in SARA publications have included female genital mutilation, the consequences of abortion (published as a CRHCS/ECSA document), adolescent reproductive health in the Sahel (draft, to be published by CERPOD), integrated case management of the sick child (draft), methodology for improving infant feeding practices (draft), examples of regional initiatives for capacity building in the health sector, and the state-of-the-art on education research in West Africa (draft to be published as an ERNWACA document). SARA has also provided technical and editorial assistance for several HHRAA documents, as well as a BASICS-produced policy brief on the role of nutrition in child mortality.
- ◆ SARA has supported some innovative work by CRHCS/ECSA to build a network of dissemination centers in the ECSA Region. The CRHCS Assistant Coordinator for Dissemination is working with at least one center in each country, assisting the formation of task forces for advocacy, and the development of workplans on selected priority issues. SARA anticipates working with the BASICS-funded Information Center, possibly to be housed at ORANA, to disseminate research findings on child survival issues to Francophone Africa.
- ◆ In response to needs from the field for more information and skills to carry out advocacy activities, SARA is developing an advocacy orientation manual that can be used to guide a one-day introduction to the subject. The organizers of several upcoming events in Africa have expressed interest in incorporating this material as part of their meeting agenda.
- ◆ In our efforts to facilitate electronic linkages in Africa, particularly to strengthen the regional institutions and networks with which we work, we have continued to liaise with HealthNet and to assist our collaborators to hook up through other means, where HealthNet is not a viable option for them.
- ◆ SARA is supporting the Educational Research Network for East and Southern Africa (ERNESA) to produce summary briefs of research results on girls education in eight countries in the ESA region, and to organize advocacy meetings in 12 countries.

Overview

- ◆ SARA, through the Population Reference Bureau, has developed a proposal to strengthen CERPOD's ongoing work with journalists in the West Africa region.
- ◆ As follow-up to the SARA-funded CERPOD study on adolescents in West Africa, we are working with CERPOD to assist countries to define and implement advocacy activities, using the research carried out.

Bringing research findings and other existing information to decision-makers is a high priority for SARA in the next two years. We plan to work closely with our counterparts in Africa and with other projects and donors to intensify activities in this area.

C. Develop with several African institutions, linkages that foster capacity building as well as produce quality research, analysis, and dissemination activities of regional significance

SARA has supported research through several regional African institutions, such as CRHCS/ECSA (the consequences of unsafe abortion), CERPOD (adolescent reproductive health), and ERNWACA (conditionality in education reform). This work is nearing completion, and the emphasis has shifted to ensuring that these and other findings are effectively used. To further develop linkages with African institutions, SARA is now focusing its efforts on strengthening the capacities of our partners in the areas of dissemination and advocacy. The following are examples of the work (ongoing and planned) in this area:

- ◆ SARA is assisting CRHCS/ECSA in strengthening information dissemination and advocacy through a functioning network of country centers. SARA has also worked with CRHCS this year to organize the identification, by the Directors of Health Services, Research, and Medical Schools, of regional capacity-building initiatives required to support country health reform efforts.
- ◆ CERPOD, with SARA assistance, is breaking new ground in taking the research on adolescents in the Sahel to decision-makers through its support of country advocacy activities. The work planned with CERPOD to strengthen its network of journalists will also contribute to capacity building for information dissemination.
- ◆ SARA has long been interested in public health training as an important means of disseminating up-to-date information on priority health

issues to future public health personnel at all levels. A recent meeting in Brazzaville clarified and strengthened the status of the Network of African Public Health Institutions (NAPHI), now based in Kampala. This provides an exciting opportunity to influence the curricula of several member institutions throughout Anglophone and Francophone Africa. SARA is presently working with the NAPHI Chairman on setting up some joint activities.

- ◆ SARA is collaborating with NAPHI, WHO/HSR, and ECSA to develop a proposal to update HSR research training modules and to introduce them in appropriate curricula.
- ◆ ORANA—the regional applied nutrition institute in West Africa—is presently struggling to re-open its doors with a new regional capacity-building mission, based on the needs of the countries that it is mandated to serve. SARA, in coordination with BASICS, has played a role in supporting this process, and hopes to continue over the next two years to assist in bringing ORANA's much-needed potential to fruition.
- ◆ The Reproductive Health Network for West Africa—previously somewhat narrowly defined as a research network—is attempting to reformulate its objectives and operating procedures in order to carry out a wider set of activities in support of priority Reproductive Health issues. SARA is giving some limited assistance to the Network, in coordination with interested donors, projects, and institutions such as CERPOD, in its efforts to define and implement research, dissemination, and advocacy activities at country and regional levels.
- ◆ SARA is collaborating with the Council on Health Research for Development (COHRED) in its efforts to strengthen the Essential National Health Research (ENHR) African Secretariat, and facilitate coordination between the ENHR and other networks in Africa.
- ◆ SARA is progressing on a number of fronts with ERNWACA: publishing a synthesis of ten ERNWACA studies, launching a regional study on the role of conditionality in education reform, establishing electronic linkages among ERNWACA members, and continuing to build up the Network's institutional and technical capacities.
- ◆ SARA has provided assistance to the Educational Research Network for East and Southern Africa (ERNESA) for the preparation of a series of syntheses of research in eight countries on gender disparities in educa-

Overview

tion, and for advocacy meetings with decision makers to present the findings in the member countries.

D. Assess current research, analysis, and dissemination activities ongoing in the different sectors/areas of concern for HHRAA and implement activities for which SARA has a comparative advantage and which complement and build on the actions of other projects and donors

1995 has been largely a year of consolidation of the activities that were identified for SARA implementation during the issues identification phase that SARA managed for HHRAA. We have thus been concentrating on finishing some of the research and analysis already started in 1994, and on mobilizing efforts for dissemination and advocacy on HHRAA/SARA priority issues. Mentioned below are some of the activities that have advanced significantly this year in the different domains:

Nutrition

- ◆ Development of the manual to improve infant feeding practices “Designing by Dialogue: Consultative Research for Improving Young Child Feeding.”
- ◆ Work with BASICS on its nutrition strategy and on a policy brief on the place of nutrition in child mortality.
- ◆ Planning of a series of activities for improving nutrition programming through making research and training more program-related, in the context of the Bellagio Initiative, and with African Institutions.
- ◆ Work with BASICS to give joint support to strategic planning activities for ORANA, the applied nutrition institute in West Africa.

Population and Reproductive health

- ◆ Publishing of a monograph and development of a policy brief based on the results of the CRHCS/ECSA–JHPIEGO study, funded by SARA, on the consequences of unsafe abortion. CRHCS/ECSA has developed a dissemination/advocacy workplan on this issue, to be carried out through collaborating dissemination centers in each member country in the region.
- ◆ Discussion of key HHRAA/SARA issues by members of SAGO (the Society for African Gynecologists and Obstetricians).

- ◆ Joint sponsorship of an effort by the West African Reproductive Health Network to revise its mandate and formulate action-plans.
- ◆ Analysis by CERPOD of data on adolescents in the Sahel, discussion of both qualitative and quantitative findings and development of dissemination/advocacy workplans with country teams.

HIV/AIDS and STDs

- ◆ Development of a background paper giving a framework of issues in approaching the integration of STDs into FP, MCH, and other health programs.
- ◆ Development of a paper on the potential risk of HIV transmission through FGM practices.
- ◆ Implementation of a study in West Africa on attitudes and practices on HIV/AIDS in private sector firms as part of the Private Sector AIDS Policy Presentation (PSAPP) being developed by the AIDSCAP Project.

Child Survival

- ◆ Finalizing of a first draft of the Preparatory Guide for the Introduction of Integrated Case Management and circulation of this for testing in both French and English by BASICS, WHO/AFRO, and The World Bank.
- ◆ Working with BASICS on planning an inter-country meeting to discuss and plan for improved IEC for child survival in West Africa.
- ◆ Working with BASICS regional staff to define regional initiatives for child survival.

Education

- ◆ Continued support for ERNWACA in several areas including electronic linkages and network development.
- ◆ Provision of technical and financial support for several studies being carried out by HHRAA staff—with one of these studies implemented for HHRAA, with SARA funding, by ERNWACA.
- ◆ Support for dissemination and advocacy through ERNESA of several studies on girls education.

Overview

- ◆ Assistance to HHRAA in planning a consultative meeting on health-education linkages.

Health systems development

- ◆ Preparation of a two-day session on health reform during the CRHCS/ECSA Directors Joint Consultative Committee meeting, which led to the identification of seven regional initiatives needed to support country health reform efforts.

E. Develop, where appropriate, and promote the use of generic tools/instruments to improve the practice of programs in health and human resources

- ◆ Good progress has been made on the Preparatory Guide for the Introduction of Integrated Case Management of the Sick Child (ICM). This has been developed in close coordination with the BASICS Project and important input was obtained this year from discussions in Brazzaville with the WHO/AFRO team. The Guide has already been at least partially used in two African countries and in several countries outside Africa. We plan to circulate a revised version in English and French in early 1996 and participate before mid-year in an orientation session, involving several donors, for potential facilitators of the Guide's use in Africa.
- ◆ A draft of the manual for improving infant feeding practices, entitled "Designing by Dialogue: Consultative Research for Improving Young Child Feeding," has been circulated for review. Offers have been received from projects working in Africa to test the methodology laid out in the manual. The manual should be useful for pre-service training settings as well as for program development in the field and SARA will be seeking out opportunities to integrate its use through our African partner institutions and projects working in Africa.
- ◆ CERPOD, with SARA funding, has started the preparatory work needed to develop a reference manual for the use of data at health center level in Francophone West Africa, using Mali as the test site. The manual is being developed with the Ministry of Health (MOH) in Mali and will be tested during MOH-run in-service training courses that are planned for 1996.
- ◆ SARA is exploring the possibility of co-sponsoring the development of some public health training modules for integration into pre-service

training settings on key issues in the areas of reproductive health, nutrition, integrated case management, research methods, and health reform. This set of activities would involve several projects, donors, and African institutions, under the leadership of the Network of African Public Health Institutions (NAPHI), now based in Kampala. Initial contacts have been made with several potential partners in this enterprise, and 1996 should see some intensive activity in at least some of the areas mentioned.

- ◆ SARA has been collaborating with WHO/HSR and CRHCS/ECSA on developing a proposal to update HSR's research training modules and incorporate them into pre-service and in-service training, preferably in coordination with NAPHI. Funding for this activity is being solicited by the three African institutions involved. If sufficient interest is shown, SARA hopes to fund part of the module revision process in 1996.
- ◆ SARA is developing materials to guide introductory sessions on advocacy. This reflects a need expressed in several fora to assist professionals in various technical domains to develop advocacy skills that they can put into practice and increase the impact of the work in which they are already engaged.

Mid-term Assessment

III. Activities affecting all HHRAA/SARA analytic areas

A. *Mid-term assessment*

A mid-term assessment of the HHRAA project was conducted in Washington, D.C., between November 7 and December 14, 1994, by a seven-member team organized to address sub-sector activities and accomplishments as well as overall cross-cutting project processes.

The purposes of the mid-term assessment of the HHRAA project were to:

- a) verify project progress towards achieving project goals and objectives, including development of systems and improving the quality of research and analysis supported by the project;
- b) provide a basis for project extension and funding; and
- c) provide an opportunity to review project achievements, revisit the project strategy and assumptions, and identify mid-course corrections that may be needed to strengthen HHRAA's impact.

The assessment team reviewed project documents and conducted interviews with a large number of project actors, especially with SARA, the principal support contractor of the HHRAA project.

The assessment team affirmed in its final report that HHRAA is showing results that have potential for impact and is demonstrating that information and analyses can influence decisions on programs, strategies, and policies. The team recommended that the Agency obligate the funds required to move ahead with Phase II of the project, and concurrently extend the PACD of the HHRAA project from September 30, 1996 to September 30, 1998. The SARA contract has been extended through September 1997—the limit set in the initial contract between USAID and AED and its partners.

The assessment team also pointed to areas that HHRAA needs to strengthen in order to maximize its potential for increasing the utilization of information for improving policies and programs in Africa. The areas for improvement include expanding innovative dissemination and advocacy strategies for HHRAA research and analysis results, improved communications with USAID missions, and increased African participation in the project implementation.

The team found that SARA and its consortium of sub-contractors have provided essential support to the HHRAA project. SARA has played a key role in

Mid-term Assessment

the issues identification process, in developing the analytic agenda, and in developing and disseminating project documents and reports. SARA has also identified and established linkages with the principal African institutions with which the HHRAA project is working, and the SARA consortium has played a lead role in organizing many of the consultative meetings held in Africa to date. In the opinion of the team, SARA has performed these roles well and its performance in these areas has been highly valued. The team recommended that during Phase II of the HHRAA project, the SARA consortium should be required to continue many of the same activities it has carried out during Phase I, and should be more proactive in dissemination support and in linking dissemination with advocacy strategies. The team also recommended that SARA should continue its efforts at strengthening the capacities of African collaborating institutions to take on leading roles in all aspects of the project implementation, including dissemination, advocacy, and utilization research results.

As will be shown in this report, SARA is in the process of shifting the emphasis of its activities based on the above recommendations of the HHRAA mid-term assessment team.

As a major follow-on to the HHRAA mid-term assessment, and to ensure that analytic agenda items are adequately focused and on the right track for achieving the desired results or impact, SARA has been assisting AFR/SD/HRD and the managers of HHRAA activities to conduct sub-sector portfolio reviews and to develop action plans. The action plan development exercises are centered on the policy and program impact of clusters of HHRAA-funded activities and on ways to achieve and monitor that impact. The “impact imperative” as well as the vital importance of dissemination and advocacy are being stressed in this process and the plans developed will guide HHRAA and SARA activities during the remaining years of the project.

Development of Strategic Frameworks

B. Development of Strategic Frameworks for research, analysis, and dissemination

For the past two years, HHRAA, with SARA support, has carefully studied and analyzed research, analysis, and dissemination needs in the health, population, and basic education sectors, in order to focus, guide, and strengthen its work in sub-Saharan Africa.

With input from colleagues in USAID, African institutions, and international organizations, through a series of consultative group meetings in the U.S. and Africa, and vetting with technical experts, SARA assisted in the development of ten strategic frameworks to guide the AFR/SD analytic agenda in the following areas: Basic Education, Health Financing, Private Sector Role in Health, Nutrition, Integrated Case Management of the Sick Child, Behavior Change and Maintenance, Population and Family Planning, Safe Motherhood and Reproductive Health, HIV/AIDS/STIs, and Malaria.

Each strategic framework document assesses and analyzes fundamental information gaps and needs that are crucial to developing better policies and programs in each area. Each framework also prioritizes potential analytical activities to assist and support the selection of analytical activities.

SARA also produced a companion document that is a Summary of HHRAA Strategic Frameworks for Health, Population, Nutrition, and Basic Education in Africa. This document presents the rationale for and the process of developing nine of the strategic frameworks and the priority issues identified in each. It is being translated into French.

The frameworks are currently being distributed to our African colleagues, cooperating agencies, international organizations, and other donors. It is planned to make those documents electronically available on the USAID Internet gopher.

C. African Participation and Collaboration with African institutions

The purpose of the collaboration that SARA has established with African institutions remains unchanged. It is either to encourage an African institution to carry out parts of the HHRAA analytic agenda where these coincide with the institution's research and analysis priorities or to strengthen an institution to carry out some more general functions (e.g. dissemination and advocacy) that are priorities for HHRAA. Collaborative efforts often serve both functions. In addition, technical linkages are often established between the institutions and

SARA or other projects, allowing the exchange of experiences for capacity building as well as the implementation of high quality work.

The highlights of SARA's collaborative relationships with African institutions this year are presented below:

Applied Nutrition Institute for West Africa (ORANA)

- ◆ SARA staff members have worked closely with the BASICS Regional Nutrition Advisor in Dakar to galvanize interest in the restructuring of ORANA and to prepare a meeting of representatives of nine countries in Francophone West Africa, who will meet to discuss the institution and its potential in late 1995. Proposals for other steps necessary to identify needs and activities for improving nutrition programming in the region are also in preparation, with input from BASICS and SARA. SARA is also interested in the ORANA Information Center's dissemination capacity for Francophone Africa.
- ◆ SARA funded some initial work on the development of a PROFILES computer presentation of nutrition needs and potential program impacts for the region. The acquisition of skills in this activity by the BASICS Regional Advisor, who hopes to be doing some advocacy work under the ORANA mandate, should be of benefit to the region as a whole. The BASICS Project is contributing technical and financial assistance to follow on this activity.

Center for Applied Research in Population and Development (CERPOD)

- ◆ CERPOD, with SARA funding, carried out the bulk of the quantitative analysis of adolescent reproductive health data this year. CERPOD staff and country representatives were assisted in this effort by SARA subcontractor DHS/MACRO and by The Johns Hopkins Department of Population Dynamics. The reports of the qualitative data analysis were also produced this year, with assistance from Tulane University.
- ◆ Gary Engelberg of Africa Consultants International (ACI) in Dakar, under contract to SARA, worked with CERPOD researchers and journalists to put together a résumé of both the qualitative and quantitative analyses in a form that is useful for widespread dissemination and advocacy. This has been an innovative and capacity-building exercise for CERPOD.
- ◆ Engelberg also assisted CERPOD staff to design and organize an innovative way of discussing the studies in a workshop which brought to-

African Participation

gether researchers, journalists, and family planning authorities from the countries concerned. Country action plans for dissemination and advocacy on adolescent reproductive health were one result of the workshop and will be followed up by CERPOD, with SARA support, as appropriate.

