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MIDTERM ASSESSMENT

**MIDTERM ASSESSMENT OF THE
HEALTH AND HUMAN RESOURCES ANALYSIS FOR AFRICA PROJECT (HHRAA)
(698-0483)**

VOLUME I

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ACRONYMS

AAPAH	African Association for the Promotion of Adolescent Health
AAAS	American Association for the Advancement of Science
ABEL	Advanced Basic Education and Literacy
ACI	Africa Consultants International
AEAA	Association for Educational Assessment in Africa
AED	Academy for Educational Development
AFPA	African Family Planning Association
AFR/ARTS/HHR	Africa Bureau/Analysis, Research, and Technical Support/Health and Human Resources
AIA	Appropriations in Aid
AIC	AIDS Information Center
AIDSCAP	AIDS Control and Prevention Program
AMREF	African Medical Relief and Education Fund
APAC	African Population Advisory Committee
APHA	American Public Health Association
ARI	Acute Respiratory Infection
ARTS	Office of Analysis, Research and Technical Support
AVSC	Access to Voluntary and Safe Contraception
BASICS	Basic Support for Institutionalizing Child Survival
BEEP	Basic education project
BUCEN	Bureau of the Census
CA	Cooperating Agency
CAFS	Center for African Family Studies
CCCD	Combatting Childhood Communicable Diseases
CDC	Centers for Disease Control and Prevention
CDD	Control of diarrheal diseases
CERPOD	Center for Applied Research on Population and Development
CESAG	Centre d'Etudes Supérieures d'Administration et Gestion
CIHI	Center for International Health Information
CLEF	Basic education project
CPFH	Center for Population and Family Health
CPO	Center for Population Options
CRHCS/ECSA	Commonwealth Regional Health Community Secretariat/East, Central, and Southern Africa
CTO	Cognizant Technical Officer
DAE	Donors to African Education
DDM	Data for Decision Making Project
DFA	Development Fund for Africa
DHS	Demographic and Health Surveys
EAGER	Equity and Growth through Economic Research
ED	Mission Education Officers
EDI	Education Development Institute
EPI	Expanded Program on Immunization
ERNESA	Educational Research Network for East and Southern Africa
ERNWACA	Educational Research Network for West and Central Africa
ESAMI	East and Southern African Management Institute
FAC	French Fonds d'Aide et Cooperation
FAWE	Forum for African Women Educationalists
FM/FAC	Financial Management/Financial Accounting and Control System
FPA	Family Planning Association

ACRONYMS

(continued)

FPI	Family Planning International
FSN	Foreign Service National
HAPA	HIV/AIDS Prevention in Africa
HFS	Health Financing and Sustainability
HHRAA	Health and Human Resources Analysis for Africa
HPN	Health, Population and Nutrition
IBRD	International Bank for Reconstruction and Development
IDA	Institute for Development Assistance
IDRC	International Development Research Center
IEQ	Improving Education Quality project
IEES	Improving the Efficiency of Educational Systems
IIEP	Institute for International Education Planning
IPN	Institut Pedagogique National
IPPF	International Planned Parenthood Federation
ITD	Institute for Technical Development
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/PCS	Johns Hopkins University/Population Communication Services
JSI	John Snow, Inc.
MAQ	Maximizing Access and Quality
MIS	Management Information System
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MRTC	Malaria Research Training Center
MSH	Management Sciences for Health
MWIA	Medical Women's International Association
NAS	National Academy of Sciences
NGO	Non-governmental organization
NIH	National Institutes of Health
NPA	Non-project assistance
OAU	Organization of African States
ODA	British Overseas Development Agency
OFM	Office of Financial Management
OR	Operations Research
ORANA	West African Applied Nutrition Research Organization
ORT	Oral Rehydration Therapy
OVI	Observable and verifiable indicators
OYB	Operating Year Budget
PACD	Project activity completion date
PAHO	Pan-American Health Organization
PAI	Population Action International
PARTS	Policy Analysis, Research and Technical Support
PASA	Participating Agency Services Agreement
PD&S	Project Development and Support
PID	Project Identification Document
PIO/T	Project Implementation Order/Technical Assistance
PMES	Performance Measurement and Evaluation System
PP	Project Paper
PPC	USAID Bureau
PRB	Population Reference Bureau
PSI	Population Services International

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ACRONYMS

(continued)

PVO	Private voluntary organizations
R&A	Research and analysis
R&D/ED	Research and Development/Education Office
RAD	Research, analysis and dissemination
REACH	Resources for Child Health
REDSO	Regional Economic Development Support Office
RLCE	Rapid low-cost evaluation
RSSA	Resources Support Service Agreement
RTA	Resident Technical Advisor
SAGO	Society of African Gynecologists and Obstetricians
SARA	Support for Analysis and Research in Africa
SEAMEO	Southeast Asia Ministers of Education Organization
SD	Office of Sustainable Development
SENECI	Senegalais d'Etudes de Conseils et d'Interventions
SIDA	French for AIDS
SOW	Scope of Work
TAG	Technical Advisory Group
UAPS	Union for African Population Studies
UCI	Universal Child Immunization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USG	U.S. Government
USPHS	U.S. Public Health Service
WHO/AFRO	World Health Organization, African Regional Office
ZNFPC	Zimbabwe National Family Planning Council

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EXECUTIVE SUMMARY

BACKGROUND

The purposes of the mid-term assessment of the Africa Bureau Health and Human Resources Analysis for Africa (HHRAA) project were to:

1. 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;
2. Provide a basis for project extension and funding; and,
3. 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 was conducted in Washington, D.C., between November 7 and December 14, by a 7-member team organized to address sub-sector activities and accomplishments as well as overall cross-cutting project processes. The team reviewed project documents and conducted interviews with a large number of project actors, including staff of HHRAA; the Africa and Global Bureaus; SARA, the principal contractor; cooperating agencies; Missions; REDSOs; and, collaborating African institutions. Interviews were conducted in person and by telephone. Questionnaires were also sent to USAID Missions, REDSOs, and participating African institutions.

HHRAA was designed as a 6-year project with a life of project funding of \$61.5 million. Only a first phase, however, was authorized for \$39.5 million through FY 1996. In the PP review process, Bureau management questioned whether the project should be approved for the full level of funding, given its innovative nature. A midterm assessment was called for, during the third year of project implementation, to provide information for making a decision as to whether the project authorization should be amended, and the life of the project extended, for a second phase, through 1998.

The purpose of HHRAA is to increase the utilization of research, analysis, and information in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. The purpose is to be achieved through the implementation of two project components: research and analysis consisting of synthesis, analysis, and field-based research; and, dissemination of information to decision makers. The project goal is to improve health and nutritional status, increase literacy and educational achievement, and decrease fertility in sub-Saharan Africa.

The project supported an extensive issues identification process to develop a research and analysis agenda, which focused on issues of direct relevance to the people involved in health and human resource development in Africa. The project also emphasizes the participation of Africans and African institutions in the design and implementation of research and analysis activities and in the dissemination of findings.

The HHRAA project has a complex structure and organization, but at the same time provides a uniquely flexible mechanism for organizing, leveraging, and applying resources. The project is organized around four sub-sectors: child survival and health care financing, population and family planning, tropical and infectious diseases, and education. Decision making is decentralized and sub-sector leaders have been delegated substantial authority for determining sub-sector analytic priorities and how they will be addressed. Direct-hire employees serve as project managers and sub-sector leaders, but most of the project staff has been hired through RSSA (Department Of Labor), PASA (Office of International Health) and other different mechanisms. The project has made extensive use of a PASA with the Office of International Health and of OYB transfers to Global Bureau contractors for the conduct of analytic activities. It is also supported by a principal contractor and a consortium of six subcontractors.

PRINCIPAL FINDINGS

Project Overall

- The HHRAA project is unique in a number of important ways:
 - ▶ it covers a much broader range of human resource development areas than is usual in most USAID projects;
 - ▶ it allows for a broad range of analytic activities from field research to information synthesis;
 - ▶ it emphasizes using research as a tool for program and policy action;
 - ▶ it gives equal weight to the conduct of research and the dissemination of information;
 - ▶ it supports the participation of Africans and African institutions in all aspects of the project; and,
 - ▶ it seeks to ensure that the analytic activities undertaken are relevant to the people involved in health and human resource development in Africa.
- The project also provides a broad umbrella for the education and health and population sub-sectors to pursue different strategies for achieving project purposes.

The health and population sub-sectors emphasized research and analytic activities that are multi-country and regional in scope with a large number of analytic activities. The education sub-sector has invested considerable effort in networking and technical support activities supporting USAID Mission basic education reform programs, policies, and strategies. The education sub-sector has conducted fewer analytic activities.

- In the two and a half years since its inception, the project has grown from two full-time equivalent employees to a staff of 27 highly qualified professionals based in Washington and in offices in REDSO East and West. Management systems and procedures have been developed and put in place to provide a highly flexible mechanism for carrying out diverse analytic, institutional support, and dissemination activities involving a variety of implementing organizations (Global Bureau CAs, African institutions, and contractors) in a number of sub-Saharan African countries.

Outputs and Impact

- Project outputs and accomplishments are impressive. An effective consultative process has been designed and implemented for involving Africans, USAID staff, and CAs in the identification of priority topics for research and analysis. Ten strategic frameworks have been developed in the technical areas of the project and over 100 research and analysis activities have been initiated. This far exceeds the "Life of Project" targets delineated in the project's logical framework (57 activities).
- **HHRAA is showing results that have impact or the potential for impact on improved strategies, policies, and programs.** Examples include:
 - ▶ The development of The Child Survival Program Design Strategy which was instrumental in changing the Africa Bureau's direction in child survival and in influencing program planning in the West Africa Regional Health project and at least four African countries.
 - ▶ A review of immunization coverage in Africa revealed falling coverage rates and funding for immunization programs. This information, provided by the HHRAA project, was used to bring about a major joint USAID/UNICEF initiative focusing on increasing EPI coverage levels.
 - ▶ A global strategy for malaria control and treatment has been developed with WHO, influenced by the research conducted during the CCCD project on malaria epidemiology, resistance, and interventions.