- ◆ The Population Reference Bureau has continued to play a coordinating role on the adolescents study and also to develop a proposal to strengthen the work that CERPOD is doing with a network of journalists in the region. This activity, which includes working with high-level “gatekeeper” editors and the production of both print and radio materials, will be at least partially-funded through SARA.
- ◆ In discussions with the SARA Project Director, the Director of CERPOD expressed interest in testing and adapting the advocacy training materials that SARA is producing, since CERPOD staff is now convinced of the need, as researchers, to play a much wider role in dissemination and advocacy in the region.
- ◆ The Operations Division at CERPOD is working on the development of a manual for the use of data at periphery-level health facilities in the Sahel, with SARA funding. Mali is the test site for this activity, which will probably benefit from some technical linkages as the activity progresses.

Commonwealth Regional Health Community Secretariat for East, Central, and Southern Africa (CRHCS/ECSA), or ECSAHC

- ◆ SARA staff worked with WELLSTART International and CRHCS/ECSA to prepare and follow up on the 1995 ECSA Chairpersons Meeting. This meeting, which brings together the heads of university medical faculties and other training institutions from the thirteen ECSA countries, focused on improving teaching on breastfeeding and infant feeding.
- ◆ JHPIEGO staff has continued to work closely this year with CRHCS/ECSA on finalizing the SARA-funded Consequences of Unsafe Abortion monograph and the policy brochure on the subject being prepared for widespread diffusion. HHRAA and SARA/AED staff have also been quite involved in supporting this activity. JHPIEGO will be monitoring the impact of the work in the countries of the region, following the resolutions for policy and program changes adopted by the 1994 ECSA Health Ministers Meeting and translated into action plans at the

Directors' Joint Consultative Committee Meeting (DJCC) held this year. SARA-funded dissemination activities carried out and/or coordinated by the CRHCS Assistant Coordinator for Dissemination will also support the follow-up work.

- ◆ The Assistant Coordinator for Dissemination has developed a workplan to support three other key areas chosen as themes by CRHCS in the areas of reproductive health and nutrition. He is working closely with the dissemination centers identified in the ECSA member countries, and several of these have submitted workplans for SARA funding that include both dissemination and advocacy activities.
- ◆ SARA, MSH, REDSO/ESA, and CRHCS staff worked closely together to prepare discussions on health reform issues that were held at the 1995 DJCC meeting. The Directors of Health Services, Research, and Medical Schools identified capacity building priorities at country and regional levels necessary to support country health reform efforts. The meeting was funded jointly by REDSO/ESA and the Better Health for Africa Secretariat, with facilitation from SARA and MSH.
- ◆ CRHCS, WHO/HSR, and SARA staff have worked together on preparing a proposal to update HSR's research training modules and integrate these into pre-service training settings.

Education Research Network for West and Central Africa (ERNWACA)

SARA continued its collegial relationship to ERNWACA, lending technical support to this regional educational network. ERNWACA played a major role in the organization and implementation of a regional meeting of education ministers in Ségou, Mali, and is taking on a multinational study of the role of conditionality in education reform for HHRAA. Another SARA input to ERNWACA has been assistance for planning its first year of electronic connectivity using computers supplied by IDRC.

Education Research Network for East and Southern Africa (ERNESA)

SARA undertook to assist ERNESA to take the findings of a series of research studies on gender disparity that they had completed in eight countries and to synthesize and package them as a series of profiles for policy makers. These will be produced and widely distributed throughout their 12 member countries. Once these are available, ERNESA will begin a series of advocacy meetings with key education decision makers in each of the member countries, to

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bring the findings to their attention, and encourage a policy dialogue on the issues raised.

Network of African Public Health Institutions (NAPHI)

SARA worked closely with WHO/AFRO for the organization of the third meeting of NAPHI. Discussions with the new Chairman of this Network were initiated by Dr. Duale in Brazzaville in October and followed up in Washington with a wider group of SARA staff. Proposals for joint dissemination activities through curriculum development are in the discussion and early drafting stage. Specific ideas are being prepared in the areas of reproductive health (with JHPIEGO as a key partner), nutrition (with the new AED cooperative agreement, Support for Applied Nutrition in Africa, SANA), district management and other health reform issues (with MSH), and improved training in research methods (with CRHCS/ECSA and HSR).

Reproductive Health Network for West Africa

Dr. Lalla Touré, SARA's Reproductive Health Advisor, has taken the lead in working with this Network to prepare discussions on restructuring, the potential of country chapters, and regional coordination. These should take place in a workshop to be held in late 1995, linked to technical discussions on the theme of male involvement in reproductive health. Both Drs. Touré and Prysor-Jones have held many discussions with donors, projects, cooperating agencies, and African institutions such as CERPOD and UAPS (the Union of African Population Studies) to assess the interest of the international reproductive health community in assisting the network to become functional and responsive to the considerable needs of the region.

Society of African Gynecologists and Obstetricians (SAGO)

SARA took the opportunity of this exceptional gathering of 19 African experts in reproductive health in Cameroon in December to discuss issues of mutual interest and potential collaboration. SAGO's agenda included discussion of a number of reproductive health issues of regional interest: the use of risk approach in maternity care in Africa, post-partum and post abortum family planning services, and the integration of STD services into family planning and maternal and child health services. SAGO priorities fit closely with HHRAA/SARA priorities as set forth in the Safe Motherhood Strategic Framework for Research and Analysis.

D. Dissemination and Advocacy

(See also dissemination and advocacy activities specific to each HHRAA/SARA analytic area in Section IV.)

The concept of dissemination evolved significantly in 1995 to encompass a strong emphasis on advocacy. This occurred for a number of reasons: some of them resulting from SARA's research on how policy changes occur, others from points raised by the mid-term assessment team, and yet others from discussions and consultations with organizations and people actually doing advocacy.

Changing Perceptions

A major effort this year has been to work with the HHRAA teams to change their perceptions of what dissemination and advocacy are and what their own roles are in the strategy for policy change. The notion that providing reports with compelling findings is enough to change public policies is giving way to the recognition that each person on the team must contribute to an effort to persuade and sway decision makers and that each person must select from among his or her research findings those points that are most important, to carry to colleagues in the U.S. and the field.

Lessons Learned

SARA has learned this past year that the process of putting in place dissemination mechanisms is slow and laborious. It involves many elements that do not all fall into place at the same time. It involves a variety of additional support, it requires juggling competing demands, and in Africa it is particularly subject to the availability of key people who are often—because of their competence—spread thin among many activities.

On the other hand, it is extremely encouraging to note that the idea of information sharing has gained acceptance among many African institutions, in part because of the perceived potential of the electronic highway, and there is clearly a willingness to participate in this sharing.

As noted above, the initial HHRAA notions of dissemination and advocacy were very general and disassociated from the research aspects of the project. While SARA now promotes the integration of research, dissemination of results, and advocacy for policy change, this is a concept that carries considerable budgetary implications, not previously foreseen by other HHRAA initiatives, which are increasingly being borne by SARA. We anticipate that as

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HHRAA draws up new budgets to support research, dissemination will be amply supported, reflecting SARA's formative efforts.

African Dissemination Networks

This year has seen the expansion of SARA's relationship with the East, Central, and Southern Africa Health Community (formerly CRHCS/ECSA, now ECSAHC). ECSAHC has established links with existing information centers in the ECSA countries to assist in the distribution of information related to reproductive health and to nutrition. Five of these centers to date, with assistance from the ECSAHC Coordinator for Dissemination, have developed one-year workplans for dissemination and advocacy for policy change in reproductive health and in nutrition. SARA is providing modest support for these activities, and considers this a valuable test of an innovative approach to reaching decision makers in Africa. This multi-center activity is an outgrowth of the workshop discussed below. The primary focus of the centers' initial dissemination efforts will be the findings of the major study carried out by ECSAHC, JHPIEGO, and IPAS, to document the magnitude of complications arising from unsafe abortions, and its toll on maternal morbidity and mortality. The monograph presenting the entire study is being printed in limited numbers. However, a policy-maker booklet, summarizing the findings, will soon be available and widely distributed in the ECSA region.

In February of this year, Dissemination Manager Judy Brace attended a launching workshop, convened by ECSAHC, that brought together representatives from each country's identified information center, to begin the orientation process for proactive information collection and dissemination around the two topical areas of reproductive health and nutrition. The participants were introduced to new approaches to information management, the collection of relevant unpublished literature, how to develop an advocacy plan, and electronic networking.

Materials Production

In the course of the year there was a major effort to finalize the HHRAA Strategic Frameworks so as to make them available for USAID and donor audiences. The frameworks laid out the priorities and information gaps in nine of the sub-sectors. In addition, SARA felt a need for a summary document that would briefly present the key points of each strategic framework. This was compiled internally by SARA staff, and became the first in the series of 10 publications entitled *Setting Priorities for Research, Analysis, and Information Dissemination in Africa*.

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The topics covered in the series include:

- ◆ Basic Education
- ◆ Behavior Change and Maintenance for Child Survival
- ◆ Health Sector Financing and Sustainability
- ◆ HIV/AIDS, STDs and TB
- ◆ Improved Child Nutrition
- ◆ Integrated Case Management of the Sick Child
- ◆ Malaria Prevention and Control
- ◆ Population and Family Planning
- ◆ Private Health Sector Development
- ◆ Safe Motherhood and Reproductive Health

The *Summary* document was sent to a mailing list of some 350 people: USAID, donors, CAs, and African institutions and individuals, and went out accompanied by a cover letter from Hope Sukin and a request form for all the Strategic Frameworks. To date, more than 40 feedback sheets have been received for specific Frameworks. In addition, the *Summary* has been widely distributed at meetings and workshops in USAID and in Africa.

The mailing of the individual Frameworks will shortly be undertaken to sector-specific mailing lists, once the sub-sector managers have reviewed and approved the mailing lists.

There were two SARA Issues Papers produced, the result of extensive literature reviews and polling of experts:

- ◆ *Female Genital Mutilation and the Risk of HIV*
- ◆ *Providing Services for Sexually Transmitted Infections Within Other Health Programs*

These were prepared for specific meetings/conferences, but a larger dissemination effort will now be begun. The availability of these two documents, along with the Strategic Framework for Population and Family Planning, and the Strategic Framework for Safe Motherhood and Reproductive Health are being announced on the USAID electronic discussion forum on Reproductive Health.

A series of brief institutional case studies on regional collaboration on health and population activities—*Regional Initiatives for Capacity Building in the Health Sector*—was produced as a resource for ECSAHC's Directors' Joint Consultative Committee meeting in Nairobi in August 1995.

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SARA undertook *An Assessment of the Dissemination and Use of DHS-Related Nutrition Documents in Africa* that identified a number of important lessons for the dissemination of research findings that are now being acted upon by HHRAA.

It was felt that the SARA/AIDS COM series of lessons learned in Africa on the prevention of AIDS—presented as Field Notes in a folder entitled *AIDSCOM Lessons Learned: AIDS Prevention in Africa*—had a valuable overview that warranted translation into French. SARA subcontractor African Consultants International (ACI) was tasked with this translation. ACI will provide SARA with an AIDS-focused mailing list to use for the document's distribution when produced.

A long-awaited product that SARA made possible was the English version of the World Bank's earlier French-language document on preventing malnutrition in Africa. SARA provided the Nutrition unit of the Bank's Africa Technical Department with the English translation which was finally published as *Enhancing the Contribution of the Health Sector in the Prevention of Malnutrition: Review of Project Appraisals in Africa*.

As sub-sector activities carried out through external contracts between HHRAA and different agencies/projects come to an end, SARA is being asked to undertake the production and/or dissemination of those activities' products. For example, SARA is working with Abt Associates to take on dissemination of the HFS Project's *22 Questions* folder, and to finalize the synthesis paper written on the experiences in health financing reform in Africa. Several dissemination activities related to the Tropical and Infectious Diseases portfolio are also underway, including a subcontract with Johns Hopkins to document the Bagamoyo Bednet Project.

Dissemination Approaches and Activities

SARA/HHRAA are now in the process of getting all the SARA published documents onto the Internet through USAID's gopher and world wide web site. SARA provided all the documents in two forms: in ASCII files for the gopher, and on CD-ROM with all photos, charts and graphs for the web site. In addition, SARA is providing all the HHRAA Strategic Frameworks in ASCII files for the gopher.

SARA's original intention in having its documents "stripped" into ASCII files was to enable their placement on HealthNet for distribution to African institutions that are using the network. The process of working with SatelLife—HealthNet's operator—to select appropriate presentation formats for these

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documents is proceeding slowly, due to changes in HealthNet personnel and systems software.

SARA has had several promising discussions with the new BASICS Dissemination & Communications director, and we are hopeful that we can resuscitate earlier SARA hopes to develop some panel discussions for WorldNet in collaboration with BASICS. There have been many process changes at USIA and we need to look again at the requirements.

SARA undertook this year to work with HHRAA staff to regularize the posting of HHRAA "e-notes" on USAID's E-mail system. These are short announcements of activities, publications, meeting outcomes, etc. that would keep the field abreast of HHRAA's range of activities. SARA prepared an e-note schedule (topics and anticipated date of preparation) and follows up with identified writers to produce the brief information notes. Next steps will be to design a transmittal format that is easy to read and readily identifiable as a HHRAA message.

SARA continues to interact on a regular basis with other USAID-funded projects such as ABEL2, OMNI, BASICS, and the APHA Clearinghouse to promote the inclusion of African partners in their dissemination activities. ABEL2, for example, shares materials with both ERNWACA and ERNESA, as well as with the African Women's Education Network. In addition, SARA works closely with the Africa Bureau Information Center (ABIC), with IRM, and with the Global Bureau's reproductive health staff (pilot videotaping of presentations and the electronic discussion forum).

At the beginning of the project, SARA began collecting mailing lists from many institutions working in the same sectors as HHRAA. These were coded and aggregated, and form a large multi-sectoral database, capable of searching by audience, by country, by sector, etc. It was clear, however, that the size of the various sectoral lists was far beyond the target audience(s) for the project. Each HHRAA sub-sector activity manager, with support from SARA technical advisors, will need to review and refine their sectoral mailing list to reach a more focused segment of decision makers. This will be a next step.

The mid-term assessment team was concerned that more channels be used for communication with the field (Missions and REDSOs). This became part of a SARA effort to focus HHRAA staff on its stated audiences (USAID, other donors, African public and private sectors), and to assist them to understand better the processes and strategies of planning for dissemination and for advocacy. A series of guideline sheets were prepared, including:

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- ◆ HHRAA Advocacy
- ◆ Outline for Advocacy Strategy
- ◆ Steps for HHRAA Dissemination & Advocacy
- ◆ HHRAA Project Pre-Research Checklist

This is an ongoing process, and SARA's next steps will include development of guidelines for dissemination planning.

SARA's Dissemination Manager attended several Africa Bureau meetings this year on the Leland Initiative that aims to link African countries to the Internet. The Africa Bureau has received a number of unsolicited proposals related to either installing Internet gateways in every country, or using the Internet for distance education, research, scientific computer conferences, etc. There have been many discussions to get a sense of what the Africa Bureau's role should be, what the major constraints are to putting people in Africa on the information highway, and what kinds of things should be taken into consideration in the planning of this initiative.

SARA was invited to participate in a meeting of UNICEF's Health Promotion Unit to discuss electronic communications, and in particular, the Internet. Along with John Mullaney of HealthNet, SARA was able to share the project's African experiences and expectations in the area of electronic connectivity, and to urge UNICEF staff not to forget their counterparts when designing a strategy to make UNICEF information available.

SARA Dissemination Manager Judy Brace and SARA consultant Gail Kostinko have been working with HealthNet staff to encourage the network to link up some West African institutions. For a number of technological and human resource reasons, it is proving difficult for the HealthNet site in Mali (the National Malaria Lab), to function properly and to extend its services to other institutions. SARA is interested in connecting CERPOD, ERNWACA, and the MOH to the system. HealthNet is trying to identify a replacement candidate for systems operator.

An expensive, but effectively functioning, commercial electronic service was located in Mali, and SARA arranged with the service providers of MaliNet to link up the ERNWACA Regional Coordinator until such time as an alternative, cheaper system (e.g., HealthNet) is available.

Gail Kostinko's task order includes facilitating and assisting the electronic linkages between and among SARA's partner institutions in Africa. She has been working with HealthNet to identify all of the HealthNet users in the region, in order to help SARA gauge the utility of the network, the frequency of its use,

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problems encountered, and other points of evaluation, in order to assist SARA partners to more effectively use electronic connectivity for information access and sharing.

SARA Steps for Advocacy

SARA began a series of discussions this year with a number of Washington-based organizations that are actively involved in advocacy—both domestically and abroad. We recognized that there is an evolving methodology for advocacy similar to, but targeted more narrowly than social marketing. It became clear that for SARA to be in a position to know how to assist African partners to advocate on behalf of a policy change, or to suggest guidelines for USAID’s advocacy, we would need to bring together common experience and synthesize what is now known.

With the assistance of Ritu Sharma, AED Officer for Policy, a one-day workshop was convened at the Academy, bringing together a variety of people who are directly involved with advocacy efforts in Africa and elsewhere. The report of that workshop was produced and distributed to those who attended, to HHRAA staff, and to ECSAHC.

This workshop made it clear that in Africa SARA’s role should be to assist Africans to develop their capacity to be advocates. African groups and institutions should be empowered to advocate on behalf of issues that are key to them.

Following the workshop, SARA began to plan a simple “introduction” to advocacy in the form of a series of modules on the basic elements of advocacy that would comprise a day-long workshop. It was envisioned that this would be a generic introduction that could be added to professional workshops in Africa on nutrition, reproductive health, child survival, malaria—any HHRAA sector area. Work is underway on the modules and we anticipate their completion toward the end of the calendar year.

The rationale for HHRAA’s activities is that their findings will have a positive impact on social policies and programs in Africa. It is crucial that HHRAA staff and RTAs take ownership of the results, identify the critical messages resulting from the work, and carry these messages to professional forums, to colleagues, and to counterparts as part of their HHRAA role. SARA is working with the various sub-sector groups to increase their ability to do this kind of advocacy.

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IV. Activities in HHRAA/SARA Analytic Areas

A. *Child Survival*

SARA advisors:

Suzanne Prysor-Jones, Academy for Educational Development
Hugh Waters, Academy for Educational Development
Sambe Duale, Tulane University

Objectives for FY95

- ◆ Assist disseminating and promoting the use of the Africa Bureau Framework for the Implementation of Child Survival Programs
- ◆ Organize the dissemination of R, A, & D Strategic Frameworks in the child survival area
- ◆ Carry out analysis, dissemination, advocacy and evaluation in support of the child survival strategy

1. Issues identification process

Four publications were prepared by SARA with HHRAA staff and input from many other parties concerned with child survival, in the first two years of the Project, and served to identify key issues for HHRAA/SARA attention:

- ◆ Strategic Frameworks for Research, Analysis, and Dissemination for:
- ◆ Integrated Case Management of the Sick Child
- ◆ Behavior Change and Maintenance for Child Survival
- ◆ Improved Child Nutrition (see Section IV. C)
- ◆ USAID Framework for Design and Implementation of Child Survival Interventions in Africa: Focused Interventions for Impact; Systems Strengthening for Sustainability

This year, these publications were finalized and published as HHRAA documents. The Framework for Implementation still awaits the final approval of USAID before being officially circulated. It has, however, been widely discussed in its draft form and been used by HHRAA and Global Bureau staff and consultants, as well as USAID Field Missions. This publication has, therefore,

influenced USAID programming in the field—the chief purpose of the document.

2. Research and analysis

Development of the Preparatory Guide for the Introduction of Integrated Case Management

Excellent progress has been made this year on developing the Guide. Dr. Mariam Claeson, working as a SARA consultant, finalized a first draft of the Guide early in the year, assisted by trainer Millie Morton and Suzanne Prysor-Jones. The draft Guide was circulated in French and English for comments and initial testing to USAID headquarters and several Missions, WHO/Headquarters and Regional Offices, BASICS headquarters, West Africa Regional and country offices, UNICEF, and The World Bank. Many comments and suggestions have been gathered together from discussions and partial use of the Guide in Haiti, Madagascar, the Philippines, and Zambia. WHO/AFRO, in particular, spent two half-day sessions with Prysor-Jones in Brazzaville and made important suggestions for improving the Guide.

By the end of 1995, a next draft of the Guide should be available, including a chapter on planning communications activities in support of ICM, currently being prepared under BASICS direction. The following should take place in 1996 to facilitate appropriate use of the Guide:

- ◆ An orientation workshop for potential facilitators, who will be available to use the Guide's approach in several African countries, has been suggested for joint organization by BASICS, WHO/AFRO, and SARA.
- ◆ The Guide, or sections of the Guide, will be used in introduction of integrated management in several African countries, including Madagascar (underway), Mali, Niger, and Zambia, and in several countries outside of Africa.
- ◆ Translation of the Guide into Spanish by PAHO (a draft of the Guide is already translated).
- ◆ Training of potential consultants in the planning of integrated management of the sick child in low-income countries, organized by the International Child Health unit, and Indvelop, Uppsala, Sweden.
- ◆ Inclusion of the Guide as a reference document in a tool kit for World Bank task managers, to guide the introduction of integrated management in World Bank supported projects.

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- ◆ Documentation and follow-up of how the Guide has been used and gathering of recommendations for further modification.

Paper on the current status of CDD Programs in Francophone Africa

The meeting of Francophone CDD and ARI Managers in Africa, attended by Prysor-Jones in late 1994, confirmed the current weakness of activities in both these high-priority areas which are still responsible for more than 40 percent of childhood mortality in Africa. In most countries in Africa, integrated case management (ICM) is only just being initiated and, in the meantime, the intensity of specific disease control activities has fallen off or, in the case of ARI, never reached a satisfactory level. SARA consultant, Hugh Waters, has attempted to pull together available data on CDD, in particular, and do some initial analysis, in order to bring the issue to the attention of decision-makers. The paper may well serve as a stimulus to the development of ICM. The paper is presently in draft form.

Paper on improving the capacity of NGOs in Africa to implement child survival activities

There have been many efforts in Africa to strengthen the capacity of local and other NGOs to implement child survival programs. Several approaches to this have been tried, with varying success. Hugh Waters is attempting to pull together some of these experiences and to draw out some lessons learned that should be useful for future efforts. This paper has been drafted and will be revised on the basis of questionnaires sent out to the field.

Identification of regional initiatives for child survival in West Africa

SARA is participating with USAID and BASICS in the ongoing analysis of the needs and feasibility of regional activities in West Africa. Potential activities being explored, principally by the BASICS Regional Team for Francophone Africa based in Dakar, include dissemination and advocacy on child survival issues, improvement of nursing school curricula, training West African social scientists to use existing program-related qualitative research methodologies, working with private radio stations, and developing technical materials for EPI and ICM.

Advice to USAID Africa Bureau-supported regional EPI and malaria initiatives

SARA staff have been involved this year at different stages of the development of regional initiatives in EPI and Malaria. Dr. Duale, in particular, has participated actively with USAID Global Bureau, Africa Bureau, and CDC in the de-

velopment of a USAID Malaria Strategy for Africa, and of the African Integrated Malaria Initiative (AIMI). AIMI is a five-year initiative that aims to strengthen the long-term prospects for sustainable and effective management and prevention of malaria-related illness throughout the Africa region. The funding levels allow for up to four countries to participate in AIMI. Dr. Prysor-Jones has participated with HHRAA and WHO/AFRO staff in defining monitoring and evaluation indicators for regional activities supported by the Africa Bureau.

3. Dissemination and advocacy

The Ghana experience of developing integrated, decentralized IEC activities

Hugh Waters has been collaborating with Population Communications Services at Johns Hopkins University to gather and present the Ghana experience. The issues faced in Ghana—the role of central Health Education Units in decentralized systems, the role of the District in IEC, working with the private sector, and the integration or sequencing of messages on many different priority areas—are common concerns in many African countries. Some aspects of the PCS-supported project in Ghana have been quite successful, and SARA is giving some assistance in disseminating lessons learned. The paper is in draft form.

Preparation of a Workshop on IEC in Francophone Africa

Dr. Prysor-Jones has been working closely with AED and BASICS staff to prepare a workshop for teams of practitioners from a limited number of Francophone West African countries. The objective of this is to discuss lessons learned from experiences to date in IEC for child survival and nutrition, to identify promising approaches to common technical and managerial problems, and to assist country teams to plan the integration of relevant lessons into their ongoing IEC work at different levels of the system. The workshop is planned for April 1996. SARA's participation will include the services of Gary Engelberg of Africa Consultants International, Dakar, who will play a key role in the design and facilitation of the event.

4. Next steps

- ◆ modify, disseminate, and test the Guide (see above for details);
- ◆ collaborate with WHO/AFRO and BASICS on training facilitators for the use of the Guide;

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- ◆ identify other tools or instruments that are required to support ICM in Africa;
- ◆ follow up and document country experiences with ICM implementation in Africa;
- ◆ further disseminate Strategic Frameworks to targeted audiences in Africa;
- ◆ finalize and disseminate Implementation Framework and draft documents mentioned above;
- ◆ collaborate with BASICS in developing dissemination and advocacy activities for child survival in West Africa;
- ◆ give support to other BASICS regional initiatives, as needed and appropriate;
- ◆ collaborate with WHO/AFRO and BASICS on training facilitators for the use of the Guide; and,
- ◆ participate in the West Africa IEC meeting and in monitoring the impact of the meeting.

B. Education

SARA advisor:

Jean-Georges Dehasse, Academy for Educational Development

Objectives for FY95

- ◆ Support ERNWACA in building its role as a research network in West Africa
- ◆ Assist AFR/SD with the development and management of its analytic agenda
- ◆ Conduct analysis and dissemination on key issues, through ERNWACA and ERNESA and other African institutions wherever possible

1. Issues identification process

The Process of Policy and Program Formation in Education

SARA assisted HHRAA staff in organizing a consultative group in education to discuss “The Process of Policy and Program Formation in Education.” The purpose of this 15–20 person meeting was to identify central issues that should be addressed and outline the design of the policy-formation study, with a focal point being Bob Porter’s paper on *Knowledge Utilization and the Process of Policy Formation: Toward a Framework for Africa*.

This meeting was the first step that led to a major field research project managed by HHRAA staff, with SARA support and involving African investigators. The project was a series of six case studies on the process of educational reform in Benin, Ghana, Guinea, Mauritius, Mozambique, and Uganda. The Donors to African Education (DAE) shared expenses with SARA for all six researchers, who were overseen in their work by SARA consultant Richard Sack. All six national reports have been edited (by SARA consultant Jeanne Moulton) and translated in preparation for final publication. The goal, which was met, was to have these studies available in both French and English for the DAE Task Force meeting that was held in Paris in October.

The Education-HPN Linkages Initiative

SARA staff and Jim Williams of the HHRAA Education team have been working on the nexus between health and education. Specifically identified by these discussions and a thorough literature review were issues relating to the health of the school-entering child, health and nutrition curricula offered by

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schools both (elementary and secondary), and health curricula in nonformal-education programs. Spurred by the First Lady's recent endorsement of these issues this year in Copenhagen, especially the health of the school-entering child, USAID may soon be programming interventions in these areas. So the need to define and clarify these issues is quite current.

Accordingly, as a first step, SARA is assisting Jim Williams to organize a two-day meeting on this subject to discuss concrete ways to link basic education with health, nutrition, and population issues. There is ample evidence to show substantial linkages; the challenge is now to design programs to capitalize on those linkages. The workshop will focus on four linkages related to the formal school:

- ◆ Preschool health, education, nutrition, and school readiness.
- ◆ Interventions, strategies, and programs aimed at the child of primary-school age, e.g., deworming, micronutrient supplementation, and school feeding.
- ◆ Projects and activities aimed at adolescents and secondary-school children, e.g., sexuality, family life, family planning, HIV, STDs.
- ◆ Health, nutrition, population, and the curriculum.

2. Research and analysis activities

The ERNWACA Conditionality Studies

Lalla Ben Barka, the Regional Coordinator and driving force behind ERNWACA, visited Washington for a series of discussions this year. One immediate result was a proposal to involve ERNWACA national representatives in ongoing research that had been initiated by Joe DeStefano of the HHRAA Education team on the role of conditionality in education reform in Africa.

Over the last six years USAID (and other donors) have increasingly made use of conditionality in conjunction with budgetary support as a modality for assisting education sector reform in Africa. DeStefano's analysis is intended to provide a concrete analytical and experiential basis from which design and implementation of conditionality could be improved. This year, SARA supported this work through consultant Manish Jain, who traveled to Lesotho to review the conditionality experience there (and wrote a thorough account of the situation). Now, through SARA, USAID is enlisting ERNWACA research expertise to carry on this study in Benin, Ghana, Guinea, and Mali.

Country-level research will be carried out by national researchers selected by ERNWACA and supported through a purchase order from AED. ERNWACA is working under a purchase order with AED to coordinate and manage the research and to organize and manage launching and summary workshops.

Education Systems Support (ESS)

At the request of the HHRAA Education team, SARA consultant Jeanne Moulton completed a revised draft of her executive summary of *Basic Education in Africa: USAID's Approach to Sustainable Reform in the 1990s*. This report discusses USAID's basic education programs in 12 African countries (Benin, Botswana, Ethiopia, Ghana, Guinea, Lesotho, Malawi, Mali, Namibia, South Africa, Swaziland, and Uganda).

ESS has been controversial. It represents a radical departure from the familiar and traditional project mechanism in terms of the scope, definition, and complexity of the Agency's objectives and operating procedures. This report describes the ESS approach and its achievements. It also discusses issues that have been raised about the approach and lessons that have been learned, leading to recommendations for improvements.

The basic conclusion: Six years of experience with ESS programs in a number of African countries has demonstrated that ESS programs *can* contribute to systemic educational development. USAID's efforts *have* helped lay the foundations for sustainable improvements in government capacity to deliver quality primary education equitably. Specifically, reforms have led to increased resources for education in general and to primary education in particular.

Research on the School as a Unit of Change

Two SARA consultants are now in the field in Namibia and will be proceeding to Uganda to conduct research related to *the process of implementing policy* and to *the school as a unit of change*. Joy Wolf and Diane Prouty of HHRAA's education team have taken the lead on this, assisted by SARA consultants Bekett Mount and Grace Lang, both of whom have education experience in Namibia. The Namibia activity will review the role of the teacher in developing and implementing policy, while the Uganda activity will look at the process of policy implementation from central ministry to the school. SARA will assist with the dissemination of the final product.

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3. Dissemination and advocacy

The Dissemination of Educational Experience

Judy Brace worked with representatives of the HHRAA Education team to develop a dissemination procedure for their documents that need to reach USAID officers, the donor community, international organizations, African institutions, and the PVO community. The decision was made to develop a matrix of options for products, audiences, responsibilities, issues, etc. and then to explicate these options so that the education staff can plan strategically for their research outputs. This matrix and narrative explications can be adapted to the other HHRAA sub-sectors.

Ongoing collaboration with ERNWACA

SARA continues to work closely and regularly with ERNWACA, in a variety of ways, coordinated by SARA Education Advisor Jean-Georges Dehasse:

- ◆ With consultant Christian Monseur, he set the framework for the analysis of four different unanalyzed databases for the MOE in Mali. Monseur developed a program of work to be accomplished by the Malian team. USAID/Mali hopes that there is potential here for a region-wide activity through which ERNWACA would design (based on the Mali experience) a standardized baseline data questionnaire to be used by all Ministries of Education in the region.
- ◆ The ERNWACA national coordinators adopted the ERNWACA charter as well as management guidelines for the transnational research agendas, including the mechanism for the transfer of funds and control procedures. The charter and the guidelines were prepared with Dehasse's assistance.
- ◆ In a workshop held in Dakar with technical assistance from SARA, the researchers finalized their transnational research projects and acquired computer skills (SPSS and ETHNOGRAPH).
- ◆ Dehasse and ERNWACA Regional Coordinator Ben Barka finalized a dissemination strategy document covering the ERNWACA Documentation center, an ERNWACA newsletter, the ERNWACA Journal of Educational Research in Africa (JERA), a proposed ERNWACA electronic-mail network (ERNODA), the responsibilities of the documentalist, and other topics such as specialized workshops.

SARA provided the basis for some of these plans: Consultant Gail Kostinko provided "An Information Dissemination Strategy for the Educational Research Network for West and Central Africa (ERNWACA)," and consultant Jonathan Metzger provided a desk study of "E-mail Feasibility Study for ERNWACA." SARA is planning to assist ERNWACA to link up national coordinators to existing electronic networks for E-mail purposes, using new computer equipment supplied by IDRC.

- ◆ In March, Dehasse attended a major meeting for Regional Ministry of Education officials, organized by the Mali Ministère d'Éducation de Base (MEB) for all Francophone countries, in Segou, Mali. Donors present included USAID, REDSO/WCA, CIDA, IDRC, UNESCO, Netherlands, UNICEF, BREDA, and the DAE. The MEB had asked each ERNWACA national chapter to jointly prepare with the Cabinet of each Ministry of Education, a report on the status of basic education in the country. These status reports were presented as introductory reports to the three-day meeting. In addition to Ministry officials, two or three researchers and the ERNWACA national coordinator from each country attended the meeting. This meeting was a form of recognition of ERNWACA by the Education Policy establishment in the region. ERNWACA was given the mandate by the conference to establish and maintain a database on basic education in the region.
- ◆ Education consultant Richard Maclure traveled to West Africa for SARA and completed the synthesis of the ten ERNWACA state-of-the-art studies on education research in the region. This synthesis represents ERNWACA's first contribution to the development of education research and educational reform in the region. Maclure has worked closely with Dehasse on this major work.

The synthesis document contains a good deal of heretofore unknown information, gleaned from unpublished theses and academic reports throughout the Sahel. Most striking is the documentation of the disjunction between schooling and the cultural and labor needs of African communities.

SARA will assist with the editing, translating, and publishing of the document, which will also contain country profiles being prepared by Aziz Ly in Senegal. These ten country studies were completed by researchers in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, the Gambia, Ghana, Nigeria, Mali, Sierra Leone, and Togo.

Education

The Mombasa Meeting on Educational Assessment

Mombasa, Kenya, was the site of a December Consultative Meeting, hosted by the Association for Educational Assessment in Africa and sponsored by SARA, to form a regional consortium aimed at improving the quality of teaching and learning in primary classrooms through improved assessment strategies. SARA consultant Joanne Capper took the substantive and organizational lead.

Meeting participants were educators from Ethiopia, Kenya, South Africa, Tanzania, and Uganda, with observers from West Africa and Namibia. The group formulated a mission statement and first-year activities and established the site of the consortium secretariat in Kampala, Uganda, with technical support to be provided by AED. By using the power of assessment to support ongoing country activities and to promote interventions, the Consortium aims at strengthening the technical skills of various audiences, including but not limited to examinations staff, teacher trainers, curriculum developers, instructional materials developers, school managers, and teachers.