- ▶ An evaluation of the Botswana National Tuberculosis Program resulted in the revision of the national program manual, improvements in the current surveillance system, and improved diagnostic and follow-up procedures.
- ▶ Analytic activities and workshops presenting syntheses of findings have led to policy resolutions and action plans to address emergency maternal medical services and reduce medical barriers to contraception.
- ▶ Action agendas have also been developed in health care financing, and in strengthening linkages between the public and private sectors, to support national health goals.
- ▶ Education sub-sector staff has directly influenced USAID basic education program and project design and implementation in at least eight countries.

R&A Activities

- The team, however, had a number of concerns about the management of the R&A process.
 - ▶ First, though the large number of analytic activities underway is impressive, many were identified opportunistically before analytic frameworks were fully developed and address information needs without a clear focus on the programs, policies, and strategies to be changed. There is no overarching research strategy for the health and population sub-sectors, and there appear to be too many analytic activities at too low a level of problem definition to have significant impact. There is also some risk that this proliferation of activity may lead to fragmentation of HHRAA's resources and weaken its potential for impact.
 - ▶ Second, the team is concerned about the ability of HHRAA staff to effectively manage this large volume of activity given their responsibilities for orchestrating dissemination strategies, which will begin to require a significant amount of their attention during the third and fourth years of the project.
 - ▶ Third, the team observed that with the exception of the health financing sub-sector there are no external reviews of research plans and protocols.
 - ▶ The team also found it difficult to determine costs of research activities.

African Participation

- A central tenet of this project is the participation of Africans in all activities. The project has made good progress in its primary area of focus: strengthening African participation.
 - ▶ HHRAA has been outstanding in its effort to involve Africans in research and analysis. HHRAA has engaged Africans working internationally and in the region as staff, consultants, co-principal investigators, teachers, trainers, and conference presenters. Africans have been senior authors of scientific articles arising from the project.
 - ▶ Africans have collaborated in all aspects of the research, analysis, and dissemination work of HHRAA, and have been substantially involved in the process of identifying priority research needs.
 - ▶ Eight issues identification meetings were held in Africa, involving over 200 African researchers and decision makers from government, research institutes, and NGOs.
- All of the HHRAA sub-sectors have established linkages with African institutions. These have included regional institutions, universities, research organizations and centers of excellence, NGOs, professional organizations, and advocacy networks. Subcontracts have been implemented with two highly regarded regional African institutions, the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS/ECSA) and the Center for Applied Research in Population and Development (CERPOD). A \$1.5 million grant has also been made to the World Health Organization, Africa Bureau Regional Office (WHO/AFRO) to build African capacity in malaria control and prevention.
- Although Africans have provided input and consultation and have carried out analysis, field studies, and dissemination, much of this participation has been directed from Washington, and by USAID cooperating agencies. Limited opportunities have been provided for Africans to assume leadership or direction of the analytic process, thereby putting at risk their sense of ownership of the results.

HHRAA's Catalytic Role

One of the most important aspects of HHRAA activities has been the multiplier effect they have had on other donors and organizations. HHRAA has been successful in getting its activities into other donor programs and in convincing donors to undertake specific activities. HHRAA has had an impact both with resource allocation and with program orientation. Often HHRAA's input in terms of monetary value has been small compared to the effect it has had on other organizations. Examples include the Bamako

malaria effort, the EPI program with WHO/AFRO and UNICEF and the Donors to African Education. USAID's BASICS project has incorporated nutrition activities into its portfolio as a result of HHRAA networking activities. HHRAA's flexibility and dynamic approach focusing on immediate actions has contributed to this process. In the second phase of the project, this role should be further emphasized.

Dissemination

- SARA has played a major role in carrying out dissemination activities, including developing a dissemination strategy. HHRAA dissemination activities have been targeted to various audiences. These audiences include:
 - ▶ African public-agency decision makers (ministers, deputies, program heads);
 - ▶ African regional organizations (ECSA, CERPOD, ERNWACA);
 - ▶ other donors who influence policy (WHO, the World Bank, Donors to African Education, UN agencies, Swedish International Development Agency, and others);
 - ▶ African universities with research entities (Makerere University);
 - ▶ USAID Missions, REDSOs, NGOs (Zimbabwe National Family Planning Council); and,
 - ▶ the Africa Bureau.
- A variety of formats has been used in dissemination. These include consultative meetings, workshops and conferences, seminars, dissemination at training sessions, posters at scientific meetings, distribution of document summaries and updated research data, print summaries, and publishable papers. HHRAA dissemination activities have also been "piggy-backed" onto meetings sponsored by other donors.
- Despite an impressive array of dissemination activity, there are gaps.
 - ▶ Dissemination work is not being systematically integrated into the design or implementation of analytical activities and linked to program and policy actions, or it has been left to be addressed after findings have been generated from the analysis activities.
 - ▶ The demand creation (information marketing) aspects of dissemination have not been thought out and developed fully.

- ▶ The absence of someone to promote and coordinate the incorporation of dissemination/utilization processes in all of HHRAA's work is reflected in the somewhat *ad hoc* character of the dissemination and utilization work to date across the project.
- The concept of dissemination in the HHRAA project, that good information delivered is information used, has dominated project processes. A more comprehensive understanding of how to put knowledge to work is required if the HHRAA project is to be effective in achieving its goals. The process of putting knowledge to work involves three distinct components: dissemination, advocacy, and utilization. Though these concepts are evolving as the project progresses, they continue to be ambiguous in their articulations and applications. These three components need to be understood and addressed separately and then joined in a strategy for putting to work the knowledge generated from HHRAA's research and analyses.

Project Management

- During this two-and-a-half-year period of project start-up and early implementation, the project has functioned without a full-time project officer or project administrator, positions called for in the project paper. Filling these positions will both strengthen the project's management and bring increased coherence to its overall direction. It can also provide the leadership needed to mobilize and channel project resources to ensure that the large number of analytic activities underway will impact on programs, policies, and strategies.
- SARA and its consortium of six subcontractors have provided invaluable support to the HHRAA project. SARA has played a key role in the issues identification process, in developing the analytic agenda, and in developing and disseminating project documents and reports. SARA also helped identify and establish 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. SARA has performed these roles well and its performance in these areas has been highly valued.
- During Phase II, the HHRAA project will require the SARA consortium to continue many of the same activities it has carried out during Phase I, but with different emphases. SARA will need to become more proactive in dissemination support and in linking dissemination with advocacy strategies. It will need to expand its research management support roles and its efforts at strengthening staff capacities of African institutions.
- The decentralized nature of HHRAA operations, the number of implementing groups, dispersed staff locations, heavy work loads, and staff travel schedules have

all contributed to a general lack of communication among the HHRAA staff. The flow of information between HHRAA staff, contractors, the Global Bureau, CAs, and between these and the prime contractor, SARA, and its group of six sub-contractors, needs to be improved.

- Except for the education sub-sector, which has a clear orientation to supporting Mission and bilateral program design and implementation, the HHRAA project has not given sufficient emphasis to developing a client orientation towards Missions and REDSOs, to systematically providing them with information on HHRAA activities, and to engaging them in project activities. Many Mission personnel still feel more like observers than participants in HHRAA activities.

HHRAA's Identity and Niche

- HHRAA is not widely known and lacks a distinct identity. Furthermore, its niche within USAID and the Africa Bureau is not well defined. Its distinctive characteristics are not identified, developed, and promoted, and the priorities of its relationships with other similar initiatives in health, population, and education are not clear.

End-of-Project Expectations

- Premises and strategies for achieving linkages of project goals, means, and purposes to impact, while evolving, are not well thought out or consistently applied. A clear understanding of, and agreement on, end-of-project expectations is also lacking.

MAJOR RECOMMENDATIONS

1. Fully Fund HHRAA and Extend the PACD

- 1.1 Based on HHRAA's accomplishments to date and its potential for future impact, the team recommends that the Bureau obligate the \$22,000,000 required to move ahead with Phase II, and concurrently extend the PACD of the HHRAA project from 9/30/96 to 9/30/98.

2. Strengthen Project Staffing

- 2.1 To strengthen project direction and management, the team recommends appointing a HHRAA project manager who will have responsibility only for successful implementation of Phase II of the project (as described in Annex I of the PP). The team also recommends that a project administrator and a full-time office manager/secretary be appointed.

3. Conduct Sub-sector Portfolio Reviews

3.1 To bring clearer focus to the analytic activities, HHRAA should review the current portfolio of activities at the project and sub-sector levels to:

- clearly specify the policy, program, and strategy changes that the project and sub-sectors seek to achieve;
- set priorities for on-going analytic activities in terms of their potential for impact and link analytic activities explicitly to the problems to be solved and to program/policy actions;
- identify the actions (including technical assistance follow-up, dissemination, advocacy, and utilization) that HHRAA needs to take to support those activities with high potential for impact;
- coordinate and direct resources, on a priority basis, to nurture the potentialities for impact; and,
- develop an integrated, overarching strategy for the analytic activities in the health, population, and nutrition sub-sectors.

3.2 In the education sub-sector, the analysis activities should become more diversified but stay within the framework of priorities guided by improving education reform.

4. Strengthen the Management of HHRAA Activities

4.1 HHRAA project management should institute systematic procedures for research selection and a process of external technical reviews to assure quality control in all its sub-sectors. It should also strengthen internal review procedures by implementing regular sub-sector reviews of major analytic activities. Consideration should also be given to categorizing research and analysis activities and unifying the information systems of HHRAA and SARA. Activity-based, uniform cost data should also be collected.

4.2 HHRAA project management, with contractor support, should develop a policy, strategy, and implementation guide for the dissemination, advocacy, and utilization dimensions of the HHRAA project, and for integrating them into the planning and conduct of analytic activities.

4.3 HHRAA project management should also designate a coordinator to orchestrate the dissemination, advocacy, and utilization strategy for the

project across all of HHRAA's sectors of activity and also for facilitating intra-project communications.

- 4.4 HHRAA project management should develop a plan, with contractor support, for increasing and creating regular information sharing, communication, and dissemination within the HHRAA project, particularly across the sectors and on topics of common interest.