Presentations were made on the state-of-the-art in the teaching of reading and writing and the latest trends in testing reform. At the end of the meeting, representatives from each country stayed behind to prepare a draft proposal.

Consultant Joanne Capper completed that proposal for a regional African consortium aimed at improving the quality of teaching and learning in primary classrooms through improved assessment strategies, and has submitted the proposal to USAID.

First Steps with ERNESA

ERNESA, based in Botswana, has obtained SARA support to prepare a series of summary papers based on their research on gender disparities in education in eight countries of the region. ERNESA will produce and distribute 6000 sets of summaries (500 to each of 12 member countries) and hold a series of 12 advocacy meetings in each of their member countries to place the issues of gender disparities before policy makers.

4. Next Steps

- ◆ Pursue ongoing activities, including the publication and dissemination of ERNESA and ERNWACA products: ERNESA studies on girls education, the ERNWACA state-of-the-art synthesis (the Maclure report), and the publication of the multicountry ERNWACA research studies.

Education

- ◆ Continue to assist ERNWACA's dissemination plans for research products in concert with the ERNWACA Regional Office and National Chapters.
- ◆ Strengthen ERNWACA's capacities to advocate with African education policy makers—using studies from HHRAA, ERNWACA, or other relevant research products—in particular through sponsorship of national policy debates by national ERNWACA chapters.
- ◆ Assess SARA's interventions on behalf of ERNWACA in terms of potential policy impact, as well as of future collaborative efforts.

Nutrition

C. Nutrition

SARA advisor:

Ellen Piwoz, Academy for Educational Development

Objectives for FY95

- ◆ Produce and disseminate the strategic framework on child nutrition
- ◆ Disseminate information to support nutrition interventions in Africa
- ◆ Support African institutions and nutrition networks, where appropriate to improve nutrition policy and research

This was a very busy year for the SARA Project in the area of nutrition, with major activities initiated and/or completed in each priority area. These activities include: 1) implementation of the Makerere University workshop on nutrition advocacy using DHS and other data; 2) drafting of a cable sent to all African missions on nutrition and child mortality, and preparation, in collaboration with BASICS and the Nutrition Communication Project, of a brochure summarizing recent research with recommendations for programming; 3) drafting of a field tool for community-based research on child feeding with feedback from African colleagues working in several countries; 4) nutrition advocacy training using PROFILES in Senegal; 5) initiation of three issues and analysis papers on complementary feeding, exclusive breastfeeding, and maternal nutrition; 6) production and dissemination of the strategic framework for child nutrition; 7) participation in several African meetings on nutrition; 8) technical assistance to the East, Central, and Southern Africa (ECSA) Health Community Secretariat's Food and Nutrition Coordinator for strategic planning; 9) an assessment of the use of DHS nutrition materials; and 10) collaboration with various USAID-funded projects working in nutrition in Africa.

These activities are discussed in detail below:

1. Issues Identification Process

Strategic Framework for Child Nutrition

The Strategic Framework for Research, Analysis, and Information Dissemination to Improve Child Nutrition in Africa was finalized, produced, and disseminated during this year. Activities in each of the priority areas (behavioral and operational research, advocacy, and training and institutional capacity-build-

ing) have been initiated by HHRAA, through SARA and through other projects such as BASICS and WELLSTART International.

Other Issues Papers

The SARA Project is supporting the preparation of three technical issues and analysis papers to improve programs and policy making in nutrition. SARA is providing partial support to consultant, Dr. Ken Brown, for the preparation of a **state-of-the-art paper on complementary feeding practices** as part of the WHO/UNICEF Complementary Feeding Initiative. This paper will be completed in November 1995 and discussed at consultative meeting to be held in Montpellier, France.

Work was also initiated on a **paper on exclusive breastfeeding in the ECSA region** by consultant, Altrena Mukuria. This paper, based on research findings from a Nairobi study funded by WELLSTART's Expanded Promotion of Breastfeeding Program, is directed at policy audiences. It will describe the obstacles to optimal breastfeeding in early infancy in the region, with recommendations for programs directed at improving this critical child feeding behavior. This paper should be completed in February 1996 and will be disseminated by the ECSA nutrition network.

Work was also initiated by consultant Jean Baker on an issues paper that presents data on **maternal malnutrition in Africa** and identifies entry points and policy arguments in favor of integrating maternal nutrition improvement activities into child survival, reproductive health, family planning, and HIV/AIDS programs. Ms. Baker organized a series of informal consultative meetings to discuss the issues to be addressed. The paper will be used to stimulate discussion on maternal nutrition in the donor community. A first draft will be submitted in December 1995.

2. Research and analysis

Makerere University Workshop

The Makerere University Workshop on the use of DHS and other nutrition data to influence national policies was held in November 1994 in Entebbe, Uganda. The workshop was organized by the Child Health and Development Centre of Makerere University and the Health Community Secretariat for East, Central, and Southern Africa. Funding and logistic and technical support were provided by SARA and its subcontractors, Macro International and the Population Reference Bureau.

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Twenty-five participants and facilitators from seven African countries and the United States attended the workshop. African participants were from Kenya, Malawi, Namibia, Tanzania, Uganda, and Zambia. These countries were selected to participate in the workshop because they each have Demographic and Health Survey (DHS) data on nutrition, as well as nutrition chartbooks and briefing packets prepared by Macro International.

Participants, working in three-member country teams, included high-level government professionals working in nutrition programs, in policy formulation, and who were experienced with the DHS. Workshop facilitators were from Nigeria, Tanzania, Uganda, and the United States.

The goals of the workshop were to increase the use of DHS and other nutrition data in national policy decisions and to improve participants' nutrition communications and advocacy skills. These goals were reached by 1) studying and interpreting DHS and complementary nutrition data for each country present, 2) identifying key nutrition policy messages from the data, and 3) developing nutrition advocacy strategies and plans of action for implementing them.

Despite many similarities between countries in the region, the policy issues each country team addressed varied considerably:

- ◆ In **Kenya**, the advocacy objective was to reduce undernutrition in rural areas by improving small farmers' access to credit and agricultural loans.
- ◆ In **Malawi**, the team wanted to gain momentum for implementing an existing plan to improve feeding practices among young children.
- ◆ In **Namibia**, participants felt that there is a political commitment for addressing nutritional issues but no trained nutritionists in the country. Therefore, the current priority is to create human resource capacity in the area of nutrition at the institutional and community levels.
- ◆ In **Tanzania**, the advocacy goal was to increase NGO and private sector involvement in the implementation of the National Plan of Action in Nutrition.
- ◆ In **Uganda**, the goal was to formulate standard, national feeding guidelines for pregnant and lactating mothers, and for children less than 3 years old over the next 2 years.

- ◆ In **Zambia**, the team wanted to gain support and to formulate a national food and nutrition policy.

A post-workshop evaluation indicated an overwhelmingly positive opinion of the meeting and the recommendation that similar workshops be organized for other African countries with DHS data. According to participants, the most useful aspects of the workshop were 1) that it provided an opportunity to discuss nutrition issues and share experiences with colleagues from the region, 2) the preparation of the advocacy plans, and 3) the identification of key nutrition messages. The teams indicated that they planned to work together to implement their strategies in their countries. Follow-up questionnaires to assess the degree to which the nutrition advocacy strategies have been implemented were sent to all participants in July and again in October 1995.

Refinement and testing of field protocols

Work continued by consultants Kate Dickin and Marcia Griffiths on the research and training guidelines for programs to improve infant and young child feeding practices. A complete first draft with worksheets and appendices was mailed to the first round of reviewers in the U.S. and Africa (Nigeria, Senegal, and Tanzania). Comments were received and incorporated into a second draft that will be field tested in at least two sites in Africa in FY96. The manual is intended for use by persons or teams responsible for developing nutrition education and counseling materials, or for training others who work in community settings. The approach can be used for clinic- (i.e., case management) or community-based programs (i.e., growth monitoring, poverty lending).

Assessment of DHS nutrition materials

In May 1995 an assessment of the dissemination and use, in Africa, of DHS-related nutrition chartbooks, briefing packets, and in-depth reports (produced by Macro International under the IMPACT Project) in Africa was completed by SARA consultant, Dr. Martita Marx. For this study, representatives from USAID missions, cooperating agencies, and other donor organizations were interviewed, and questionnaires were completed by representatives from African ministries of health and non-governmental organizations.

There was a total of 93 respondents in the assessment. Although to date the project has given relatively little emphasis to the materials' dissemination and advocacy, this assessment found that 1) two-thirds of the African professionals interviewed were familiar with the DHS nutrition materials, 2) 77 percent of those familiar with the materials had used them in some way, 3) representatives from nine countries had used the materials for program or policy pur-

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poses, and 4) familiarity with and usage of the materials usage were lowest among HPN officers and U.S.-based representatives of PVOs and cooperating agencies.

The assessment included a list of recommendations for improving the dissemination and use of DHS nutrition materials in the U.S. and Africa. These recommendations will be discussed at a December 1995 advisory meeting and will be implemented in FY96.

3. Dissemination and Advocacy Activities

Nutrition and Child Mortality Cable and Brochure

A cable that summarized recent research conducted by Cornell University on the relationship between malnutrition and child mortality and its implications for programs in Africa was drafted and sent to all USAID missions in Africa. The purpose of the cable was to inform mission staff about new research findings and to increase mission support for nutrition programming in Africa.

Reaction to the cable from the field was extremely positive and USAID's Global Bureau requested that similar cables be drafted for all other regions of the world. SARA collaborated with the Nutrition Communication Project and the BASICS Project on the production, in English, French, and Spanish, of a brief brochure that summarizes the Cornell University research in greater detail and discusses the specific program actions recommended to reduce malnutrition. The original audience for the brochure was USAID mission HPN officers, although reviewers felt that the material would also be useful for national-level program planners and others engaged in nutrition advocacy. The brochure will be produced and distributed by the BASICS Project in FY96.

Dissemination Meeting at ECSAHC

This workshop, at the ECSA Health Community Secretariat, was a five-day intensive meeting, bringing together representatives of 13 ECSA countries from institutions selected during the SARA/CRHCS assessment visits in July 1994, to serve as national dissemination centers for information (initially) in reproductive health and nutrition generated by CRHCS or its partner institutions.

The workshop aimed to start all the centers off with the same information and expectations on both sides, to build a personal supportive network among participants, and to expose them to a number of concepts and tools of dissemination. Workshop sessions were interactive, with presentations followed by work groups to brainstorm, discuss, plan, and present scenarios for action. Participants were encouraged to consider their own information center's

needs in order to carry out the broader CRHCS mandate to expand information flows in the region. The consensus was that each facility/center should be able to start with what they had and to build outreach from there. There was also agreement that whatever each center produced, or had particular access to, would be shared with their new network collaborators.

Nutrition Advocacy in West Africa

In June 1995, SARA trained the BASICS nutrition advisor for West Africa in the use PROFILES interactive software for nutrition planning and advocacy. PROFILES datasets for West Africa were compiled with assistance from Macro International and the program was translated into French for training and use in the region. In August, SARA consultant Dr. Jay Ross traveled to Senegal to work with a team of nutrition experts from various Senegalese institutions to discuss the objectives of the PROFILES application and to develop a script for its use in the country. These discussions provided a unique opportunity for coordination of nutrition activities at the national-level. Dr. Ross will return to Senegal in November to continue this work, with funding from the BASICS Project.

ECSA Chairpersons Meeting

SARA assisted with the planning and implementation of a week-long workshop on *Integrating Breastfeeding and Child Feeding Issues into Pre-Service training Curricula for University Medical Schools, and Nursing and Nutrition Training Institutions in East, Central, and Southern Africa* organized by the ECSA Health Community Secretariat, the University of Nairobi, and WELLSTART International in April 1995. The workshop was attended by 39 chairpersons from departments of community health, pediatrics, obstetrics and gynecology, nursing, and nutrition from 10 African countries. SARA consultant, Dr. Michael Latham, provided the keynote address at this meeting.

Collaboration with other centrally-funded projects

Throughout the year, SARA has collaborated closely or provided nutrition technical inputs into several USAID centrally-funded projects, including BASICS, the Nutrition Communications Project, the Evaluation Project (Tulane University), the WELLSTART Expanded Promotion of Breastfeeding Project, and the PVO Child Survival Support Project (JHU).

Collaboration with African Institutions

ECSA Nutrition Network. SARA continues to support the ECSA nutrition network through the provision of timely nutrition information to disseminate in

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the region, support of the region's dissemination centers, training activities such as the Makerere University workshop on nutrition advocacy, and technical assistance with strategic planning. Assistance in strategic planning included an April 1995 visit to Zimbabwe to explore collaboration with the University of Zimbabwe on its regional pre-service and in-service nutrition training programs and to assist in planning the 1996 regional meeting of nutrition experts, scheduled for January 1996.

Makerere University. As noted earlier, SARA worked closely with Makerere University's Child Health and Development Centre in the planning, implementation, and follow-up to the regional meeting on use of nutrition data for advocacy. SARA also assisted Makerere University in the production and dissemination of the workshop proceedings.

BASICS/ORANA. SARA has provided assistance on nutrition advocacy to Dr. Serigne Diene, the BASICS regional advisor for West Africa, and also provided advice on strategic planning for the revitalization of ORANA, the Organization for Applied Nutrition Research based in Dakar. Diene and Prysor-Jones drafted a proposed process for this, which was adopted with modifications by the Senegalese MOH.

Meetings Attended

- a) Makerere University Workshop on Nutrition Advocacy in Entebbe (Ellen Piwoz, Elisabeth Sommerfelt, and Sasha Loffredo: November, 1994)
- b) West Africa Nutrition Strategy meeting in Ouagadougou (Suzanne Prysor-Jones: November 1994)
- c) WHO/AFRO meeting on Weaning Foods Development in Alexandria, Egypt (SARA Consultants Lonna Shafritz and Ken Brown: November 1994)
- d) WELLSTART Expanded Promotion of Breastfeeding Program Technical Advisory Group meeting in Washington D.C. (Ellen Piwoz: January 1995)
- e) ECSA Chairpersons Meeting on Breastfeeding and Child Feeding in Nairobi (Ellen Piwoz and SARA consultant, Dr. Michael Latham: April 1995)
- f) Africa Nutrition Task Force Meeting in Abidjan (Suzanne Prysor-Jones: October 1995)

D. *Population/Reproductive Health*

SARA advisors:

Rhonda Smith, Population Reference Bureau

Lalla Touré, Morehouse School of Medicine

Lynne Gaffikin, JHPIEGO

Sambe Duale, Tulane University

Objectives for FY95

- ◆ Produce and disseminate the Strategic Framework on Population and Family Planning
- ◆ Produce and disseminate the Strategic Framework on Safe Motherhood and Reproductive Health
- ◆ Provide technical assistance to Africa institutions that will be implementing approved research, analysis, and dissemination activities
- ◆ Assist with policy development and advocacy on emerging population issues

Under the population and reproductive health components, SARA staff has had a productive year completing a number of research and analysis projects, continuing to identify and explore collaborative arrangements with regional institutions and networks, and developing specific action plans for achieving impact. Overall, dissemination and advocacy efforts for population and reproductive health research activities have focused on promoting the use of research results for decision-making.

One of the most notable achievements for FY95 is documentation of the first impacts from SARA-funded population and reproductive health activities. Owing to an excellent agenda and a variety of innovative follow-up activities to the Eastern and Southern Africa (ESA) regional workshop, *Improving Quality of Care and Access to Contraception: Reducing Medical Barriers*, held in Zimbabwe, February, 1994, SARA/JHPIEGO has succeeded in implementing and documenting over 30 changes in policies, procedures, and strategies in four countries as a direct result of the workshop (see Table 1 at the end of this section). Other activities that have been accomplished during FY 95 include: 1) publication of a *Monograph on Complications of Unsafe Abortion in Africa* and establishment of a regional policy-level action plan; 2) completion of the 18-month adolescent study and development of country-specific dissemination action

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plans; and, 3) completion of a literature review and program analysis for male involvement in family planning.

1. Research and analysis

Adolescent study in the Sahel

Over the last 18 months, the Centre for Applied Research on Population and Development (CERPOD) had been implementing a study entitled “Tendencies and Determinants of Modern Contraception and Reproductive Health Behavior in Adolescents in the Sahel.” The study is comprised of two components: quantitative research consisting of a secondary data analysis of existing DHS survey data in four countries (Burkina Faso, Mali, Niger, and Senegal) and qualitative data gathering through the use of focus group exercises and key informant interviews in three countries (Burkina Faso, Mali, and Niger). Substantial SARA technical assistance has come from PRB (design and monitoring), Tulane (qualitative research), and MACRO (quantitative research). The Johns Hopkins University Department of Population Dynamics also provided assistance with the quantitative analysis.

The study, completed in September, culminated in an innovative five-week, two-part workshop. During the first four weeks (part one), demographers from Burkina Faso, Mali, Niger, and Senegal analyzed the results of the quantitative study, reconciled the differences between the quantitative and qualitative results, and produced a draft brochure for regional policymakers. The fifth week (part two) was an expanded multidisciplinary meeting comprised of statisticians, sociologists, family planning directors (public and private sector), journalists, and other officials representing reproductive health programs for adolescents. Over 45 officials from six Sahel countries and donor agencies participated in the final week. The purpose of this expanded meeting was six-fold:

- ◆ strengthen dialogue between researchers and program officials;
- ◆ encourage the utilization of research results as a basis for policy and program decisions;
- ◆ create favorable conditions (policy environment) for developing interventions aimed at better informing adolescents and improving services;
- ◆ promote the support of adolescent reproductive health activities by national institutions, associations, programs, and bi- and multilateral organizations;

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- ◆ reinforce the formal and informal networks working in family planning, STDs, and adolescent reproductive health in the region; and,
- ◆ contribute to a reduction of STD/HIV prevalence rates and the number of undesired and/or high risk pregnancies in adolescents.

At the end of the workshop, participants reached a consensus regarding the study's key policy and program implications, made suggestions for improving the draft policymaker booklet, and successfully developed country-specific dissemination and advocacy action plans. The experience has been an innovative and capacity building exercise for CERPOD. In collaboration with SARA staff and Gary Engelberg of Africa Consultants International, CERPOD plans to continue supporting a series of advocacy and follow-up activities in FY96. Mr. Engelberg played a key role in assisting with the planning and facilitation of the workshop.

Male Involvement in Family Planning

Male involvement, a priority family planning issue for sub-Saharan Africa, was high on the population agenda for FY 95. To stimulate discussions, Dr. Lalla Touré prepared a literature review and analysis of male programs in family planning. Currently, the review is being expanded for presentation at two upcoming meetings: first, at the annual Francophone Reproductive Health Network Scientific Meeting on the role of African men in reproductive health scheduled for the end of November in Dakar, Senegal; and, second, at a workshop on "The Male Role in Fertility, Family Planning, and Reproductive Health" sponsored by WHO, DHS, and SARA. SARA is planning to take an active role in this workshop planned for early 1996 in Dakar, Senegal. Its purpose is to promote policy-relevant analysis based on the results of Demographic Health Surveys conducted throughout the region. The workshop will provide an opportunity for representatives from eight to ten anglophone and francophone countries to investigate specific areas of policy concern and to report on their findings. During the eight-week workshop, participants will analyze DHS data for their own countries and develop country-specific and regional proposals addressing knowledge gaps. Findings will be disseminated through presentations and publications. SARA will document the few male involvement initiatives which have been undertaken in the sub-region, and close the workshop with a day-long advocacy training.

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Develop a background paper on the use of risk assessment approach in maternity care in Africa

The need to carry out further research on risk assessment in the African environment is among the priorities stressed in HHRAA's safe motherhood and reproductive health strategic framework, and by the WHO Regional Training Center in Family Planning and Reproductive Health, that held a consultative meeting on the subject in 1993. A background paper was developed by Dr. Touré based on a literature review. The paper highlighted the controversies and gaps in knowledge surrounding the use of risk approach for maternity care, as well as the scarcity of studies to be able to ascertain the predictive value of risk factors in developing countries.

SARA, through Dr. Lalla Touré of Morehouse School of Medicine, took the opportunity at the Third Congress of the Society of African Gynecologists and Obstetricians (SAGO) held in Cameroon last December, to organize a day-long meeting on the subject. Nineteen participants met to discuss the use of risk approach in maternity care in Africa.

2. Dissemination and advocacy

Study of Unsafe Abortion in Africa

A *Monograph on Complications of Unsafe Abortion in Africa* was published in August 1995, as the result of collaboration among CRHCS/ECSA, and SARA, through JHPIEGO and IPAS. The study comprised a literature review on problems related to abortion in sub-Saharan Africa covering the years 1980 to 1994, and primary data collection in three Commonwealth countries (Malawi, Uganda, and Zambia) to yield more recent findings.

Highlights from the study results are as follows:

- ◆ The high proportion of incomplete abortion patients found among all hospital gynecology admissions (up to 60 percent in some places) indicates that abortions are a significant public health problem.
- ◆ Very little information exists on the cost of treating abortion complications. However, in Malawi, the cost of treating one abortion patient with no serious complications was higher than the amount budgeted for all health care per person per year.
- ◆ Adolescents suffering from complications of an unsafe abortion frequently did not use an effective, or any, method of contraception prior to becoming pregnant.

- ◆ In most facilities studied, neither post-abortion family planning (FP) counseling nor FP methods were offered before discharge.

In November 1994, study findings summarized in the initial draft of the monograph were presented with policy and program implication to officials attending the 22nd Conference of Health Ministers held in Blantyre, Malawi. The final version of the monograph was presented and distributed at the CRHCS Director's Joint Consultative Committee meeting in Nairobi, Kenya, in August 1995, where it was utilized to draft a regional action plan to address various aspects of the problem. Representatives of the MOHs of the 13 ECSA countries and members of donor organizations, including the World Bank and UNFPA, attended.

Policy and program implications of the research are being summarized in a shorter policy document that will be shared with officials at the November 1995 CRHCS Conference of Health Ministers. In addition, the country reports are being developed further for country-wide distribution, and follow-on activities are being planned to facilitate the translation of regional post-abortion care policy into country-specific action.

Support for the Implementation of Action Plans from the Anglophone Medical Barriers Workshop (Zimbabwe, 1994)

In January of 1995, SARA Subcontractor JHPIEGO, produced and distributed the first issue of its series of three newsletters designed to serve as a follow-up tool for the ESA regional Medical Barriers workshop *Improving Quality of Care and Access to Contraception: Reducing Medical Barriers*, held in Harare, Zimbabwe, February, 1994. These bulletins are also important dissemination and advocacy mechanisms for changing family planning policies, guidelines, and strategies.

The first issue detailed JHPIEGO's follow-up activities including responses from a questionnaire sent out after six months, and the results of face-to-face interviews with selected participants. Table 1 outlines the family planning guideline revisions and new policies that have been generated from the workshop to date.

JHPIEGO is in the process of completing a second issue of the bulletin, which will provide highlights of workshop follow-up data collected from Kenya and Uganda, report on MAQ- (Maximizing Access and Quality) related accomplishments in the region, and disseminate updated information on a wide range of family planning methods. Issue number two will be distributed in December 1995. JHPIEGO plans to continue documenting impacts throughout FY96.

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Maximizing regional opportunities for dissemination and advocacy

SARA, through Dr. Touré of Morehouse University, capitalized on an exceptional gathering of African experts in reproductive health—the Society of African Gynecologists and Obstetricians (SAGO)—(Cameroon, December 1994) to organize a day-long meeting. The purpose was to discuss a number of reproductive health issues of regional significance: the use of risk approach in maternity care in Africa; post-partum and post-abortion family planning services; and the integration of STD services within FP and maternal and child care programs. Objectives included developing a consensus on these problems and developing action plans for which HHRAA/SARA could contribute through SAGO and the WHO Kigali Center.

Nineteen participants (professors in obstetrics and gynecology) from Benin, Cameroon, Côte d'Ivoire, Guinea, Niger, Senegal, Togo, Zaire, WHO/AFRO, and WHO/Kigali attended the day-long meeting. Dr. Lalla Touré distributed a background paper on risk approach drafted by SARA and presented a short paper addressing issues and controversies on the subject. Participants also reviewed their experiences, which brought attention to a number of priority issues. At the end of the meeting, participants proposed an action plan for the next two years to be undertaken by HHRAA/SARA and WHO/Kigali through SAGO local chapters.

Mobilizing the Mass Media

The mass media is a powerful dissemination tool for reaching decision-makers, opinion leaders, and the general public. Following a year of assessing the media situation in Francophone West Africa, which included the completion of an extensive feasibility study, the Bureau for Africa/HHRAA recently approved a special media project to be implemented by CERPOD with technical assistance from SARA through PRB.

The project, entitled *POP'MEDIAFRIQUE*, is designed to inform senior-level print and broadcast journalists about the implications of current research, particularly HHRAA-funded research and analysis, in the areas of population and reproductive health. The purpose of the activity is threefold: 1) to expand and sustain media coverage of important population and reproductive issues; 2) to strengthen partnerships between senior journalists and regional research institutions; and 3) to strengthen linkages among family planning and population experts and the media by creating a dialogue between in-country institutions' staff and local journalists.

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As the vehicle for the project, carefully selected newspaper editors and radio producers will form a board and produce materials for their local audiences. Later, with editorial additions, excerpts from these materials will be compiled into special formats and circulated to opinion leaders and policymakers throughout the region.

This project will complement regional efforts by CERPOD and the Population Communication Services (PCS) project to revitalize journalist networks in West Africa.

Attendance at workshops and conferences

SARA contributed to the Francophone Africa regional conference on *Increasing Access and Improving the Quality of Family Planning and Reproductive Health Services in Francophone Sub-Saharan Africa*. The purpose of this conference, held in Ouagadougou, Burkina Faso from March 12–17, 1995, was to strengthen national and regional constituencies to promote change in national policies, programs, and procedures in improving family planning and reproductive health service quality and access. SARA took an active part in the preparation and the implementation of this conference cosponsored by FHI, INTRAH, and JHPIEGO. SARA staff were members of the U.S.-based organizing committee and provided technical assistance during the conference. SARA also sponsored four African participants to the conference.

Collaboration with other institutions

In addition to collaborative efforts with regional institutions like CERPOD and CRHCS, SARA staff has continued to investigate new possibilities. Activities that have led to new collaborative relationships for FY96 include the following:

Reproductive Health Research Network. In June, Dr. Fatou Sow, sociologist, President of the Reproductive Health Research Network in Francophone Africa, visited AED and gave a presentation on the Network. The Network is the only association dealing with reproductive health issues in Francophone sub-Saharan Africa and has local chapters in 10 Francophone countries: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Congo, Guinea, Mali, Niger, Senegal, Togo. It is a multidisciplinary group that brings together a variety of experts and researchers such as physicians, demographers, sociologists, lawyers, and communication specialists, and has a specific interest in promoting research and dissemination activities in women's and children's health, adolescent reproductive health, and male involvement in reproductive health. The group has an impressive history: conducting annual scientific meetings on specific topics, publishing books and research documents, and producing a quarterly

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journal called "Vie et Santé." The Network is currently looking for more support and collaboration from U.S. agencies and organizations to strengthen the link between Francophone Africa and the U.S., where most of the information and updates on reproductive health are produced.

Because of the common interest of the Network and SARA in promoting research and dissemination activities on reproductive health, SARA took the opportunity to meet with Dr. Fatou Sow, president of the Reproductive Health Research Network in Francophone Africa. While on a visit in the U.S., SARA invited her to Washington to present the Network to representatives from the USAID Africa Bureau, the Global Bureau, Family Health International, PATH, MotherCare, American College for Nurses and Midwives, Association for Voluntary Surgical Contraception, PRB, and SARA staff.

SARA will be supporting the Network for selected activities to reinforce dissemination and utilization of research findings on priority issues of reproductive health in Francophone Africa.

Society of African Gynecologists and Obstetricians (SAGO). SAGO, a West and Central African regional association, was born in March 1988. Its objectives are to promote research in reproductive health, help in the publication and dissemination of doctoral theses, organize scientific meetings, and collaborate with other OB/GYN organizations in the world. SAGO has an executive board of 16 people from the member countries, most of them eminent professors and heads of local chapters. SAGO currently has local chapters in 11 countries: Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Gabon, Guinea, Mali, Niger, Senegal, and Togo. Four new countries would like to join SAGO and have applied for membership: Central African Republic, Madagascar, Morocco, and Zaire. Two Anglophone countries, Ghana and Nigeria, made a declaration of intention to join SAGO.

SARA staff attended the Third Congress of SAGO held December 12–16, 1995 in Yaounde, Cameroon to seek SAGO inputs in the identification of priority reproductive health issues and to explore potential collaborative activities on selected issues.

UNFPA. SARA staff visited New York to meet with Marie Angelique Savané and Bernard Coquelin of the Africa Division of the United Nations Fund for Population Activities (UNFPA). The discussions centered around the dissemination and use of research findings on priority issues of family planning and reproductive health. UNFPA showed interest in the CERPOD/SARA work on the reproductive health of adolescents and has promised to inform UNFPA representatives in Sahelian countries about the study. UNFPA is planning to

create a Regional Institute at the University of Dakar in 1997 to offer graduate training in reproductive-health management.

Population Council. Also in New York, SARA met with staff of the Africa OR/TA Family Planning Project of the Population Council to learn about the Council's approaches to dissemination, the utilization of research findings, and its experience working with the African Network for Reproductive Health Research. SARA and the Council have a common interest in exploring factors that affect utilization of research findings and in exploring how to make better use of professional networks in Africa for dissemination and advocacy.

3. Next steps

SARA will continue assisting the HHRAA staff in developing and implementing their action plans for achieving impact. Anticipated objectives for the coming year include:

- ◆ providing technical assistance to the African institutions and networks that are conducting research, analysis, and dissemination activities;
- ◆ transferring basic communication and advocacy skills to local groups;
- ◆ exploring innovative approaches to help ensure research utilization;
- ◆ developing mechanisms to improve the monitoring of expected outputs and policy outcomes; and,
- ◆ concentrating its effort on increasing collaboration with African professional networks to ensure that more attention is given to addressing the priority reproductive health issues that emerged from the HHRAA Analytic Agenda.

Table 1: Family Planning Impacts: Results of the 1994 East and Southern Africa Medical Barriers Workshop

Measurable Changes in:		
Countries	Policies, Procedures and Programs	Strategies
Zimbabwe	<p>Process hurdles reduced</p> <ul style="list-style-type: none"> Physical exams required on first family planning visit only instead of annually <p>Provider limitations decreased</p> <ul style="list-style-type: none"> Reversed physician-only rule for providing reversible methods <p>Oral contraceptive policies revised</p> <ul style="list-style-type: none"> Increased the #no. of packets distributed after first visit at clinic, CBD, Depot Holder, and Youth Centre <p>IUD procedures improved</p> <ul style="list-style-type: none"> No backup method necessary upon insertion Reversed practice of insertion/removal only during menses. Six-week checkup postinsertion is only return visit necessary if no problems/complaints <p>Voluntary Sterilization</p> <ul style="list-style-type: none"> Age and parity should not be limiting factors in the provision of VS services. Critical factor is thorough counseling to rule out indicators of possible regret. 	<p>New Decentralized Approach</p> <ul style="list-style-type: none"> Modeled on the ESA regional MAQ workshop, ZNFPC and USAID requested assistance to conduct provincial-level workshops to ensure sensitization of provincial policymakers and service providers to the new initiatives.
Kenya	<p>Client restrictions reduced</p> <ul style="list-style-type: none"> All restrictions related to age have been removed, making contraceptives available to adolescents. Parity is no longer a determinant of eligibility for IUDs and DMPA Vol. surgical contraception is available to all women of reproductive age. Spousal consent is no longer required. Contraceptive eligibility has been revised to reflect WHO criteria for a variety of medical conditions <p>New guidelines provide more detailed info on: benefits and limitations of all methods; where services can be obtained</p> <p>New methods introduced</p> <ul style="list-style-type: none"> A new section on emergency contraception has been added LAM has been added as a nonartificial method <p>Counseling and management policies improved</p> <ul style="list-style-type: none"> Sections have been added to guidelines on the management of common side effects Guidelines now include sections on reproductive health areas: STDs, cervical cancer, antenatal care, safe motherhood Increased emphasis on postabortion family planning; method-specific guidelines now indicate methods suitable for postabortion clients <p>FP services expanded</p> <ul style="list-style-type: none"> Provision of combined oral contraceptives has been formalized. Now, CBD workers can initiate distribution for 3 months and resupply for 6 months. 90 new dispensaries were designated as FP delivery points 	<p>Simultaneous changes in curriculum</p> <ul style="list-style-type: none"> Curriculum for nurses is being updated at the same time as the FP guideline. Inservice curriculum now includes reproductive health issues <p>Youth programs expanded</p> <ul style="list-style-type: none"> Youth counseling increased subsequent to the workshop; youth clinics have been established at colleges, universities, the FPAK and the University of Nairobi. A "Youth Health Clinic" is currently being pilot-tested.

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Measurable Changes in:		
Countries	Policies, Procedures and Programs	Strategies
Botswana	<p>Age and parity restrictions removed</p> <ul style="list-style-type: none"> • Age and parity requirements removed for all reversible methods <p>Inappropriate contraindications removed</p> <ul style="list-style-type: none"> • Method-specific contraindication checklists revised/updated per USAID's guidance document <p>Process hurdles decreased</p> <ul style="list-style-type: none"> • Unnecessary requirements for physical exams, lab tests and revisit schedules reduced <p>Oral Contraceptives</p> <ul style="list-style-type: none"> • Community based distribution of OC s by family welfare educators prior to physical exam approved for six months (up from one month) <p>IUDs</p> <ul style="list-style-type: none"> • Trained nurses will be able to insert IUDs (change in physician-only rule). • Training strategy approved for immediate postpartum IUD insertion. • IUD training will include STD/HIV risk assessment, diagnosis and treatment. <p>Norplant</p> <ul style="list-style-type: none"> • Midwives will be trained in Norplant insertion and removal. <p>Tubal Ligation</p> <ul style="list-style-type: none"> • Standardized approach to informed choice and consent approved. • Training strategy for minilap under local anesthesia developed to replace the "Cape to Cairo" incision under general anesthesia. 	<ul style="list-style-type: none"> • Pre- and in-service training curricula is being harmonized with the new policy norms. • The new training approach will be competency-based and participatory to replace the classroom, didactic approach.
Uganda	<p>Sustainability increased</p> <ul style="list-style-type: none"> • A user charge has been implemented for some FP services in facilities including provision of condoms, OC s and surgical contraceptives. 	