5. Strengthen and Expand the Participation of African Institutions in HHRAA Project Activities

- 5.1 The team recommends that the HHRAA project give greater emphasis to increasing the capacities of African institutions to assume more leadership, direction, and ownership of the research and dissemination activities.
- 5.2 SARA should increase its efforts to strengthen the capacities of selected African regional institutions to take on the dissemination/advocacy/utilization task in the main areas of human resource development. It should work to gain Africa-wide recognition for these institutions. HHRAA CAs should also regularly and systematically use their collaboration with African institutions to increase staff capacities of these institutions in all aspects of the analytic activity.
- 5.3 HHRAA should increasingly seek to transfer to regional and national African institutions the technical know-how and leadership for promoting and carrying out dissemination and advocacy efforts leading to the implementation of policy and program change.
- 5.4 The HHRAA project should assure that the African institutions with which it works qualify as grantees for external donor support. The number of HHRAA project grants or contracts with African institutions should be substantially increased during the remaining life of the project.

6. Review and Refine the Roles of SARA, the Project's Principal Contractor, and the SARA Consortium

- 6.1 SARA's role and responsibility for dissemination should be clarified and expanded and, as required, resources should be provided to SARA for carrying out an expanded role. In particular, SARA's role in the development and support of advocacy capacities should be carefully worked out and integrated with other regional and national initiatives for promoting policy and program change.

- 6.2 SARA should be actively involved with HHRAA staff and contractors in planning dissemination efforts in conjunction with the planning of research and analytic activities.
- 6.3 SARA should also revisit its material distribution function, perhaps with a decrease in the number and types of materials distributed and an increased focus on targeted information to users who can shape and influence changes in policies, programs, and operations. SARA should also expand its efforts at capturing information on end users through a mailing data base. Increased attention should be paid to developing end-user markets—the demand aspects of dissemination.
- 6.4 Based on the clarification and revision of SARA's roles, SARA should be directed to review and modify, as necessary, the division of responsibilities among its consortium partners. HHRAA project management should revise the SARA contract and budget, as required.

7. Clarify and Strengthen HHRAA's Relationships with USAID Missions and REDSOs

- 7.1 HHRAA project dissemination activities should be systematically focused on Missions and REDSOs as clients and potential users of project-generated results. There should be regular communication, including updates on analytic activities, observations, and preliminary results.
- 7.2 HHRAA sub-sector staff should more systematically use their participation in Mission programming activities to identify needs and opportunities for HHRAA analytic activities that reflect field needs as well as project priorities.
- 7.3 The HHRAA project should actively engage REDSOs in two roles they are uniquely situated and qualified to perform: strengthening African institutions and project dissemination.

8. Address Forward Looking Issues of Strategy for the Remaining Years of the HHRAA Project

- 8.1 HHRAA project managers should develop operational guidelines that define the development of HHRAA's niche over the long term. The Africa Bureau should also move to establish a high profile for the HHRAA project and consolidate its management and structure to this end.

- 8.2 HHRAA project managers should revisit the purpose to means to goal relationships in light of HHRAA's current research and dissemination agendas to determine whether, in fact, these agendas are adequately focused and on the right track for achieving the results desired.
- 8.3 HHRAA project managers should reassess the conditions in the 20 target countries to determine the validity of key assumptions for achieving results from HHRAA's work. HHRAA project managers should identify and track those aspects of its work that by 1998 will demonstrate achievements of the project's purpose and the actual and potential impact on the well-being of Africans.

In summary, the HHRAA project is a highly innovative endeavor aimed at improving the quality, efficiency, and effectiveness of programs addressing Africa's human development needs. It provides an essential resource for identifying and analyzing critical constraints and applying the results within African countries. Such an endeavor is of vital importance in Africa in view of the enormous complexity and range of the continuing and emerging problems confronting efforts to improve African human resources. Where successful in this endeavor and joined with comparable initiatives for economic growth and sustainable environments, the project can result in an important advancement in the well-being of the African people. The HHRAA project is a powerful instrument for development cooperation, especially when budgets are tight. The team believes that its recommendations, with the backing of senior USAID managers, can move the HHRAA project ahead for great accomplishments.

CHAPTER 1

INTRODUCTION

PURPOSES OF THE ASSESSMENT

This report documents the midterm assessment of the Africa Bureau Health and Human Resources Analysis for Africa (HHRAA) Project (No. 698-0483), managed by the Office of Sustainable Development (SD). The primary purposes of the assessment are:

- 1) to 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;
- 2) to provide a basis for project extension and funding; and,
- 3) to 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 project paper (PP) described a 6-year project with life-of-project funding of \$61.5 million. In the PP review process, Bureau management questioned whether, given the innovative nature of the project, the full level of effort should be approved. The project was thus authorized only through FY 1996, and for \$39.5 million including \$7.3 million of REDSO support. This period of initial funding is referred to as Phase I.

During the third year of project implementation, the Bureau would decide whether to amend the project authorization and extend the life of the project through 1998 (Phase II). An interim evaluation was called for to provide information for making this decision. This evaluation would also determine whether the project strategy is working, assess the probability that the project objectives would be achieved, and provide guidance on strategies and emphases to strengthen project accomplishments. The results of the evaluation are expected to be used by Africa Bureau management to help determine the project's future directions, emphases, budget, and duration. (Appendix A contains the scope of work for the evaluation.)

PROJECT DESCRIPTION

HHRAA is a multi-sectoral project designed to address analytic issues in health, population, and education which are of high priority to Africans, USAID (at the Mission,

Bureau, and REDSO levels), and other donors. It is organized around four sub-sectors: child survival and health care financing, population and family planning, tropical and infectious diseases, and education.

The purpose of HHRAA is to increase the utilization of research, analysis, and information in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. The purpose is to be achieved through the implementation of two project components: research and analysis consisting of synthesis, analysis, and field-based research; and, dissemination of information to decision makers. The project goal is to improve health and nutritional status, increase literacy and educational achievement, and decrease fertility in sub-Saharan Africa. This is to be accomplished through intermediate changes of increased efficiency, effectiveness, equity, and sustainability in the health and education systems.

The project emphasizes the development of a systematic process for determining a research agenda and has supported consultative issues identification meetings to identify research priorities of direct relevance to the people involved in health and human resource development in Africa. All of the sub-sectors held consultative meetings which provided the input for developing strategic frameworks to guide the selection of analytic activities and the research agenda. Ten technical strategic frameworks have been developed to date, and well over 100 analytic activities have been initiated.

The project's approach to research is fairly unique in two ways. It includes field research and data collection, as well as synthesis and analysis of existing data sets and informational materials. Field studies are to be regional in nature and conducted in more than one country to give the results wide credibility and applicability. The project also emphasizes using research and analysis as a tool for stimulating and guiding program and policy action.

The dissemination of the knowledge generated by HHRAA's research and analysis is a key component of the HHRAA project, and the project's dissemination component provides the link between the conduct of research and its use in improving programs, policies, and strategies. One of the project's purposes (as stated in the project paper) is to increase the utilization of research, analysis, and information in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. This statement of purpose makes the important link between the research and analysis work and the **transfer** of the results of this work to clients for their use.

The participation of Africans and African institutions in all aspects of HHRAA activities is intended to involve the end users in project processes so that the activities undertaken are relevant to their needs, and so that they will have a stake in using the results. That strategy, however, depends on the existence of institutions in Africa in the health, population, and education sectors which can readily conceptualize and implement analytic and dissemination activities and assume leadership and direction for their

successful outcomes. Too few such institutions exist, so the project has incorporated an institution-building emphasis into its efforts to ensure the active participation and engagement of Africans in all aspects of project activities.

By the end of the project, it is expected that project clients (African institutions, USAID Missions, REDSOs, and Africa Bureau staff) will have used project-generated analysis and information to improve resource allocation, strategies, policies, and programs in the health and human resource sectors in at least 20 countries. It is also expected that project clients will have used indicators and assessment methods developed or disseminated under the project to measure program performance and impact in the health and human resource sectors in at least 20 countries.

The HHRAA project has a complex structure, but at the same time provides a uniquely flexible mechanism for organizing, leveraging, and applying resources. Decision making is decentralized and sub-sector leaders have been delegated substantial authority for determining sub-sector analytic priorities and how they will be addressed. Direct-hire staff serves as senior project management and sub-sector leaders. Most of the project staff members have been hired through eight different RSSA and PASA mechanisms, and are located in both Washington and the REDSO offices in East and West Africa. The project has made extensive use of a PASA with the Office of International Health and of OYB transfers to Global Bureau contractors for the conduct of analytic activities. It is also supported by a principal contractor (Support for Analysis and Research in Africa [SARA]) and a consortium of six subcontractors.

EVALUATION TEAM

The evaluation team was composed of 7 members and was organized to address project activities and accomplishments in 4 HHRAA sub-sectors (child survival and health care financing, population and family planning, tropical and infectious diseases, and education), as well as cross-cutting project issues (management, African participation, and dissemination). Team members and their evaluation responsibilities included:

- Martita Marx—child survival;
- Myrna Seidman—population and family planning;
- Al Buck—tropical and infectious diseases;
- Dayl Donaldson—health care financing;
- Jeanne Moulton—education;
- Harry Petrequin—management; and,
- Haven North—forward looking strategies and dissemination.

Zuheir Al-Faqih did some of the initial data collection and analytic work on dissemination which was completed and written by Haven North. Ron Vogel also participated in early team meetings as the health care financing expert. He was unable

to continue and was replaced by Dayl Donaldson. Myrna Seidman served as team leader, with Haven North serving informally as co-team leader. All the team members had relevant African experience and technical expertise in the sub-sectors or project processes they assessed. Brief biographical descriptions of the team members are found in Appendix E.

EVALUATION METHODOLOGY

The evaluation was conducted in Washington, D.C., from November 7-December 14. A 4-day team planning meeting (TPM) was held from November 7-November 10. Project briefings were provided by HHRAA and SARA staff and the team members met to define team member roles, organize the assessment process, and develop a workplan, schedule, and report outline. Some of the team members attended the HHRAA cooperating agency meeting on November 3-4.

The evaluation team was provided with a set of six briefing books by HHRAA project staff. These materials along with other project documents and files were reviewed by the team. The team also interviewed staff of the Africa Bureau and the Sustainable Development (SD) office, the Global Bureau, HHRAA, SARA, the cooperating agencies, REDSO RTAs (two of whom were in Washington during the assessment), and collaborating African institutions. Interviews were conducted in person and by phone. Appendix B contains a list of persons contacted and Appendix C contains a list of documents reviewed.

Because of the limited time and resources available for the assessment, team members did not travel to Africa to interview African participants and USAID Missions, to visit participating African institutions, or to review the implementation of analytic activities and their use. Questionnaires and some international telephone communications were used where feasible.

Three field questionnaires were developed for obtaining information from USAID Missions, REDSOs, and participating African institutions. Appendix D contains copies of the questionnaires and a synthesis of the results.

Team review and synthesis meetings were an important part of the evaluation process. Overall findings, conclusions, and recommendations are a product of the sub-sector assessments and team review and synthesis. A 2-day team meeting was held on December 7-8 to review observations and findings from the sub-sector and cross-cutting assessments and to synthesize findings, conclusions, and recommendations for the project overall.

A debriefing was held on December 14 for HHRAA and SARA staff, and on January 20 for senior staff of the Sustainable Development Division. Team members also conducted separate briefings with sub-sector staff.

The assessment, and particularly the debriefing held on December 14, included input from a 3-member Advisory Group consisting of: Olikoye Ransome-Kuti, Population, Health, and Nutrition Department, The World Bank (former Minister of Health, Government of Nigeria); Dr. Pamela Johnson, member, National Performance Review; and, Mr. Davidson Gwatkin, Director, International Health Policy Program (IHPP). The Advisory Group was asked to:

- verify or modify HHRAA's premise that "credible, relevant information will lead to better decision making and changes in policies, strategies, resource allocation decisions";
- provide guidance on the continued and possibly increased support for African institutions; and,
- help determine HHRAA's niche.

The team's assessment was complicated by the fact that HHRAA is a highly decentralized project and still very much a "work in progress." That meant that new ideas, visions, and analytic activities were emerging as the assessment was being planned and conducted—that some existing documentation was incomplete and sometimes contradictory with what was reported in interviews or described in other documents. The team also experienced problems with the lack of definition and categorizations of analytic activities, which made quantification of progress and achievements difficult.

REPORT OVERVIEW

The team's report is presented in two volumes. Volume I provides a synthesis of the team's overall findings and recommendations. This synthesis is based on the individual sub-sector assessments; assessments of the project's management systems; and, its implementation of two important cross-cutting project processes: African participation and dissemination.

Volume I is organized into six chapters. Chapter 1 includes an introduction to the assessment purposes and methodology and provides an overview of the project's purposes and design. Chapters 2 - 6 present the team's findings and recommendations in the six key areas of project design and implementation the team was asked to address. Chapter 2 discusses the research and analytic process and specifically assesses the process of developing the analytic agenda, relevance of the analytic issues, quality of the research and impact of the analytic activities on program, policies, and strategies. Chapter 3 describes how Africans and African institutions have been involved in analytic activities and dissemination, while Chapter 4 discusses the project's dissemination activities and needs the team identified for greater project emphasis on putting knowledge to work. Chapter 5 analyzes the project's management processes and systems, while Chapter 6

looks to the future and examines the strategic implications of project features and issues. Each chapter contains findings and recommendations related to the issues addressed.

Volume II contains the sub-sector assessments and the review of cross-cutting project processes. It provides in-depth sub-sector analyses to inform HHRAA project staff as well as background and supporting documentation for Volume I findings and recommendations. It is intended to be a set of working documents and is not meant for wide circulation.

Volume II includes eight annexes. Annexes 1-5 contain reports on the four sub-sectors reviewed (child survival and health financing, population and family planning, education, and tropical and infectious diseases). Annexes 6-8 provide background documentation on African participation, dissemination, and management.

Some redundancy in Volume I could not be avoided. The important project issues could not be neatly categorized and fully and satisfactorily addressed in any one chapter. In fact, there were central and cross-cutting themes that flowed through the fabric of the project and that were enriched by the specific issues examined in each chapter and by the particular angles of vision applied to these analyses. Team members often said that the HHRAA project is greater than the sum of its parts. It is hoped that will also be said of the team's report.

CHAPTER 2

RESEARCH AND ANALYTIC ACTIVITIES

A major component of the HHRAA project is the "implementation of syntheses, analyses, and field-based research of priority issues" (project paper, Action Memorandum for the Assistant Administrator Acting for Africa). The project paper gives emphasis to research, analysis, and information to help the Bureau, African governments and other donors ensure that their investments in the health, population, and education sectors are supporting the right policy reforms, sectoral strategies, and service delivery models, and ultimately are having an impact in Africa.

The assessment team was asked to look at the implementation status of these activities. Specifically, the team was asked to:

- look at the relevance of the strategic frameworks and analytic agendas to Africans;
- determine whether the issues selected were of regional significance; and,
- determine the consistency of the funded activities with the project paper criteria, the quality of the research, and the impact or potential impact of activities.

The following synthesizes the team's findings.

FINDINGS

Outputs and Accomplishments

HHRAA has undertaken an impressive array of research and analysis activities since its inception. More than 100 research and analysis activities have been initiated under this project (Table 1), far exceeding the "Life of Project" targets delineated in the project's logical framework (57 activities). Activities are of three kinds: strategic framework development, analytic and research activities, and networking and technical support.

Strategic framework development has been a highly intensive effort and has included defining and documenting the process in the "blue book," *The Process of Developing an ARTS/HR Analytic Agenda*. Analytic and research activities vary considerably in type and intensity. They range from multi-country field-based action

research and prospective studies to the preparation of synthesis documents and concept papers. Networking and technical support activities include technical and program design support to Missions and the Bureau as well as identifying and supporting African institutions' participation in HHRAA activities.

Table 1
Distribution of HHRAA Research and Analytic Activities by Type of Activity

Activities	Number
Strategic Frameworks	10
Analytic and Research Activities	65
Networking and Technical Support	49+
Other ¹	2
TOTAL	126+

Since HHRAA does not have a system for categorizing its numerous research and analysis activities, the team found it difficult to obtain an accurate count of all R&A activities. It was also difficult to gather complete information on many of the on-going analytic activities. The data base for project sub-sectors is incomplete and HHRAA and SARA data systems are not integrated, making it difficult to complete a census of project research activities. The tables in this section reflect the team's best estimate of HHRAA R&A activities.

Agenda Development and Research Selection

HHRAA has implemented an approach for selecting its research activities, called "Strategic Frameworks and Analytic Agendas." This method is intended to help HHRAA set priorities for research activities by identifying gaps and selecting areas which are to USAID's comparative advantage for funding. The process of developing the frameworks has been highly consultative and collaborative, involving experts from cooperating agencies, HHRAA and Africa Bureau staff, and input from Missions, REDSOs, Africans and African institutions, and donors. This process was excellent in focusing the issues and building consensus among key stakeholders and potential users of research results. The evaluation team was particularly impressed with the praise this process received

¹The Child Survival Program Strategy and The Dissemination Strategy were also prepared.

from every respondent. Missions, however, feel that they were not actively involved in the agenda-setting process. (See Appendix D for a summary of USAID Mission responses to the team's questionnaire.)

Although the intent of the project paper was that HHRAA staff would create strategic frameworks as a basis for selecting analytic activities, the pressure of time required that some activities be launched prior to completing the frameworks. Thus, in many instances, framework development occurred concurrently with the selection and early implementation of analytic activities.

While the process of developing the frameworks and analytic agendas is well regarded, many of the frameworks themselves are not organized or presented in a way that provides a useful tool for establishing research priorities or selecting activities. Methods for choosing analytic activities vary by sub-sectors. In some sub-sectors, the research selection process is more systematic and transparent than in others. For example, the process appears to be applied more rigorously in the health care financing sub-sector and less rigorously in others. In most cases, however, decisions about which activities would be carried out were made in Washington, by HHRAA staff. Missions' perceptions (as described in Appendix D) that they have not been involved in the research selection process are essentially correct.

Types of Analytic Activities

Research and analysis activities vary greatly in level of complexity and type. Some activities appear relatively straightforward and are quickly implemented. Others are long term, quite complex, and resource intensive in either human or financial terms, and may involve a number of USAID and African collaborative partners. Research and analysis activities also vary from low to high intensity. The "payoff" or program and policy impact of the activity, however, does not always appear to be correlated to the complexity of the effort. For example, the *Rationale for a Regional Health Project in West Africa* was a fairly simple and quick analysis of the health situation in West Africa. Its outcome was the approval of a child survival project for the West African region. The strategic framework for *Behavior Change*, on the other hand, has taken a long time and has not yet had any policy or program impact.

As is evident in Table 2, the number of activities varies by sub-sector. Health activities clearly predominate. Health, however, is the broadest sub-sector, encompassing child survival, nutrition, tropical and infectious diseases, and health financing.

Table 2
Distribution of HHRAA Activities by Project Sub-sector

Sub-sector	Strategic Frameworks	Analysis and Research	Networking and Technical Support	Total
Health	7	51	12+	70+
Population	2	6	5+	13
Education	1	8	32	41
TOTAL	10 ²	65	49+	124+

A close examination of Table 2 reflects some interesting differences between the sub-sectors, especially between education, and health and population. The education sub-sector has invested much effort in networking and technical support activities, while the health sub-sector has invested more effort in strategy development and research.

The strategy of the education sub-sector focuses on supporting African countries' education reform programs, through supporting USAID Mission programs, projects, and policies. Sub-sector staff views its functions as helping USAID Missions design and implement the best possible programs of support for education reform efforts. This is carried out through direct assistance to USAID education officers and their counterparts in Ministries of Education. The emphasis of this sub-sector's work is to facilitate and improve the quality of dialogue among donors and African educators; to help policy makers, researchers, and practitioners acquire the analytic tools to turn policy into programs; and, to help them use those tools to implement their policies.