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Sustainability and Financing

E. Sustainability and Financing

SARA advisor:

Hugh Waters, Academy for Educational Development

Objectives for FY95

- ◆ Assist with the production and dissemination of AFR/SD strategic framework for research, analysis, and information dissemination on health sector financing and sustainability
- ◆ Support AFR/SD in the management of its health financing and the private sector portfolio

This year saw the finalization and publication by SARA of the Strategic Framework for Research, Analysis and Dissemination for Health Sector Financing and Sustainability in Sub-Saharan Africa. Like the products of other contractor activities in this sub-sector that includes private health sector development and health sector financing and sustainability, the major dissemination effort of this publication will be undertaken in the next project year. These contractor activities include the Africa components of the Data for Decision Making (DDM) Project, and the Health Financing and Sustainability (HFS) Project, and are overseen by HHRAA's Abraham Bekele.

This project year, SARA was called on to collaborate with Abt Associates' HFS Project in the planning for dissemination of *22 Questions*, a package of information sheets for policy makers, containing answers to a series of structured questions about health financing. SARA also agreed to take over the management and production of the final product from the Africa-focused work that the HFS Project did for HHRAA. Planning for dissemination of this synthesis of experience will be undertaken in SARA's subsequent project year.

SARA has had a number of dissemination planning sessions with Dr. Bekele, HHRAA's sub-sector activity manager in this area, and tentative plans were made for dissemination and advocacy efforts, that will be firmed up shortly.

F. *Tropical and Infectious Diseases*

SARA advisors:

May Post, Tulane University

Sambe Duale, Tulane University

Objectives for FY95

- ◆ Organize dissemination of a strategic framework for R, A, & D on HIV/AIDS, STDs, and Tuberculosis and Malaria.
- ◆ Carry out analysis, dissemination, advocacy, and TA activities on TID analytic agenda priority issues, especially on STDs, malaria, and integration of services

1. *Issues identification*

Crisis prevention, mitigation, and recovery

AFR/SD/HRD has decided to invest in an analytical area entitled “crisis, prevention, mitigation, and recovery.” Information on health sector trends and emerging issues is critical for the development of social sector policies, strategies, and operational decisions by African governments, the private sector, and donors.

SARA, through Tulane University, has initiated the development of an issues/strategy paper on crisis prevention, mitigation, and recovery in Africa based on a meta-analysis and a polling of experts. Consultative meetings will be called to review the draft issues/strategy paper and provide guidance for future research and dissemination activities.

2. *Research and analysis*

Working group to review and monitor analytic activities related to the integration of sexually-transmitted infection (STI) services into other health programs

The provision of services for STIs within family planning, maternal and child health, and other health programs have been identified as a priority. USAID and a number of cooperating agencies have embarked on STI-integration related research activities.

SARA has facilitated and participated in an STI-Research Integration Working Group in Washington to identify minimum essential characteristics or themes

Tropical and Infectious Diseases

for STI integration case studies funded by AFR/SD/HRD in collaboration with REDSO/ESA. SARA prepared a paper to keynote these discussions—"Providing Services for Sexually Transmitted Infections Within Other Health Programs."

Dr. May Post represented SARA at the USAID Africa Bureau-funded workshop on integration: "Setting the African Agenda," held in Nairobi, Kenya, May 22-24, 1995. A total of 150 participants representing USAID/Washington, USAID field missions, CAs involved in integration as well as representatives from 17 African countries attended the workshop. The SARA issues paper mentioned above which Dr. Post wrote for the Washington meeting was among the several background documents at the workshop and was very well received.

Lessons learned on the sustainability of community-based malaria intervention—Bagamoyo Bednet Project

Insecticide-impregnated mosquito nets have emerged as one of the promising tools to stem the rising tide of malaria in Africa. The Johns Hopkins University under a SARA subcontract, will develop a monograph on the sustainability of mosquito-net programs for malaria control in Africa based on lessons learned from the USAID-funded JHU Bednet Project of Bagamoyo, Tanzania and a review of available information on other similar projects and programs. The design and the use of findings of the formative-research component of the project will be emphasized in the monograph. The monograph will be developed as an issues paper targeted at malaria-control program managers.

Development of a computer model with HIV/AIDS and tuberculosis (TB) projections

Dr. James Chin of the University of California at Berkeley, under a SARA task order, is developing a computer model to estimate the number of TB cases due to the spread of the HIV infection. In the 1980s, the number of TB cases in Africa increased markedly, due to TB in HIV-infected persons. Because HIV infection is most common among persons 15–59 years old, and because HIV-infected persons have high rates of active TB, TB is an increasing problem in the most economically productive age group. To understand the projected impact of TB better, this study will develop a model to make country-specific projections of the annual number of active TB cases due to HIV infections in sub-Saharan Africa, and to estimate the cost of health care and drugs needed to treat TB due to HIV infection. Products will be a computer-run mathematical model that can 1) make country-specific projections of the annual number of active TB cases due to HIV infection in sub-Saharan Africa and 2) estimate the cost of health-care and drugs needed for patients with TB due to HIV in-

fection; and detailed documentation and a manual for use of the computer-run TB model. The manual will include a detailed description of the mathematical relationships assumed in constructing the TB model.

It is hoped that the model will be user-friendly to allow use by managers of TB programs in Africa in the design and monitoring of their programs.

3. Dissemination and advocacy

Dissemination, promotion, and documentation of the use of PSAPP materials

The Private Sector AIDS Policy Presentation (PSAPP) activity, implemented by AIDSCAP, demonstrates to the private sector the business and financial reasons for investing in workplace AIDS prevention programs. Managers and workers' groups will be provided with information and guidelines to help them implement appropriate HIV/AIDS policies and prevention programs. Information from several major assessments of the impact of HIV/AIDS on the workplace and the commercial sector have informed the work of PSAPP.

Products expected to come out of PSAPP include a trainer's guide for making presentations to managers, with a suggested agenda for a day-long workshop; African workplace profiles of companies and whether they have programs or policies on HIV/AIDS and cost projections; and a manager's guide, which includes a planning checklist and forms for calculating the cost of AIDS to the company.

SARA, mainly through its subcontract with Africa Consultants International (ACI), has been assisting AIDSCAP in its effort to develop, produce, disseminate, and advocate PSAPP materials in Africa.

Collaboration with African institutions

WHO/AFRO. Under the Health and Human Resources Analysis for Africa (HHRAA) Project, a cooperative agreement was established between the Africa Bureau of the U.S. Agency for International Development (USAID/AFR) and the World Health Organization Regional Office for Africa (WHO/AFRO) to support the implementation of programs for the prevention and control of malaria in sub-Saharan Africa.

Among the activities in the grant are workshops to provide a forum for training, information dissemination, technical assistance, and networking to a core of African program managers and experts for strengthening malaria prevention and control in the African region.

Tropical and Infectious Diseases

Dr. Duale of SARA has been used as a resource person to provide technical guidance for the implementation of selected workshops and to ensure that elements of the guidelines for the implementation of the HHRAA project activities are taken into account. SARA has also supported selected participants to meetings for the dissemination of research findings on malaria.

4. Next steps

A number of activities in the large tropical and infectious diseases (TID) portfolio of AFR/SD/HRD have generated information that needs to be packaged and disseminated. SARA will concentrate its effort to support AFR/SD/HRD in ensuring that collaborating institutions are getting the research findings out to the appropriate audiences. SARA is targeting the biannual AIDS in Africa Conference, scheduled in Kampala in December, to organize a satellite seminar for a series of presentations by HHRAA-funded researchers.

SARA will continue support to AFR/SD in the development of the issues paper on crisis prevention, mitigation, and recovery, including emerging health-related threats. SARA will organize a consultative meeting on the topic to provide guidance on the direction AFR/SD/HRD should take in this area.

G. Cross-Cutting Issues

Objectives for FY95

- ◆ Assist with the identification of cross-cutting issues and for inclusion in the analytic agenda
- ◆ Develop and disseminate a strategy for information dissemination
- ◆ Test innovative dissemination strategies
- ◆ Support African institutions working on cross-cutting issues

Dissemination and advocacy (see above Section III.D.)

Manual for the use of data for decentralized planning

Progress on this activity, which is being implemented with SARA funding by the CERPOD Operations Division, has been slow, partly due to the Division's heavy workload. An amendment to the sub-contract with CERPOD has been executed and Mali has been chosen as the field site for development and testing of the manual. Mali is presently undergoing some quite profound health reforms, including the establishment of community-run health facilities at the primary health care level, and the revision of its health information system. Several meetings have been organized by CERPOD with MOH personnel from the Epidemiology, Family Health, and Planning Divisions, and UNICEF, WHO, and USAID-funded technical assistance to discuss what assistance CERPOD might offer in this context. Field trips have also taken place with MOH personnel to assess the information needs of periphery-level health facilities in the context of the current reorganization. Dr. Prysor-Jones participated in some of these meetings and in an initial field trip.

A consensus has been reached with all concerned on how to proceed with the development of the manual, which is seen as a complement to the efforts presently being carried out by the MOH with the assistance of the donors. A consultant is to be recruited to draft the manual, which will be tested in selected sites where MOH training is taking place. CERPOD is thus making every effort to fit into ongoing MOH activities, while still developing a product which will be of use in other countries of the region.

Human resources development

The long-awaited meeting of the Network of Public Health Training Institutions was postponed from August to October, when it took place in Brazzaville

Cross-Cutting Issues

under the auspices of WHO/AFRO. Dr. Duale was able to attend it. Some important decisions were made at that time, which should allow HHRAA/SARA to identify some joint activities for curriculum reform on key public health issues. The Network has been renamed NAPHI—the Network of Public Health Institutions—which gives an indication of its broader mandate. Its secretariat is to be transferred to Kampala and Professor Bukenya, the Dean of Makerere University Medical School, has been chosen as its Chairman.

Priority areas that surfaced from the meeting in Brazzaville included electronic linking of member institutions, doing an inventory of public health training resources, and curriculum development on disaster preparedness and research methods. Interest has also been expressed in improving curricula on health reform issues as well as on reproductive health and nutrition. There are thus several areas that have potential for SARA–NAPHI collaboration. Professor Bukenya was in the U.S. in October, and SARA brought him to Washington to present his vision of NAPHI and to exchange ideas about possible joint efforts. We hope to make concrete at least some of these ideas in the next few months.

Operationalizing regional support for health sector reform

SARA has been a catalyst in furthering the debate on health sector reform in Africa, in the context of the Better Health in Africa (BHA) Initiative. Dr. Prysor-Jones attended the meeting of the African Panel of Experts in early 1995. Professor Thairu, the Executive Secretary at CRHCS/ECSA and a Panel member, was enthusiastic at the idea of discussing health reform issues at the CRHCS/ECSA Directors' Joint Consultative Committee Meeting (DJCC) in Nairobi in August. Professor Kinoti of ECSA, Prysor-Jones, and Steve Reiman, then the Director of Management Sciences for Health's Management Training Division, worked together to design a two and a half-day workshop to discuss country experiences and priorities for capacity building and, in that context, identify regional capacity-building initiatives that would be useful to support country efforts. The occasion also served to air BHA concepts and inform the Directors of Research and Medical Schools about health reform—a subject that they had been less exposed to than their Directors of Medical Services colleagues also present. REDSO/ESA and the BHA Secretariat co-funded the DJCC meeting, with facilitation offered by SARA and MSH. SARA and MSH also collaborated in preparing a background paper for the meeting on "Regional Initiatives for Capacity Building in the Health Sector." Hugh Waters put this together, with assistance from Prysor-Jones and Reiman.

Seven regional capacity building initiatives were identified as priority by the meeting:

- ◆ a regional initiative on health financing issues
- ◆ a regional initiative to improve the rational use of drugs
- ◆ a regional initiative to improve human resources for health reform
- ◆ a regional initiative on quality assurance
- ◆ an initiative for advocacy on health reform with politicians
- ◆ an initiative to improve research for health reform
- ◆ an information exchange initiative on health reform issues

CRHCS/ECSA was identified as an important catalyst to move some of these initiatives forward, recognizing that this might mean identifying Centers of Excellence and mobilizing resources in member countries to operationalize some of the ideas put forward by the Directors.

Capacity building for research in Africa

Although SARA has not initiated any stand-alone activities in this area, we have started to collaborate with our African partners and U.S.-based colleagues on three fronts:

- ◆ SARA supported several participants at the Africa Essential National Health Research (ENHR) Meeting held in Harare this year. One product of the meeting, which Dr. Prysor-Jones attended, was a vision of what activities should be carried out by the ENHR African Secretariat. This Secretariat is coordinated by Professor Owor of the University of Makerere in Kampala, but has not as yet been structured in a way that would permit a wide range of activities. Dr. Yvo Nuyens, the Coordinator of the Council on Health Research for Development (COHRED) and Prysor-Jones discussed the need for some decentralization of COHRED/Geneva's functions, as well as the possibility of supporting Professor Owor in his efforts to rationalize ENHR regional activities by coordinating closely with other regional networks.
- ◆ The Health Systems Research Joint Project, based in the WHO Sub-Regional Office in Harare, as well as CRHCS/ECSA have identified the need to update the existing HSR modules on research training, and to

Cross-Cutting Issues

introduce these into pre-service and in-service training settings, as appropriate. Dr. Prysor-Jones has collaborated with Professor Mwaluko of HSR and Professor Kinoti of ECSA to develop a proposal to do this. The recent reconfiguration of NAPHI in Kampala offers an added opportunity to reach public health training throughout Africa, and HSR and ECSA have included NAPHI as a partner in this enterprise, for which funding will be sought this year.

- ◆ SARA has been invited to collaborate with the Applied Diarrheal Disease Research Project (ADDR/P) in organizing a global meeting on improving the linkages between research and policy. Prysor-Jones has participated in discussions on the objectives and agenda of the meeting, and SARA is hoping to ensure that key Africans can attend the meeting, to be held in Mexico in late February 1996.

H. Management Support to AFR/SD/HRD

The SD Retreat

With the help of consultant Ian Roberts, SARA organized the two-day AFR/SD retreat that was held in October for the entire Sustainable Development division, a group of about 80 people. The discussions dealt mostly with intramural issues for USAID, such as the recent reorganization and the establishment of technical centers within the new Global Bureau. In the face of this shift, the Africa Bureau had to argue to maintain its strong technical teams; so far, the Bureau has succeeded in keeping its team together and that crisis is past.

The Meeting of HHRAA Cooperating Agencies

Guided by Hope Sukin and Alex Ross, this meeting was held for two days in November, the first gathering of this group since HHRAA was launched. Discussion focused on impact assessment, African participation, dissemination, and overall project improvement. Highlighted was SARA's capacity to assist with dissemination of the research and analysis products coming out of non-SARA HHRAA investments. The presence of Stephen Kinoti from the Commonwealth Secretariat, along with Dr. Ndugga Maggwa from CAFS in Nairobi, Drs. Yeya Touré and Ogoba Doumbo from the NIH Mali project, and Dr. Alfred Adewuyi from the Carolina Population Center provided strong African articulation of some of the challenges and opportunities facing HHRAA. Other participants came from Abt Associates, the Harvard School of Public Health, JHPIEGO, Tulane, PRB, CDC, USAID, the National Centers for Infectious Diseases, the PHS Office of International Health, NIH, MACRO, SEATS, Columbia University, The World Bank, the Population Council, WHO, John Snow, Inc., MSH, WELLSTART International, BASICS, Porter/Novelli, the Center for International Health Information, JHU School of Hygiene and Public Health, the Bureau of the Census, and NCIH.

The outcome of the meeting was a fuller understanding among all participants of the HHRAA focus on policy change and the generation and dissemination of information in the name of policy change.

Portfolio reviews and action plans

A series of sectoral portfolio reviews, involving SD/HRD and SARA staff, took place throughout the year. A priority for SARA was dissemination support, but other SARA collaboration, e.g., on research definition, implementation, linkages with African institutions, and other African involvement, was given full attention. The "impact imperative" as well as the vital importance of dissemina-

Management Support

tion and advocacy as parts of every item had become much more explicit within HHRAA and SARA since the original project paper was written almost three years ago, so some items that date from that time had to be recast with these needs in mind.

On the basis of these portfolio reviews, AFR/SD/HRD staff began to develop their action plans for the year. The action plans give priority and focus to SD activities at this time of budget reductions and increased scrutiny. Plans include SARA activities, of course, and SARA provided assistance to the SD activity managers. Now nearly complete, each plan articulates its rationale, a discussion of the complementarity of planned activities, the expected impact at the country and regional levels, next steps, the monitoring and evaluation plan, the budget, and the implementing agent (SARA or other HHRAA cooperating agency).

The management information system

The FoxPro-based management information system, designed in close concert with HRD staff by consultant Paul Mannes, has been in place for over a year. The consultant has remained available through this year to fix bugs and cope with the maintenance of this system within the larger USAID system; problems within the USAID system have caused chronic problems with the HRD system.

Ongoing management collaboration

At the request of the Africa Bureau, AED hosted and facilitated a meeting involving senior USAID officers from the Global Bureau, the Africa Bureau, and REDSO/ESA. Their goal was to define region-wide objectives in the HPN sector for which REDSO, the Africa Bureau, and the Global Bureau can provide support. One concrete outcome was the design of a questionnaire to be sent to USAID field officers, as part of a larger process for defining regional priorities for HPN programming. The group set these criteria for priority issues: 1) impact possible within 3-year period; 2) addresses a critical constraint to quality, availability, sustainability, and/or use of services; 3) USAID brings a comparative (financial or technical) advantage; 4) meets Agency objectives; 5) regional importance—either as shared concern or one that crosses borders; and 6) relative cost.

Ongoing practical matters, such as the agenda for the weekly SARA/USAID meeting and the drafting and tracking of cables, have become part of the routine involving both SARA and HRD staff.