In contrast, the health and population sub-sectors have followed more closely the conceptualization of research and analysis activities described in the project paper and further developed and documented in *The Process of Developing an ARTS/HHR Analytic Agenda*. Syntheses and studies with regional application have been stressed; CAs and African institutions have been collaborating partners and USAID Missions have often not been directly involved in either the selection or conduct of the analytic activities.

While the full implications of these different approaches are not yet clear, the team observed that the country-focused activities of the education sub-sector have resulted in a "field-driven" agenda of activities and therefore more direct relevance for USAID Missions. Mission comments on HHRAA activities showed high satisfaction and results

²This excludes the Dissemination and Child Survival Program Design Strategy documents.

with activities which had a technical assistance component, and lower satisfaction with agenda-setting exercises. However, education activities, until recently, have lacked a regional perspective and the agenda of analytic activities has been limited. Project management should track the different strategies implemented by the education, health, and population sub-sectors to assess impact on policy and program change, and so that each might learn from the other.

The HHRAA project is quite unique in addressing health, nutrition, population, and education, and in offering opportunities for cross-sectoral studies and analyses. For example, health and education could logically combine forces to examine the ways in which they jointly affect child survival. Logistics efforts in family planning programs are relevant to the health sector, and issues of financing and the organization of delivery systems similarly are relevant across the sub-sectors. Yet, these opportunities are not being fully exploited and there are only a few studies underway which are examining broad-based cross-cutting concerns. The decentralization study is one example; others include the role of non-project assistance and studies of financing, cost recovery, and fee-for-service systems.

Types of Institutions Implementing R&A Activities

R&A activities are carried out by a number of different types of organizations and institutions, using different contractual and implementation mechanisms. They are carried out through a PASA with the Office of International Health, by cooperating agencies (CAs), through OYB transfers to Global Bureau health and population projects, through task orders issued by SARA, and through SARA-initiated subcontracts with African institutions. All of these mechanisms have been clearly defined and are closely monitored.

There is also great variety in the types of organizations implementing analytic activities. They include research institutions (universities and research institutes), multi-purpose contract organizations, government ministries, non-governmental organizations providing training, services, or research, and organizations that are primarily service providers.

Organizations which both carry out the research and can act on the findings would appear to be ideal candidates for implementing R&A activities. They have a stake in the research and dissemination that may largely be "internal" matter. Although neither the HHRAA project nor the team has examined the relationship between the type of organization conducting analytic activities and the likelihood of the results being used to improve policies and programs, the team believes this should be more closely examined than it has been during the remaining years of the project.

Correspondence to African Needs

The team found that, in general, the strategic frameworks, analytic agendas, and funded research correspond to the needs, interests, and concerns in Africa in the social sectors. In basic education, the activities are part of an overall framework which has been developed in close dialogue with USAID Mission education officers. The focus has been on the development of policy and implementation tools which help Missions implement their basic education programs more effectively. Missions believe these activities are relevant to country needs. In health, population, and nutrition, the activities correspond to the issues set forth at the 1993 Dakar CCCD conference, which engaged more than 400 Africans, including government officials from 32 countries. Missions responding to the team's questionnaire did not always view HHRAA's activities as the highest priority.

Consistency with Project Paper Criteria

Research activities selected were to be relevant to African needs, operationally sound, and fit within project management and budget capacity. As noted above, the team found that the activities correspond to African development needs in the social sectors. While many research activities have only recently started, the assessment team found that, in general, the activities appear operationally sound. The team, however, is concerned about the ability of project staff to effectively manage the large volume of research activities underway given the breadth of its responsibilities for managing research activities and overseeing the development and implementation of strategies for dissemination, advocacy, and utilization.

The team was also concerned with the absence of any external reviews of research plans and protocols and the unevenness with which on-going analytic activities are being monitored and managed by HHRAA staff. Although the project paper called for technical review and oversight committees to provide peer review of the planning, implementation, and monitoring of analytic activities and to assure the integrity and quality of research products, an external review process has not been put in place at either the project or sub-sector level, except for the health care financing sub-sector.

The team also found it difficult to determine costs of research activities. Where grants or OYB transfers have been made, budgets are attached to the activities. But when HHRAA staff conducts the activities, costs are unavailable. SARA's system tracks task orders rather than activities and does not allocate staff time to activities, thereby making it difficult to accurately assess costs. To determine cost effectiveness of activities, it would be useful for the project to institute a standard way of allocating costs.

African Participation

A central tenet of this project is the participation of Africans in all activities—a subject addressed in greater detail in the next chapter. The team found that HHRAA has been outstanding in its effort to involve Africans in research and analysis. HHRAA has engaged Africans working internationally and in the region as staff, consultants, co-principal investigators, teachers, trainers, and conference presenters. Africans have been senior authors of scientific articles arising from the project.

Africans have been substantially involved in the process of identifying priority research needs. Eight issues identification meetings were held in Africa. These meetings addressed African information needs in child survival, nutrition, HIV/AIDS, health financing, population and education, and the meetings involved over 200 African researchers and decision makers from government, research institutes, and NGOs.

All of the HHRAA sub-sectors have established linkages with African institutions. These have included regional institutions, universities, research organizations, and centers of excellence, NGOs, professional organizations, and advocacy networks.

HHRAA has also implemented two subcontracts and one grant with three highly regarded African institutions: the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS/ECSA), the Center for Applied Research in Population and Development (CERPOD), and the World Health Organization, Africa Bureau Regional Office (WHO/AFRO). Several Missions expressed the importance of expanding HHRAA support for strengthening African institutions.

In education, HHRAA has provided financial support and significant technical direction to the Donors to African Education (DAE) which brings together ministers of education and senior African policy makers with more than 40 donors. The DAE provides a forum for the identification and analysis of sector issues, both through general meetings and in eight working groups.

Although Africans have also collaborated in all aspects of the research, analysis and dissemination work of HHRAA, the level of African participation has varied. HHRAA has had the most success in achieving direct African involvement in the conduct of field-based studies. Africans have been less involved in the selection of analytic activities, in developing research designs, in the development of concept papers, in preparing syntheses, analyses, and reports, and in dissemination/utilization work.

HHRAA's Catalytic Role

One of the most important aspects of HHRAA activities has been the multiplier effect they have had on other donors and organizations. HHRAA has been successful in getting its activities into other donor programs and in convincing donors to undertake

specific activities. HHRAA has had an impact both with resource allocation and with program orientation. Often HHRAA's input in terms of monetary value has been small compared to the effect it has had on other organizations. Examples include the Bamako malaria effort, the EPI program with WHO/AFRO and UNICEF and the Donors to African Education. USAID's BASICS project has incorporated nutrition activities into its portfolio as a result of HHRAA networking activities. HHRAA's flexibility and dynamic approach focusing on immediate actions has contributed to this process. In the second phase of the project, this role should be further emphasized.

Evidence of Impact

The "purpose-level" impact outlined in the project paper was:

- "To increase the utilization of research, analysis and information in support of improved health, nutrition, education and family planning strategies, policies and programs in sub-Saharan Africa."

Project impacts may include:

- changes in donor policies or funding decisions;
- changes in USAID Mission policies, programs, and funding support; and,
- policy, program, methodology, or strategy changes implemented by in-country NGOs, government ministries, or universities.

Although HHRAA has been in existence a little over two years, it is showing **results that have impact or the potential for impact on improved strategies, policies and programs.** Despite the recent initiation of many research activities, a number of the "in-process" or completed activities already have affected donor and government policies or programs. Examples include:

- ***The Child Survival Program Design Strategy:*** This document has been instrumental in changing the Africa Bureau's direction in child survival. It also has influenced program planning in Eritrea, Malawi, Niger, Zambia, and the West Africa Regional Health Project.
- ***Immunization in Africa: Issues and Trends:*** A review of immunization coverage in Africa revealed falling coverage rates and funding for immunization programs. HHRAA used this

information to influence decision makers within USAID. Staff advocacy activities resulted in major EPI joint initiatives with UNICEF and with WHO/AFRO.

- ***Rationale for a Regional Health Project in Africa:*** This brief advocacy document helped garner support for a USAID-supported regional child survival effort in West Africa in countries which have high need but do not justify bilateral activities.
- ***A global strategy for malaria control and treatment*** has been developed with WHO, influenced by the research conducted during the CCCD project on malaria epidemiology, resistance, and interventions.
- ***An evaluation of the Botswana National Tuberculosis Program*** resulted in the revision of the national program manual, improvements in the current surveillance system, and improved diagnostic and follow-up procedures.
- ***Policy resolutions and action plans*** have been developed to address emergency maternal medical services and reduce medical barriers to contraception.
- ***A review, analysis and guidelines for Basic Education*** program design in a document review by all Missions engaged in education was developed.
- ***Action agendas*** have also been developed in health care financing and in strengthening linkages between the public and private sectors to support national health goals.

Other activities which have potential for impact include the software tool for commodities and logistics management which was developed in Nigeria and has generated interest in a number of African countries. For example, The Family Planning Association of Kenya will undertake a pilot field implementation of the software program independent of the HHRAA project. Senegal will use the software in early 1995 for the distribution of oral rehydration salts and contraceptive commodities. In Madagascar, the tool is being considered for incorporation into the child survival and family planning project.

In response to the team's questionnaire, Missions also identified HHRAA activities which have led to more effective programs or policies. These include:

- *The Geographic Information System work in Niger*, which led to elaboration of a Population Environmental Program;
- *The Medical Barriers to Contraceptive Use Conference*, which led to the revision of service delivery protocols in Zimbabwe;
- *Work on decentralization and MIS in Guinea*, which will probably influence the Mission's project design and other donor activities;
- *The Basic Education conference held in Zimbabwe*, which provided input into Ethiopia's Mission's new basic education project;
- *Information about NPA in Basic Education*, which provided needed input into Guinea's basic education project;
- *The Urban Family Planning study*, which has led Malawi to alter expansion and quality assurance activities in STDs and AIDS;
- *The emergency maternal medical services policy recommendations* adopted by the ECSA Ministers at their annual meeting, which will be used in Malawi to design ways to reduce the high maternal mortality rates; and,
- *Provision of information on worldwide trends (and local assessment) of malaria* which led Malawian university and government officials to emphasize operational programs and operations research.

Linkage to Action and Flexibility

The team found that those research and analysis activities which were highly specific with respect to the target program or policy action and to the client were much more likely to have policy or program impact. Those activities which had low specificity of the action and client have thus far had less policy and program impact. In addition, HHRAA's dynamic approach and flexibility to support immediate action with financial resources have permitted it to have an impact beyond what most USAID projects have had. It has been able to use its funds to leverage other donor support for health activities and to ensure that the focus of all support is on systems and financial sustainability. This is illustrated by the UNICEF grant for EPI which was an outgrowth of HHRAA analytic activities.

CONCLUSIONS

HHRAA has been unusually effective in showing results that have the potential for impact and in demonstrating impact on programs, policies, and strategies in the human development arena in Africa. Less than halfway into the project, the project is already achieving its objectives in many of its activities. The project's scope, flexibility, and donor collaboration efforts have also leveraged resources from other donors and organizations and produced a multiplier effect.

HHRAA has also been highly productive in the number of strategic frameworks developed, the number and diversity of analytic activities initiated, and the range and scope of the issues addressed. Many of the activities, however, were identified opportunistically, before analytic frameworks were fully developed. Many also address information needs without a clear focus on the programs, policies, and strategies to be changed. Furthermore, there is some risk that this proliferation of activity may lead to fragmentation of HHRAA's resources and weaken its potential for impact.

Although the activities underway and accomplishments to date are impressive, there is no overarching research strategy for the health and population sub-sectors, and there appear to be too many analytic activities at too low a level of problem definition to have significant impact. With advocacy and dissemination needs not yet fully addressed, further proliferation of research activities may result in many current activities not fulfilling the project purpose.

It is not clear that the current system of managing analytic activities will contribute to the maximum utilization of study results. Many analytic activities have not clearly defined the implications of study results for action, advocacy and problem solving. To increase the possibilities for impact, dissemination and advocacy must be linked to research and analysis from the outset. Impact also appears to be correlated with early end user involvement, clear definition of program and policy actions, and clear identification of the target audience.

The project has yet to take advantage of the opportunities for examining cross-sectoral issues, and there are few mechanisms in place to facilitate and encourage cross-sectoral studies. The project lacks an external quality control and research review process. It also lacks a standard system for defining and categorizing analytic activities and determining their costs and cost effectiveness.

RECOMMENDATIONS

1. To bring clearer focus to the analytic activities, the team recommends that HHRAA review the current portfolio of activities at the project and sub-sector levels to:

- clearly specify the policy, program, and strategy changes that the project and sub-sectors seek to achieve;
 - set priorities for on-going analytic activities in terms of their potential for impact and link analytic activities explicitly to the problems to be solved and to program/policy actions;
 - identify the actions (including technical assistance follow-up, dissemination, and advocacy) that HHRAA needs to take to support those activities with high potential for impact;
 - coordinate and direct resources, on a priority basis, to nurture the potentialities for impact; and,
 - develop an integrated overarching strategy for the analytic activities in the health, population, and nutrition sub-sectors.
2. HHRAA project management should institute systematic procedures for research selection and a process of external technical reviews to assure quality control in all its sub-sectors. It should also strengthen internal review procedures by implementing regular sub-sector reviews of major analytic activities. Consideration should also be given to categorizing research and analysis activities and unifying the information systems of HHRAA and SARA. Activity-based uniform cost data should also be collected.
 3. HHRAA project management should review its expectations about cross-sectoral analytic activities and institute mechanisms for facilitating and rewarding such analyses, if still deemed important.
 4. African regional and sub-regional institutions have been key collaborators in shaping and implementing the project's analytic agenda. HHRAA, however, has yet to address the issue of how to put regional findings into use at the national level and how to apply national level results in the region or subregion. HHRAA project management needs to particularly examine the question of how to stimulate national-level use of regional results in light of the number of Missions that is being closed.

CHAPTER 3

AFRICAN PARTICIPATION

African participation is a major priority for HHRAA and is recognized by the project paper as critical for the ultimate achievement of the project purpose. The PP called for African participation in all aspects of project implementation, including issues identification, development, and implementation of research activities and dissemination. An underlying assumption in the PP is that African participation will lead to ownership of the results, and its utilization in decisions leading to improved sectoral strategies, policies, and projects.

The team's observations about the nature, quality, and impact of African participation are limited by the lack of direct information about what Africans understand from their participation, have acted upon, and learned for their own use. This is an area that the project will need to track as it progresses.

FINDINGS

Participation of Africans and African Institutions in HHRAA Activities

Africans and African institutions have been extensively involved in HHRAA activities. SARA, the principal contractor, has played a major role in identifying African institutions and in establishing linkages with them. Linkages have also been established by HHRAA CAs and regional and national African institutions and researchers have been involved in HHRAA activities through OYB transfers to Global Bureau projects.

Altogether more than 20 African institutions have been engaged in HHRAA analytic activities in collaborative work with all of the HHRAA sub-sectors. They have included regional institutions and networks, universities, research organizations, centers of excellence, and NGOs.

Africans have collaborated in all aspects of the research, analysis, and dissemination work of HHRAA. They have been substantially involved in the process of identifying priority research needs. Eight issues identification meetings were held in Africa. These meetings addressed African information needs in child survival, nutrition, HIV/AIDS, health financing, population and education, and the meetings involved over 200 African researchers and decision makers from government, research institutes, and NGOs.

African participation in the sub-sector consultative meetings, seminars, and workshops has been one of the most significant areas of African involvement. These meetings provided opportunities for HHRAA staff to gather inputs on preliminary issues,

share information with Africans about the project, learn more about African perspectives on analytic needs, and gain an understanding of African priorities.

HHRAA has also engaged Africans working internationally and in the region as staff, consultants, co-principal investigators, and teachers, trainers, and conference presenters. Africans have also been senior authors of scientific articles and publications arising from the HHRAA Project.

Through the SARA contract, HHRAA has implemented subcontracts with two highly regarded regional African institutions: the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS/ECSA) and the Center for Applied Research in Population and Development (CERPOD). The topics of the research were chosen by the institutions concerned and in both of these subcontracts, Africans took the lead in designing and conducting the studies, and in the case of the completed study with ECSA, carrying out dissemination activities.

Within education, HHRAA has worked through the Donors to African Education (DAE), which brings together African ministers and policy makers around key sectoral issues, such as policy formulation and implementation, financing, personnel management, girls' education, and information systems. HHRAA staff has provided technical support to working groups in each of these areas.

A \$1.5 million grant has been made to the World Health Organization, African Regional Office (WHO/AFRO). This is contributing to building capacity in malaria control and prevention throughout Africa. The grant is designed to strengthen African institutions and the skills of African program managers, and to develop a core group of African consultants in malaria. The grant is also supporting district-level surveillance, training of district officers, and the assessment of the manufacture of EPI vaccines in South Africa.

The Nature of African Participation

Qualitatively, the nature of African participation in HHRAA has varied quite widely. Using the typology of participation developed by the International Institute of the Environment and Development (Figure 1), African participation to date has been largely in the first four categories and at the less active end of the continuum, that is, passive participation, participation in information giving, participation by consultation, and participation in material incentives.

Although Africans were involved in the issues identification phase, for example, the process was primarily Washington directed. Similarly, African participation in study design, conduct, and data analysis, has, for the most part, been at the "more passive" end of the continuum. A respondent to the team's questionnaire to African institutions, for

FIGURE 1

**A Typology of Participation: How People Participate in
Development Programmes and Projects¹**

<i>Typology</i>	Characteristics of Each Type
1. <i>Passive Participation</i>	People participate by being told what is going to happen or has already happened. It is a unilateral announcement by an administration or project management without any listening to people's responses.
2. <i>Participation in Information Giving</i>	People participate by answering questions posed by extractive researchers using questionnaire surveys or similar approaches. People do not have the opportunity to influence proceedings.
3. <i>Participation by Consultation</i>	People participate by being consulted, and external agents listen to views. This process does not concede any share in decision-making, and professionals are under no obligation to take on board people's views.
4. <i>Participation for Material Incentives</i>	People participate by providing resources, for example labour, in return for food, cash or other material incentives. It is very common to see this called participation, yet people have no stake in prolonging activities when the incentives end.
5. <i>Functional Participation</i>	People participate by forming groups to meet predetermined objectives related to the project. These institutions tend to be dependent on external initiators and facilitators, but may become self-reliant.
6. <i>Interactive participation</i>	People participate in joint analysis, which leads to action plans and the formation of new local institutions or the strengthening of existing ones. These groups take control over local decisions, and so people have a stake in maintaining structures or practices.
7. <i>Self-Mobilization</i>	People participate by taking initiatives independent of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used.

¹Source: Annual Report of IIED, 1993-1994

example, recommended that Africans should be more involved than they are in selecting research topics.

The "more passive" nature of African participation in the analytic process may be due in large part to the fact that many of the African institutions are fairly new and have limited expertise in research, analysis, and dissemination. For Africans to "own the process" and utilize the results of research, analysis, and information in support of improved health and education strategies, policies, and programs (the project purpose), African participation needs to be at the levels of functional, interactive or self-mobilization. As defined in Figure 1, self-mobilization is:

"People participate by taking initiatives independent of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used."

There are some good examples of African participation at the functional and interactive levels, particularly in dissemination, which is a growing area of HHRAA work. A few instances of self-mobilization appear to be emerging, such as the ECSA initiative for emergency maternal medical services. In addition, organizations such as CERPOD, CAFS, and WHO/AFRO are assuming leadership for directing analytic activities.

More recently, SARA has expanded its network of African institutions to include professional organizations and advocacy groups. It is being increasingly recognized within the project that dissemination by itself may not be adequate to bring about the utilization of information in improved programs and strategies.

SARA staff has identified a number of promising institutions or networks for an advocacy role within HHRAA. These groups include:

- The African Association for the Promotion of Adolescent Health, an organization based in Nairobi, which encourages the creation of national associations of organizations working on adolescent health. This group has the potential of becoming an advocacy group for adolescent issues at the regional and national levels; and,
- The Society of African Gynecologists and Obstetricians (SAGO), a membership organization whose members are national societies of obstetricians/gynecologists. SAGO members could be influential in supporting policy change in family planning and reproductive health at the national as well as regional levels.