V. Lessons Learned

- A. The importance of leveraging other projects and donors has been highlighted this year, since HHRAA/SARA cannot always do all that is needed in the three streams (defining a problem, suggesting alternative solutions, and advocacy) necessary to make changes in policies and programs. There is more work required than we had anticipated in assisting researchers to take responsibility for dissemination and advocacy. The key to HHRAA/SARA success in this area is encouraging researchers to link up with African institutions, projects, and donor agencies that can take the work forward into the policy and program arena.
- B. The institutional context in Africa can change quite rapidly, and HHRAA/SARA needs to maintain the flexibility necessary to adapt to new situations. The Health Systems Research Project, for instance, is moving into an expanded third phase and may be an important partner with which to join forces. Similarly, the Network of Public Health Institutions (NAPHI) is now restructuring in a way that should make joint activities feasible. There is also momentum to increase the role of the African ENHR Secretariat in Kampala. The Reproductive Health Network for West Africa and ORANA, the Applied Nutrition Institute for West Africa, are also both just attempting to reorganize and play a new, more functional role. On the other hand, some institutions are losing some key personnel and thus may be less functional as regional researchers and advocates.
- C. Now that we have only two years left of the SARA Project as it stands now, we are more conscious of the time required to make a difference in the area of building capacity within African institutions and of the need to join forces with other donors and projects, diversifying sources of support and thus increasing the chances of sustainability.
- D. The need for the coordination of networks and regional initiatives to maximize scarce resources and avoid the duplication of efforts has been made clear in several fora in Africa. For example, the ENHR and DJCC meetings came out with several overlapping suggestions on information dissemination and exchange—an area with which other regional networks are also struggling.
- E. There is tremendous need for networking and capacity building in the area of health reform issues. The DJCC meeting identified seven re-

Lessons Learned

gional capacity building initiatives that the Directors felt are necessary to support country health reform issues. These initiatives would require the strengthening of regional institutions and/or national Centers of Excellence.

- F. The process of putting in place dissemination mechanisms is slow, complex, often expensive, and usually laborious. On the other hand, it is extremely encouraging to note that the idea of information sharing has gained acceptance and is being given importance by many African institutions, in part because of the perceived potential of the electronic highway.
- G. While we may be able to carry through advocacy on specific issues in the life of the SARA contract, with the help of our African partners, it is clear that advocacy is a long-term, interactive process that requires the mobilization of local groups and organizations. HHRAA/SARA therefore needs to produce advocacy orientation materials that can be used in upgrading the skills of these groups, and to do some capacity building in this area, as well as supporting the promotion of certain key issues, in a shorter time-frame.

Appendix A—Subcontractors' Activities

Tulane University

- ◆ Oversight of all strategic-framework development
- ◆ Assistance to USAID in the development of its action plans in child survival, safe motherhood, and tropical and infectious diseases
- ◆ Collaboration with senior sociologist Mamadou Konaté, from the Centre for Applied Research on Population and Development (CERPOD), for the analysis of qualitative data collected under the study entitled *Tendencies and Determinants of Modern Contraception and Reproductive Health Behavior in Adolescents in the Sahel*
- ◆ Attendance at the workshop on Applied Research for Malaria Prevention and Control for African Francophone Countries in Bamako, Mali, 20–25 February, 1995
- ◆ Production of papers on female genital mutilation and the risk of HIV and on providing services for sexually transmitted infections within other health programs
- ◆ Participation the STD/HIV/FP Integration Workshop in Nairobi, Kenya, May 22–24, 1995
- ◆ Organization of a special dissemination session of HHRAA-funded study results at the IXth International Conference on AIDS and STD in Africa, December, 1995, Kampala, Uganda
- ◆ Participation in the Network of African Public Health Institutions meeting, in Brazzaville, Congo
- ◆ Technical assistance to prepare background materials and to document the consultative meeting on Crisis Prevention, Mitigation and Recovery in Africa

Morehouse School of Medicine

- ◆ Assistance to USAID in the development of its action plans for population and safe motherhood

Appendix A—Subcontractors' Activities

- ◆ Technical assistance to the African Society of Gynecologists and Obstetricians (SAGO) at its third regional Congress, held in Yaounde, Cameroon, December 12–16, 1994
- ◆ Participation in and technical assistance to the Francophone Africa Regional Conference: Increasing Access and Improving the Quality of Family Planning and Reproductive Health Services in Francophone Sub-Saharan Africa, Ouagadougou, Burkina Faso, March 13–17, 1995
- ◆ Technical assistance to the Reproductive Health Research Network in Francophone Africa for its scientific meeting on “the role of African men in reproductive health” and discussion of how to strengthen its planning, organization, and fund-raising capacities
- ◆ Organization of direct discussions between SARA and SAGO leaders prior to the SAGO Regional Congress to develop consensus on issues of mutual concern, to make these issues the principal themes of SAGO’s 1996 Congress

JHPIEGO

- ◆ A French translation of the proceedings of the East and Southern Africa Regional Workshop, held in Harare, Zimbabwe, from January 30–February 4, 1994, for participants at the West Africa Francophone Workshop held in March 1994
- ◆ Support for the development of three country reports summarizing the primary data collected from Mali, Uganda, and Zambia on the need for improving, and the consequences of current emergency maternity services in East, Central, and Southern Africa
- ◆ Support for a document entitled “Monograph on Complications of Unsafe Abortion in Africa”
- ◆ Evaluation of the impact of the “Monograph on Complications of Unsafe Abortion in Africa” and related policy documents and country reports
- ◆ Travel to Arusha, Tanzania, by Natalie Maier of JHPIEGO to work on the three country reports (Malawi, Uganda, Zambia) containing primary data on complications of unsafe abortion in Africa

Appendix A—Subcontractors' Activities

Population Reference Bureau

- ◆ Assistance to USAID in the development of action plans for population and safe motherhood
- ◆ Completion of Strategic Framework on Safe Motherhood
- ◆ Completion of Strategic Framework on Population
- ◆ Work with CERPOD on adolescent study
- ◆ Design of technical assistance to CERPOD for the implementation of a 16-month francophone Africa media project

Porter/Novelli

- ◆ Completion of paper on the process of policy making in Africa
- ◆ In collaboration with BASICS, technical assistance to the Zambian Ministry of Health in planning, preparation, conduct, and follow-up of a conference on public/private health-sector cooperation.

DHS/MACRO

- ◆ Collaboration in the planning, implementation, and follow-up to the Makerere/Commonwealth Secretariat Regional Nutrition workshop
- ◆ Reanalysis of DHS data from selected African countries to provide data suitable for use by PROFILES

Africa Consultants International (ACI)

- ◆ Assist CERPOD's planning of the dissemination of the results from the adolescents' study through design for a meeting and the subsequent process for supporting the design and implementation of country dissemination/advocacy
- ◆ The translation into French of the 14-page "Overview of AIDSCOM Lessons Learned: AIDS Prevention in Africa" prepared earlier as a SARA document in English
- ◆ Translation of the PSAPP Manager Guide into French

Appendix A—Subcontractors' Activities

- ◆ Implementation of studies that generated the data and information used for the development of PSAPP materials
- ◆ Assistance with the preparation and facilitation of the Reproductive Health Research Network meeting
- ◆ Assistance with preparation of meeting on IEC for child survival in Francophone West Africa

Appendix B—List of Deliverables Over the Life of the Project

Appendix B—List of Deliverables Over the Life of the Project

1. *Four regional issues identification workshops, in first fifteen months (1 in education and 1 in HPN, in both anglophone and francophone Africa). Approx. 20 Africans each. 5 days assumed.*

SARA took advantage of a number of conferences and meetings to hold issues identification workshops or discussions with selected African participants at these larger meetings. The number of Africans with whom discussions were held at these meetings is as follows:

+ICN (International Conference on Nutrition)	Rome	Dec 1992	41 Africans
+HIV/AIDS Conference	Yaounde	Dec 1992	24 Africans
+Basic Education	Abidjan	Feb 1993	83 Africans
+IVACG Meeting (Nutrition)	Arusha	Mar 1993	115 Africans
+CCCD Conference	Dakar	Mar–Apr 1993	36 Africans
+Sustainability for HPN	Nairobi	May 1993	5 Africans
+Women’s Health & Nutrition	Bellagio	May 1993	5 Africans
◆Population and Environment	Baltimore	May 1993	3 Africans
◆ERNWACA Launching Conf.	Mali	Sept–Oct 1993	28 Africans
+ICN Follow-up	Nairobi	Dec 1993	20 Africans
+Medical Women’s International Association (MWIA) Meeting	Nairobi	Dec 1993	20 Africans
+HIV/AIDS Conference	Marrakesh	Dec 1993	16 Africans
◆Basic Education	Kadoma	Jan 1994	11 Africans
◆Medical Barriers Conference	Zimbabwe	Jan–Feb 1994	47 Africans
+Health Financing	Dakar	Feb 1994	22 Africans
◆Medical Barriers Conference	Burkina Faso	March 1995	55 Africans

Appendix B—List of Deliverables Over the Life of the Project

3. *Ten consultative meetings in the U.S. 2–3 days. 4 consultants each.*

◆Population	Dec 1992	18 participants
◆Population	May 1993	22 participants
+DDM: Private sector for health	Sept 1993	40 participants
◆Health financing	Jan 1994	25 participants
◆STDs	May 1994	28 participants
◆Nutrition	June 1994	27 participants
+Dissemination Strategies	June 1994	12 participants
◆Education	Oct 1994	20 participants
+Malaria	Apr 1995	3 participants
◆Advocacy	Aug 1995	28 participants

◆Organized by SARA +SARA participation

4. *A plan for an R&A issues identification and agenda setting process*

See document:

The Process of Developing an ARTS/HHR Analytic Agenda

5. *Ten collaborative R&A arrangements with African institutions*

1. ECSAHC: Funding and TA for dissemination activities and research on the consequences of abortion and on nutrition;

dissemination partners:

Kenya Medical Research Institute (KEMRI)
 National Institute of Development Research and Documentation (NIR)
 University of Namibia's Medical Library
 University of Zimbabwe's Medical School Library
 Tanzania Food and Nutrition Centre
 Centre for Educational Development in Health/Arusha (CEDHA)

Appendix B—List of Deliverables Over the Life of the Project

- Medical Library at the University Teaching Hospital in Zambia
Health Research Office of the Ministry of Health/
Malawi
Child Health and Development Centre Library in Uganda
2. CERPOD: Funding and TA for research on adolescents; five-week meeting with TA on data analysis
 3. Makerere University: Joint workshop on DHS nutrition data and advocacy
 4. ZNFPC: Joint conference on medical barriers to contraception
 5. WHO/AFRO: Collaboration on meetings on weaning foods and malaria; planning meeting for the Network of Training and Research Institutions in Public Health in Africa
 6. ACI (PSAPP research): Funding for research on HIV/AIDS activities in the private sector
 7. IPN, Mali: Joint secondary analysis of data on girls education
 8. ORANA: Initial contacts made; reorganization meeting planned for Dec. 1995
 9. ERNWACA: Technical and financial support for institutional development, research training, electronic linkages, and dissemination; research on conditionality in four WA countries; meeting with regional Education Ministers
 10. AEAA: Joint consultative meeting on educational assessment and reform
 11. APAC: Joint preparation of key documents for decision-makers
 12. AAPAH: Initial contacts with the African Association for the Promotion of Adolescent Health
 13. ENHR/ESSA: Joint meeting on research and policy
 14. WHO/HSR: Joint planning for health reform activities
 15. SAGO: Research priorities for reproductive health
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Appendix B—List of Deliverables Over the Life of the Project

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|----------------|--|
| 16. RHN: | Support for scientific meeting planned for Nov. 1995 |
| 17. REDSO/WCA: | HIV/AIDS specialists for project design team |
| 18. DAE | Research on educational reform in six African countries |
| 19. ERNESA | Support for synthesis documents of gender-related education research |

6. *Visit REDSOs*

- | | |
|--------------|---|
| Prysor-Jones | Dec. 1992 (W), February 1993 (W), Dec. 1993 (E), Aug. 1994 (E), Apr. 1995 (E), Aug. 1995 (W), Oct. 1995 (E) |
| Duale | Apr. 1993 (W), Dec. 1993 (E) |
| Spain | Mar. 1993 (E) |
| Brace | Feb. 1995 (E) |
| Post | May 1995 (E) |

(E)=REDSO/ESA, Nairobi
(W)=REDSO/WCA, Abidjan

7. *25 1-day technical advisory expert committee meetings*

- | | |
|---|-------------------------|
| +Review of proposals on private sector (health) in Africa | Jan. 1994 |
| +Discussion of Population Council Operations Research | June 1994 |
| ◆Discussion on Male Involvement in Family Planning | June 1994 |
| +WHO meeting on research priorities for Integrated Management | June 1994;
Jan. 1995 |
| +Basic Education Meeting, Washington | June 1994 |
| +Meeting on integrated vs. vertical family planning | July 1994 |
| +WELLSTART Expanded Program on Breastfeeding | Jan. 1995 |
| +World Bank meeting on Better Health in Africa initiative | Feb. 1995 |
| +JHPIEGO workshop on management of STDs in FP | April 1995 |

Appendix B—List of Deliverables Over the Life of the Project

◆ Review of proposal for a monograph on bednets by JHU Sept. 1995

◆ Organized by SARA +SARA participation
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8. *Dissemination strategies in Africa*

1. Development of electronic linkages with partner institutions
2. Training for advocacy (Makerere workshop model)
3. Washington Advocacy workshop; one-day training module being developed.
4. Presentations to ECSAHC Health Ministers
5. Training at APHA Informational Outreach workshop for five African information professionals
6. Support to dissemination by African networks (ERNWACA, ECSAHC)
7. ECSAHC regional workshop on Information Dissemination for Better Health, Arusha, February 1995
8. Sending African to key meetings for research dissemination [Adelaide (nutrition); Mauritius (education, finance), Bangalore (child survival), Kisumu (malaria), Alexandria (nutrition), Malawi (health reform), Kampala (HIV/AIDS), Geneva (health reform), Cairo (child survival), Harare (health research), Brazzaville (health professional training), Paris (respiratory disease), San Antonio (malaria)]
9. Training of high-level key journalists
10. (Indirect method) Presentations for A.I.D. and A.I.D.-funded projects (BASICS on Nutrition, Sahel Office on Child Survival)
11. HHRAA/SARA documents on the Internet
12. Participation in USAID's Leland Initiative discussions

9. *8 regional dissemination workshops*

- ◆ 1. Financing Sustainability meeting, Nairobi May 1993
- +2. Nutrition strategies for ECSAHC Nov 1993

Appendix B—List of Deliverables Over the Life of the Project

+3. Basic education meeting, Kadoma	Jan 1994
◆4. Medical barriers conference, Zimbabwe	Feb 1994
+5. Research methodologies for education, Gambia	June 1994
◆6. Nutrition advocacy workshop, Makerere	Nov 1994
+7. WHO Weaning foods meeting, Alexandria	Nov 1994
◆8. Educational testing and reform, Mombasa	Dec 1994
+9. CRHCS Chairpersons meeting on Breastfeeding and Child Feeding, Nairobi	Apr 1995
◆10. CERPOD meeting on Analysis of Data from the Adolescents Study	Sept–Oct 1995
+11. ECSAHC meeting on consequences of abortion	Aug 1995
◆12. SAGO Preconference meeting	Dec 1994
+13. Medical Access and Quality conference, Burkina Faso	Mar 1995
+14. REDSO/ESA Integration Meeting	May 1995
+15. DJCC meeting on Health Reform	Aug 1995

◆Organized by SARA
+SARA participation

10. 22 follow-up TA activities involving 2 people for 14 days each

1. TA for non-project assistance (NPA) meeting in Niger
2. TA on presentation of nutrition data to ECSAHC ministers
3. TA on dissemination strategies to ECSAHC
4. TA on research on consequences of abortion to ECSAHC
5. TA on research design to CERPOD
6. TA on quantitative methods to CERPOD
7. TA on qualitative methods to CERPOD

Appendix B—List of Deliverables Over the Life of the Project

8. TA on research methodologies to ERNWACA
9. TA on dissemination strategies to ERNWACA
10. TA on development of regional project to REDSO/WCA
11. TA on designing workshop on advocacy to Makerere University
12. TA to ECSAHC to prepare regional workshop on health reform
13. TA to ECSAHC to develop dissemination materials on the consequences of abortion
14. TA to BASICS in West Africa on the use of PROFILES
15. TA to CERPOD to design and facilitate dissemination workshop
16. TA to ERNWACA for the analysis of data gathered by the BEEP Project
17. TA to ERNWACA for the publication of a synthesis of their research studies
18. TA to CERPOD to develop The Indicators Project
19. TA to National African Malaria Program Managers on proposal development
20. TA to ORANA to prepare strategic planning meeting
21. TA to ZNFPC to prepare medical barriers meeting
22. TA to REDSO/ESA for the organization and implementation of two regional meetings
23. TA to ECSAHC for meeting in Nairobi on Breastfeeding and Child Feeding (jointly with WELLSTART)
24. TA to AFR/SD/HRD on the design of program management software
25. TA on the evaluation of the use of nutrition-related data contained in the DHS Reports and the Nutrition Chart Books in relevant African countries.
26. TA to six African researchers on the production of six case studies on education policy formation in Africa

Appendix B—List of Deliverables Over the Life of the Project

27. TA to the Association for Educational Assessment in Africa (AEAA) to organize and facilitate Mombasa meeting on educational assessment
 28. TA to AFR/SD/HRD relating to their Performance Measurement and Evaluation Systems
 29. TA to AFR/SD/HRD to organize and facilitate staff retreat and meetings of cooperating agencies
 30. TA to AFR/SD/HRD to produce review of literature on education-health program linkages
 31. TA to AFR/SD/HRD to produce computer-based mathematical models of tuberculosis cases linked to HIV
 32. TA to AFR/SD/HRD on the development of an assessment tool and a manual for national authorities relating to Integrated Child Management
 33. TA to AFR/SD/HRD on the development of an assessment tool and a manual for national authorities relating to Integrated Child Management
 34. TA to AFR/SD/HRD to review literature on decentralization of education services
 35. TA to AFR/SD/HRD to review literature on the use of conditionality in support of education policy reform
 36. TA to AFR/SD/HRD to produce summary of literature on the role of teachers in implementing policy, with annotated bibliography and field-research framework
- 11. 24 Technical reports, 20 technical bulletins—200 copies each. Ten of each into French.**
1. Monograph on research on infant feeding*
 2. Strategic framework for integrated case management
 3. African Population Programs*
 4. Impact of HIV/AIDS on Population*
 5. Reliability of Population Data*
 6. Proceedings of Population and Environment Meeting
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Appendix B—List of Deliverables Over the Life of the Project

7. Strategic framework for safe motherhood and reproductive health
8. Editing, production, and translation of DFA report*
9. Summary of Educational Policy Formulation in Africa
10. Translation of World Bank Nutrition document on experiences of nutritional programs in Africa*
11. Report of the Zimbabwe Medical Barriers Conference*
12. Report on NPA in Niger
13. Synthesis and dissemination of NAS books on population dynamics*
14. Strategic framework for basic education
15. Electronic linkages in Africa
16. Strategic framework for finance and sustainability
17. USAID Child Survival Strategy for Africa (draft)
18. Education conference report (Kadoma)
19. AIDSCOM report of lessons learned
20. Strategic framework for malaria
21. Strategic framework for nutrition
22. Utilization of knowledge in policy formulation
23. Strategic framework for behavior change
24. Dissemination issues paper
25. Synthesis of Better Health in Africa*
26. Strategic framework for HIV/AIDS, STIs, and TB
27. Report on qualitative findings relating to adolescents and family planning in the Sahel (draft)
28. Female Genital Mutilation and AIDS

Appendix B—List of Deliverables Over the Life of the Project

29. Report on the use of DHS nutrition data
30. Monograph on consequences of abortion in ECSAHC
31. Policy booklet on the consequences of abortion in ECSAHC (in process)
32. Guidelines for preparation of integrated case management of sick child (draft)
33. Monograph on programs to improve infant feeding practices
34. Providing services for STIs within other health programs
35. Strategic framework for population and family planning
36. Summary of HHRAA Strategic Frameworks.