Other specialized institutions in nutrition (ORANA), public health training, educational research (ERNESA), and public sector management (ESAMI and CESAG) are also being considered.

While many African institutions have been involved in research and analytic activities, it must be noted that in general these activities played a limited role in strengthening the capacities of African institutions. Many of the participating institutions were selected because they already had some or much of the capability to undertake the activities. Furthermore, the short length of time for many of the analytic activities did not permit institutional development.

The institutionalization of HHRAA's program through the development of key self-mobilizing regional and national organizations should be given a high priority in HHRAA's work. One of the most significant results of the HHRAA project can be its creation of African capacities to carry forward the HHRAA program, given the long timeframe that is required for achieving sustainable improvements in African health and education. This would mean giving a high priority to assisting in the creation of regional and national capacities in research agenda setting, in the conduct of research, in dissemination work, and in the effort to have project-generated information used by African and donor clients within the African countries. In doing this, increased attention should be given to working in individual African countries with selected institutions that can fulfill the roles of research, dissemination, advocacy, and the facilitation of implementation strategies. Giving greater attention to the institutionalization of HHRAA's programs in these organizations through capacity-building initiatives would help ensure the long-term sustainability of HHRAA's knowledge generation and dissemination work. It should not be viewed as conflicting with, but rather as reinforcing, the attainment of the objectives of the HHRAA project.

Capacities of African Institutions

The limited capacities of African institutions were perhaps not fully appreciated by USAID's Africa Bureau, for the guidance it gave the design team during the PP process downplayed the need to strengthen African institutional capacities to carry out the research agenda. Although involving Africans in HHRAA research, analysis, and dissemination activities is an approach for helping Africans learn "how-to-do-it" while "doing it," it is probably not sufficient. Recognizing this, SARA and some of the CAs have provided training in such technical areas as focus group techniques, research proposal development, qualitative research methods and data analysis. These have been driven primarily by R&A implementation needs. Although responses to the questionnaire to African institutions were limited, respondents did not rank the technical assistance in these areas as highly relevant. The training and technical assistance that have been provided have been limited and the informal learning that has occurred in the project through African participation needs to be augmented by more formal training and

technical assistance activities to ensure that the technology and expertise are both transferred and implanted.

Respondents to the team's questionnaire indicated that additional training is needed in communicating research findings and in strengthening skills for converting research results into action. Consideration should also be given to providing training and technical assistance in financial management to meet USAID contract requirements and in other management areas necessary for adequate administration of donor funds.

In addition to providing more training and technical assistance to African institutions, opportunities should be provided for study tours, technical exchanges, and participation of African institutions in providing technical assistance. Collaborative relationships with African institutions should be viewed in a longer time frame and not focused only on a specific analytic activity. This is happening to some extent with a few institutions, such as ECSA, CERPOD, and ERNWACA, and needs to be extended to other institutions as well.

Expanding Our Understanding of African Participation

African institutions involved with HHRAA are quite diverse. They range from those that are relatively new to those which have been on the scene for several decades. They include research institutions and those which combine research with a policy orientation. They include academic institutions as well as service-providing organizations; multi-disciplinary and single discipline; and, national institutions as well as regional networks with country linkages.

There appear to be some emerging success stories. The Commonwealth Regional Health Community Secretariat (CRHCS/ECSA) is a regional organization whose members include health ministers and senior-level officials from the 13 member countries. It has the capacity to carry out research but its primary interests are in policy development and the strengthening of national health systems. It is an established organization which has been supported by other donors, and it has a permanent secretariat to provide on-going support to its members' activities. From a number of perspectives, it appears to be an ideal institution for furthering HHRAA objectives. However, other institutional models and approaches for engaging Africans are being explored in the HHRAA project. The education sub-sector, for example, is working largely at the national level, while at the same time working to strengthen the capabilities and roles of the East and West African regional networks, ERNWACA and ERNESA, and actively shaping the work of the Donors to African Education.

It is too early in the project experience to know which approaches will work best and it is premature to formulate the qualities or characteristics of African institutions that are associated with successful collaboration. It is also too early to be able to gauge the project's success in building the capacity of African institutions and African leaders to

provide direction and leadership to the process of putting knowledge about human resource needs on the subcontinent to work in shaping strategies to address them.

CONCLUSIONS

HHRAA has done a commendable job of involving Africans and African institutions in all facets of the analytic process, although the locus of control for most of these activities has primarily resided in Washington. The initial steps that the project has taken towards creating African ownership of the analytic and dissemination processes should be systematically built on and expanded in Phase II of HHRAA. In Phase II, the project should give greater emphasis to the transfer of skills and knowledge and the development of the capacities of African institutions and African leaders.

The fragility of most African institutions and their dependence on financial support from the donor community is a reality that is likely to persist beyond the end of the HHRAA project. HHRAA's capacity-building efforts should take that reality into account by helping to position African institutions in ways that ensure African government recognition and continued donor support. African institutions need to be valued by Africans—governments and private groups. In the long term, this recognition and support will ensure their sustainability and will help to counterbalance their dependence on donors.

RECOMMENDATIONS

1. In Phase II of HHRAA, every channel of engaging Africans and African institutions more fully should be explored, including:
 - hiring additional Africans as staff, consultants, and co-principal investigators;
 - involving Africans as teachers, trainers, and presenters of project findings at workshops and conferences, and supporting them to serve as senior authors of scientific articles; and,
 - expanding existing partnerships with African institutions, and developing new partnerships on a selective basis, as institutional capacities and orientations are developed.
2. HHRAA senior management should confirm that capacity building is an important objective for the HHRAA project. Project resources should be directed so that they emphasize strengthening the capacities of national African public and private institutions and leaders to assume leadership and direction of strengthening their country's health and education policies and strategies. Capacities in research,

dissemination, advocacy, and facilitation of strategies for implementing program and policy changes should also be strengthened.

3. SARA and HHRAA CAs should utilize every opportunity to strengthen and expand the nature of African participation by:
 - enabling African researchers to play primary leadership roles in the design of analytic activities;
 - delegating to African institutions more responsibility for designing and implementing dissemination activities;
 - expanding the network of African institutions involved in HHRAA activities to include professional organizations and advocacy networks; and,
 - linking researchers and research institutions to stakeholders and advocates interested in the topics under analysis.
4. SARA and HHRAA CAs should systematically seek to increase staff capacities of African institutions in all aspects of the analytic activities, and wherever possible, should seek to establish on-going relationships with African institutions that extend beyond a specific analytic activity.
5. HHRAA should increasingly seek to transfer to regional and national African institutions the technical know-how and leadership for promoting and carrying out dissemination, advocacy, and utilization efforts leading to the implementation of policy and program change.
6. The HHRAA project should assure that the African institutions with which they work qualify as grantees for external donor support. The number of HHRAA project grants or contracts with African institutions should be substantially increased during the remaining life of the project.
7. HHRAA senior management should direct SARA to organize a consultative meeting to explore other models and experiences for strengthening African participation and ownership of the analytic process. Other USAID projects (the Global Bureau Operations Research project), models in other sectors (environment), and institutions in other regions (SEAMEO's TROPMED in Southeast Asia) should be examined for lessons and guidance for HHRAA.

8. As preparation for this consultative meeting, HHRAA senior management should contract for a review and synthesis of HHRAA experiences to date and lessons learned in collaborating with African institutions. This review should encompass SARA as well as HHRAA CAs and should be disseminated within the HHRAA project, to Africa Bureau management, USAID Missions and other donors. The analysis should be updated periodically.

CHAPTER 4

DISSEMINATION: PUTTING KNOWLEDGE TO WORK

INTRODUCTION

The dissemination of the knowledge generated by HHRAA's research and analyses is a key component of the HHRAA project. As the project paper states, the project's purpose is "to increase the utilization of research, analysis, and information in support of improved health, nutrition, education and family planning strategies, policies and programs in Africa." This statement of purpose makes the important link between the research and analysis work and the **transfer** of the results of this work to clients for their use. The project paper emphasizes that its aim is to have the information **used** in decisions on "resource allocations, strategies, policies, and programs in the health and human resource sectors in at least 20 African countries" (emphasis added). Moreover, it anticipates that the use of the knowledge generated will have an impact on the health and education of Africans. What is required to ensure this linkage of knowledge generation, dissemination, use, and impact?

"Dissemination," "advocacy," and "utilization" are three distinct components relevant to putting knowledge to work. The concept of dissemination in the HHRAA project is the expectation that good information delivered is information used; this view has dominated project processes and underplayed the significance of measures for facilitating advocacy and utilization. Moreover, the question of demand for information as part of the dissemination task has not been adequately considered. These concepts are evolving as the HHRAA project progresses but continue to be ambiguous in their articulation and application.

FINDINGS

Dissemination Activities in the HHRAA Project

In the HHRAA project, dissemination has come to include:

- distributing reports and documents from project-generated research or other sources;
- using workshops and conferences to spread the results of research;
- targeting information to key decision makers;

- developing innovative dissemination methods such as electronic networking;
- using technical assistance to convey research information in the design of Mission projects;
- developing African institutional capacities in dissemination work;
- encouraging researchers to incorporate dissemination in the design and implementation of their assessments; and,
- informing advocates, such as journalists.

There is ample evidence of these forms of dissemination activity in HHRAA's activities to-date with some more advanced in their application than others.

At the same time, project staff has exhibited a growing appreciation of the complexities of what is involved in moving from dissemination to use in decisions to guide policy and program implementation, as outlined above. The concepts and practices are becoming more intertwined as project staffs and contractors gain practical experience with research, analysis, and information processes and the aim of affecting national policies and programs and the practices of field operations.

The health, population, and education staffs have approached the dissemination and utilization interests of HHRAA differently. The health and population staffs have focused more on research/analysis and the dissemination of the information generated through regional workshops, through the production and distribution of analytical materials, and by helping to build regional networks. However, in this approach, more work is required on developing the linkage of the information-generation work of regional institutions, which are supported by HHRAA, with national institutions and program operations.