Forthcoming

37. Synthesis of state-of-the-art on Education Research in West Africa (ERNWACA)*
38. Report on linkages between TB and HIV/AIDS
39. Streamlined methodology for nutritional assessment and counseling

*French version available

12. 10 innovative dissemination tools, \$15K each

1. Participation of African documentalists in APHA training. June 1993.
2. Presentation (PROFILES) on Nutrition to ECSAHC Health Ministers meeting (November 1993) and in Senegal (August 1995)
3. Electronic connectivity for ECSAHC and ERNWACA networks
4. Workshop for high-level francophone African journalists
5. Use of the Internet for dissemination of HHRAA/SARA documents
6. Use of African information centers for dissemination
7. Development of advocacy training modules

Appendix B—List of Deliverables Over the Life of the Project

13. MIS

Paul Mannes Software package

Maureen Norton monitoring consultancy

in-house billing number/category tracking

Appendix C—Dissemination/publications list

Appendix C—Dissemination/publications list

SARA Project Publications

AIDSCOM Lessons Learned: AIDS Prevention in Africa, 1993. AIDSCOM staff.

An Assessment of the Dissemination and Use of DHS-Related Nutrition Documents in Africa, 1995. Martita Marx.

Female Genital Mutilation and the Risk of HIV, 1995. May Post.

Improving Feeding Practices During Childhood Illness and Convalescence (English & French), 1994. Ellen Piwoz.

Knowledge Utilization and the Process of Policy Formation, 1994. Robert Porter.

The Population Dynamics of Sub-Saharan Africa (English & French) (photocopy only), 1994. Synthesis prepared by Kenneth Hill, Barney Cohen, Karen Foote, and Carole Jolly.

Profiles of Electronic Networking Initiatives in Africa, 1994. Gail Kostinko.

Providing Services for Sexually Transmitted Infections Within Other Health Programs, 1995. May Post.

Regional Initiatives for Capacity Building in the Health Sector, 1995. Hugh Waters.

SARA Advocacy Workshop Report, 1995. Ritu Sharma.

Sustainable Development: Population and the Environment, 1994. Cynthia P. Green, Editor.

Co-produced Publications

Action for Better Health in Africa, 1994 (with the World Bank). Prepared by Victoria Ebin.

Enhancing the Contribution of the Health Sector in the Prevention of Malnutrition (with the World Bank)

Appendix C—Dissemination/publications list

Documents produced by SARA for HHRAA during Project Year 3

Summary of HHRAA Strategic Frameworks for Health, Population, Nutrition, and Basic Education in Africa, 1995. SARA.

Strategic Framework for Basic Education, 1995. Joe DeStefano, Joy Wolf, Karen Tietjen, Diane Prouty, Ash Hartwell, and Jim Williams.

Strategic Framework for Behavior Change and Maintenance for Child Survival, 1995. Judy Graeff and Hugh Waters.

Strategic Framework for Health Sector Financing and Sustainability, 1995. Joe Kutzin and Hugh Waters.

Strategic Framework for HIV/AIDS, STIs, and TB, 1995. May Post.

Strategic Framework for Improved Child Nutrition, 1995. Ellen Piwoz.

Strategic Framework for Integrated Case Management of the Sick Child, 1995. Elizabeth Herman.

Strategic Framework for Malaria Prevention and Control, 1995. Donald Krogstad.

Strategic Framework for Population and Family Planning, 1995. Rhonda Smith.

Strategic Framework for Safe Motherhood and Reproductive Health, 1995. Lalla Touré and May Post.

SARA 1995 Trip Reports

Second Annual Meeting of WHO/Geneva's Control of Diarrhoeal Diseases and Respiratory Infections, January 9–11, 1995. Suzanne Prysor-Jones.

Regional Health Information Dissemination Workshop of the Commonwealth Regional Health Community Secretariat, January 30–February 3, 1995. Judy Brace.

CERPOD Visit, January 30–February 4, 1995. Suzanne Prysor-Jones.

Workshop on Applied Research for Malaria Prevention and Control for African Francophone Countries, February 20–March 1, 1995. Duale Sambe.

Appendix C—Dissemination/publications list

Decentralization and Health Systems Change: Review and Planning Meeting of Investigators, February 28–March 3, 1995. Gabriel Mwaluko.

Francophone Regional Conference on Maximizing Access and Quality of Reproductive Health and Family Planning Services in Africa, March 12–17, 1995. Lalla Touré.

Assistance to ERNWACA, March 28–April 3, 1995. Jean-Georges Dehasse.

Meeting of Chairpersons of University Medical Schools and Nursing Colleges in East, Central, and Southern Africa, and Keynote Address, April 9–13, 1995. Michael C. Latham.

Workshop on Integrating Breastfeeding and Child Feeding Issues into Pre-Service Training Curricula, April 8–13, 1995. Ellen Piwoz.

Planning Future Nutrition Activities in the ECSA Region, April 17–22, 1995. Suzanne Prysor-Jones and Ellen Piwoz.

Consultation with CERPOD, May 21–24, 1995. Gary Engelberg.

SARA Collaboration with the Health Community for East, Central, and Southern Africa, April 18–28, 1995. Suzanne Prysor-Jones.

CERPOD Visit (Media Proposal), May 15–16, 1995 & June 26–27, 1995. Rhonda Smith.

Setting the Africa Agenda: Workshop on Integration of Services for Sexually Transmitted Infections with Maternal-Child Health and Family Planning Services, May 22–24, 1995. May Post.

PROFILES Consultancy for the SARA Project in Collaboration with BASICS, August 7–18, 1995. Jay Ross.

ECSAHC Directors' Joint Consultative Committee Meeting; Essential National Health Research Meeting; Epidemiological Society for Southern Africa Meeting; WHO/AFRO Consultations, August 14–September 2, 1995. Suzanne Prysor-Jones.

Africa Task Force on Nutrition Meeting; Meetings in Dakar with CESAG, BASICS, Reproductive Health Network; Meetings with CERPOD, October 1–11, 1995 (in production). Suzanne Prysor-Jones.

The Third Meeting of the Network of African Postgraduate Training and Research Institutions in Public Health, October 2–6, 1995. Duale Sambe.

Appendix D—Conferences and Meetings organized

Appendix D—Conferences and Meetings organized

Association for Educational Assessment in Africa (SARA support)	Mombasa	Dec 1994
CRHCS Dissemination meeting	Arusha	Jan 1995
HHRAA TID portfolio review meeting	Washington	Apr 1995
CERPOD “Tendances et determinants de la contraception moderne, comportement et santé reproductive des adolescentes dans le Sahel.”	Bamako	Oct 1995
Advocacy workshop	Washington	Aug 1995
Makerere Nutrition Advocacy Workshop	Kampala	Nov 1994

Appendix E—Conferences attended

Appendix E—Conferences attended by SARA staff and consultants

WHO Regional Meeting on Complementary Feeding of Young Children in Francophone Africa	Alexandria	Nov 1994
Makerere University Workshop on the Use of DHS and Other Nutrition Data to Influence National Policies	Entebbe	Nov 1994
CAs Meeting on Innovation Strategies for Dissemination and Advocacy	Washington	Nov 1994
West Africa Fourth Annual Information and Communication Meeting	Nouakchott	Nov 1994
IDRC and WHO-TDR Meeting on Insecticide-impregnated Bednet Interventions for Malaria Control	Dar es Salaam	Nov 1994
Association for Educational Assessment in Africa	Mombasa	Dec 1994
Third Congress of Society of African Gynecologists and Obstetricians	Yaoundé	Dec 1994
Conference on Nutrition Strategy for West and Central Africa	Ouagadougou	Dec 1994
Second Annual Meeting of WHO/Geneva Control of Diarrheal Diseases and Respiratory Infections	Geneva	Jan 1995
Semi-annual WHO Working Group on Integrated Management of Childhood Illness	Geneva	Jan 1995
CRHCS Dissemination meeting	Arusha	Jan 1995
International Technical Panel on Education Policy Formation	Paris	Jan 1995

Appendix E—Conferences attended

Decentralization and Health Systems Change: Review and Planning Meeting of Investigators	Cape Town	Feb/Mar 1995
Workshop on Applied Research for Malaria Prevention and Control for African Francophone Countries	Bamako	Feb/Mar 1995
Better Health in Africa Panel Meeting	Paris	Feb 1995
Francophone Regional Conference on Maximizing Access and Quality of Reproductive Health and Family Planning Services in Africa	Ouagadougou	Mar 1995
Meeting for Regional Ministry of Education Officials (ERNWACA)	Mali	Mar 1995
ECSA/Wellstart meeting on Breastfeeding and Child Feeding Pre-Service Training	Arusha	Apr 1995
Meetings on the field test of “Management of Childhood Illness/Sick Child” training course	Geneva	Apr 1995
Workshop on Integrating Breastfeeding and Child Feeding Issues into Pre-Service Training Curricula for University Medical Schools	Nairobi	Apr 1995
HHRAA TID portfolio review meeting	Washington	Apr 1995
REDSO/ESA Meetings	Nairobi	May 1995
Workshop on Integration of Services for Sexually Transmitted Infections with Maternal-Child Health and Family Planning Services	Nairobi	May 1995
Financial Decision Makers Workshop	New York	Jun 1995
International Technical Panel on Education Policy Formation	Paris	Jul 1995

Appendix E—Conferences attended

ECSAHC Directors Joint Consultative Committee Meeting	Nairobi	Aug 1995
Council on Health Research & Development Second African Essential National Health Research Networking Meeting	Harare	Aug/Sep 1995
Conference of the Epidemiological Society of Southern Africa	Harare	Aug/Sep 1995
International Conference of Pediatrics	Cairo	Sep 1995
International Union against Tuberculosis and Lung Disease Conference	Paris	Sep 1995
Third Meeting of the Network of African Post Graduate Training and Research Institutions in Public Health	Brazzaville	Oct 1995
CERPOD "Tendances et determinants de la contraception moderne, comportement et santé reproductive des adolescentes dans le Sahel."	Bamako	Oct 1995
Steering Committee of the Union for African Population Studies Small Grants Programme on Population and Development	Dakar	Oct 1995
Seventh Meeting of the African Task Force on Food and Nutrition Development	Abidjan	Oct 1995

Appendix F—Outside Contacts and collaboration with USAID Offices, other projects, other donors

In each area of HHRAA/SARA concern, efforts have been made to engage with other donors and projects to:

- ◆ obtain maximum input into the issues identification process;
- ◆ take cognizance of research, analysis, and dissemination activities that others are carrying out;
- ◆ identify areas for collaboration on specific activities where SARA can play a complementary supportive role; and,
- ◆ leverage additional resources for HHRAA/SARA-related activities.

The following examples give an overview of coordination efforts:

Child Survival

- ◆ Coordination with AED and BASICS staff on preparing the IEC Workshop for West Africa
- ◆ Coordination with WHO, The World Bank, and BASICS on the Preparatory Guide for the Introduction of Integrated Case Management
- ◆ Participation in the USAID Global Bureau Malaria Working Group
- ◆ Discussions with Population Communications Services at Johns Hopkins University on the Ghana IEC case study

Cross-cutting issues

- ◆ Discussion on dissemination and advocacy
- ◆ Close collaboration with REDSO on the ECSA Health Reform workshop and follow-up and on integration of STIs into MCH/FP programs
- ◆ Collaboration with Management Sciences for Health on preparing and facilitating the Health Reform workshop in ECSA and on follow up activities with REDSO/ESA, CRHCS/ECSA and NAPHI.

Appendix F—Outside Contacts and collaboration

- ◆ Discussions with COHRED on strengthening ENHR in Africa
- ◆ Participation in ADDR/P working group to prepare the meeting on taking research to policy and programs

Dissemination

- ◆ Ongoing relations with ABIC, with Global and AFR projects, organizations like the NAS's BOSTID and AAAS's sub-Saharan Africa department, that are involved in dissemination activities, sharing experiences, advice, African contacts
- ◆ Participation in USAID discussions on the Leland Initiative
- ◆ Participation in APHA's series of presentations on electronic information activities
- ◆ Ongoing discussions with HealthNet on African sites to be connected
- ◆ Collaboration with IDRC/Dakar on ERNWACA dissemination activities
- ◆ Discussions with IRM Office on USAID's gopher and home page
- ◆ Close collaboration with BASICS-supported ORANA Information Center
- ◆ Working relationships with APHA Clearinghouse's African trainees in information outreach
- ◆ Close collaboration with the World Bank's Africa Technical Department on Nutrition publication and Better Health in Africa dissemination and advocacy activities
- ◆ Bringing together local non-profit organizations and individuals to discuss their experiences with advocacy in Africa
- ◆ Discussions with UNICEF's Health Promotion Unit on electronic connectivity in Africa

Education

- ◆ Ongoing partnership with ERNWACA on regional educational research
- ◆ Collaboration with ERNESA on the publication of studies relating to girls education

Appendix F—Outside Contacts and collaboration

- ◆ Coordination with IDRC/Dakar in support of ERNWACA

Nutrition

- ◆ Collaboration with WELLSTART International on preparing and follow-up of the CRHCS/ECSA Chairpersons meeting on Breastfeeding and Infant Feeding
- ◆ Close collaboration with BASICS on the BASICS Nutrition Strategy and on the brochure on Child Mortality and Malnutrition
- ◆ Collaboration with UNICEF and The World Bank on follow-up of the Bellagio Conference on Improving Nutrition Programming
- ◆ Collaboration with WHO on preparing technical documents on improving child feeding practices
- ◆ Collaboration with WELLSTART International, BASICS, and UNICEF on revisions and use of the manual “Designing by Dialogue: Consultative Research for Improving Young Child Feeding”

Population and Reproductive Health

- ◆ Discussions with UNFPA, Rockefeller Foundation, the Association for Voluntary and Safe Contraception (AVSC), Population Council and other U.S. Cooperating Agencies on the West Africa Reproductive Health Network
- ◆ Discussions with USAID/Mali on follow-up of the CERPOD Adolescents Study
- ◆ Collaboration with Family Health International and INTRAH (UNC) on the preparation and implementation of the Francophone Africa regional conference entitled *Increasing Access and Improving the Quality of Family Planning and Reproductive Health Services in Francophone Sub-Saharan Africa*, held in Ouagadougou, March, 1995.
- ◆ Collaboration with the Department of Population Dynamics, School of Hygiene and Public Health at Johns Hopkins University on conducting the DHS secondary data analysis for CERPOD’s Adolescent Study.
- ◆ Collaboration with WHO on conducting a two-month workshop in Francophone Africa on male involvement in family planning (scheduled to take place in February–March, 1996).

Appendix F—Outside Contacts and collaboration

Tropical and Infectious Diseases

- ◆ Collaboration with the AIDSCAP Project on the development and the dissemination plan of the private sector AIDS policy presentation (PSAPP) materials, including the planning of the HHRAA-sponsored workshop at the IXth International Conference on AIDS and STDs in Africa.
- ◆ Collaboration with the USAID Task Force on Female Genital Mutilation in exploring the potential risk of HIV transmission;
- ◆ Work with selected USAID collaborating agencies in addressing the issues of the integration of STI services with family planning and other health programs.