The education staff, as noted in the education sub-sector assessment, sees the "challenge . . . is not to provide information to policy makers so that they will establish sound policies. Instead, it is, first, to facilitate and improve the quality of dialogue among donors and African educators, second, to help policy makers, researchers, and practitioners acquire the analytic tools to turn policy into programs, and, third, to help them use these tools to implement their own policies." However, the education approach will need to increase the priority, as it is now beginning to, to research and knowledge-generation work and regional networking to avoid the isolation of national initiatives from "global" knowledge and experience.

Both of these approaches have merit. In general, however, there continues to be a lack of common understanding of the information dissemination, advocacy, and utilization components of the project, the nature of the relationships, the processes involved, and the extent of HHRAA's responsibilities for advancing the utilization of the knowledge it generates with its research.

Responsibilities for Dissemination

SARA has been assigned the task of providing dissemination support services to HHRAA activities. This task has included:

- developing a strategic framework and plan for dissemination;
- producing and distributing materials;
- facilitating regional dissemination workshops;
- developing dissemination mechanisms in Africa;
- developing strategies for individual research and analysis activities;
- providing follow-up technical assistance to disseminate findings; and,
- developing and testing innovative dissemination methods.

Producing and Distributing Materials

During the past year, SARA has synthesized and distributed seven major reports in population, health and nutrition, and two in education. It has assisted the Africa Bureau's Office of Sustainable Development with the translation, publication, and distribution of the 5-year Development Fund for Africa report and provided a number of other dissemination services to various HHRAA cooperating agencies. Moreover, SARA has targeted a number of African and donor institutions, NGOs, decision makers, and USAID Missions and REDSOs and has made a start on building a data base of end users to guide future distribution activity. (See Annex 7, Volume II for lists of materials that have been produced and disseminated.)

Regional Workshops

SARA has organized four major dissemination workshops on financing sustainability, medical barriers, nutrition advocacy, and educational testing and reform. In addition, it has facilitated some 15 conferences, consultative meetings, and

identification workshops which have laid the basis for much of HHRAA's research and analysis agenda and built the base of consensus that is critical to effective dissemination work.

Dissemination Mechanisms, Networks, and African Participation

SARA has made a good start, as a pilot effort, in introducing the satellite-delivered SatelLife/HealthNet for dissemination work with the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa. The focus is on reproductive health and nutrition. Other network systems that are being considered include USIA's WorldNet and Internet. Also, collaborative arrangements are being explored for the use of CD-ROMs and working with other USAID projects involved with African institutions.

Strategies for Dissemination, Advocacy, and Utilization

Most importantly, SARA has initiated work on the strategic aspects of dissemination. This has involved assessments of information flows, uses, and systems within Africa that can be strengthened. It has also involved more advanced consideration of the complexities of moving from information supply to demand creation and, particularly, to the use of research-generated information in policy and program implementation. Information needs assessments, literature reviews, the use of new communications technologies, and a study of knowledge utilization have been undertaken or are just beginning. More work following up on the Porter paper and other sources is required.¹

Other Dissemination Activities

In addition, dissemination work has been carried out, in varying degrees, by all of the HHRAA actors: staff, cooperating agencies, CDC, RSSA/PASA institutions, and Global Bureau projects. Many of these have been carried out independently of SARA and without the benefit of SARA's expertise or input. Annex G, Volume II provides lists of HHRAA documents and reports suggesting some of the work conducted by SARA and other organizations.

Despite this impressive array of dissemination activity, there are gaps. Dissemination work is not being systematically integrated into the work of analytical activities and linked to program and policy actions or it has been left to be addressed after findings and results have been generated from the research and analysis activities. The demand creation (information marketing) aspects of dissemination have not been thought out and developed fully. Further, some of the essential requirements for

¹Robert W. Porter, "Knowledge Utilization and the Process of Policy Formation: Towards a Framework for Africa," October 1994.

effective dissemination work are not being considered as they relate to facilitating the use of research information in policy change and program implementation. The absence of someone to promote and coordinate the incorporation of dissemination/utilization processes in all of HHRAA's work is reflected in the somewhat *ad hoc* character of the dissemination and utilization work to date across the project.

Overall, SARA's support work for dissemination demonstrates a sound beginning. There should be an effort to elaborate more fully the scope and boundaries of SARA's responsibilities for dissemination work for the project as a whole and the responsibilities of other HHRAA activities for addressing the question of utilization. The latter requires further development of approaches to information utilization that emphasize country participatory initiatives. This work needs to be carried out by the HHRAA project generally, not just by SARA, drawing on the experience already available in various activities, such as in the education sector, the Global Bureau's Implementing Policy Change project, and other experiences.

Putting Knowledge to Work: Dissemination, Advocacy and Utilization

As this assessment has progressed, it has become clear that a comprehensive understanding of the processes of putting knowledge to work for human betterment is required if the HHRAA project is to be effective in achieving its goals. The three components referred to above need to be understood and addressed separately and then joined in a strategy for putting to work the knowledge generated from HHRAA's research and analyses.

Dissemination: Supply and Demand

Successful dissemination of research information requires essentially the same approach as followed by profitable commercial enterprises. The **supply** aspects of dissemination encompass the systems for acquisition, adaptation for understanding, relevance, packaging in various media forms, storage, and delivery of the information generated by research and analyses. The development of wholesale and retail strategies is also important as African regional and national institutions assume increased responsibility for the dissemination responsibility. The supply task needs to take into account and develop information networks and technologies, information resource and reference centers, and other methods for spreading the knowledge, such as workshops, training, and use in technical assistance. The HHRAA project has given considerable attention to this work which is particularly important in view of the serious inadequacy of such information supply systems in Africa.

The **demand** aspect of dissemination is primarily concerned with marketing processes that make it known that the information exists, is easily accessible, can be called for when needed, will be useful, and is obtainable at affordable cost. It gives particular attention to developing appropriate markets for the information: who can make

use of the information. These markets range from the experts and institutions that are carrying out related research and analyses themselves, advocates, technical advisors, and the spectrum of decision makers—public and private, national and local—who are involved in carrying out development activities in health, family planning and basic education. While one might normally expect that the question of demand is assumed in dissemination, the common experience, and this applies as well to HHRAA, is that demand development is not addressed well as a distinctive task. In the current operations of HHRAA to date, more attention has been given to the supply activities.

Advocacy

The concept of advocacy, which is just emerging in the HHRAA project as an identifiable component, encompasses the use of information to influence decision making. Advocates are an important part of the task of putting knowledge to work. They are the individuals and organizations that seek to inform, educate, and persuade decision-making processes by promoting particular programs and practices. They have an important role in both influencing the formation of policies and practices and in ensuring that these policies and practices are sustained. In addition to their role in carrying out programs, NGOs, as advocates, play an important role in promoting change in policies and practices and often serve to pioneer the way for governments, communities, and private organizations. Similarly, prominent leaders, the press and other popular media, educational institutions, and donors are an important part of advocacy. Building a broad base of knowledgeable and interested advocates in public and private arenas is an essential dimension of putting knowledge to work. At the same time, developing advocates requires considerable care and sensitivity. Controversial topics, such as those in which HHRAA is engaged, require an awareness of potential reactions to the information being promoted and to the acceptability—credibility, sociocultural, and political orientation—of the advocates and their backers. While advocates are users of information, they are not the same as the decision makers who are responsible for applying the information in specific policies and operations, although within policy-making circles some officials may often be advocates as well. More explicit work needs to be done to identify and develop the advocacy functions of the HHRAA project. Support for advocates also needs to keep in mind the response of adversaries and those who are apathetic so that their impact can be diffused.

Utilization

The utilization component is the most critical and difficult component of the task of putting knowledge to work. It calls for an appreciation of the complex interactive processes by which governments and organizations learn of a problem to be addressed, weigh its relative importance, search for solutions, deal with the labyrinths of personal, political, and bureaucratic interests, use advocacy groups, and move from policy to practice. The Porter paper illustrates many of the complexities of putting information to work. The education sector work has some approaches on promoting utilization. The

main point here is that the utilization component of putting knowledge to work requires a well-developed appreciation of a complex task that goes far beyond the functions of dissemination. It goes beyond short-term technical assistance to help a Mission with project design. It often requires local operations research to produce adaptations and special efforts to facilitate acceptance among a wide circle of stakeholders of the knowledge HHRAA is producing. It also may involve "bridge funding": funding small-scale implementation efforts to build local support for the specific change or intervention. If the HHRAA project is to have the goal-level impacts it cites in the project paper, then considerably more work is required on the processes, steps, and time frames for advancing the utilization of project-generated knowledge in specific country situations. Along with an understanding of these processes, USAID and Mission staffs and most important African institutions will need to be trained in how they are applied. The HHRAA project itself should have, as part of its services, a capacity for facilitating local utilization of its information.

CONCLUSIONS

The dissemination activities undertaken to date may not effectively serve the purpose of the HHRAA project's aim to advance the utilization of knowledge in support of improved strategies, policies, and programs. While all the activities underway are related to their respective strategic frameworks and analytic agendas, the project needs a systematic, comprehensive approach to linking the results of these analytic activities to specific policy and program actions and then to target specific individuals and institutions that are most likely to affect policy and operations decisions. At the same time, the project needs to link the dissemination task with processes for integrating the knowledge generated in national planning and implementation to achieve the effects of its utilization. In this context, it is important for HHRAA staff to learn from its dissemination experiences to date and to have systems in place to target its efforts and get feedback on its products and activities. Along these lines, the project would benefit from the systematic application of reader/end-user surveys.

HHRAA is embarking on largely uncharted territory with respect to knowledge utilization and has at this point an excellent opportunity to move forward in this area. This task must be central to the HHRAA project as a whole and not assigned solely to SARA. Project management requires someone to set the policy and procedural dimensions of the task of knowledge utilization and to oversee its implementation. There is no clear point for this responsibility, mechanism, or system for carrying out either the current view of dissemination or the expanded vision proposed by the assessment team. Finally, there is a need for more information sharing, communication, and dissemination within the HHRAA project, particularly across the sectors and on topics of common interest.

RECOMMENDATIONS

General

1. HHRAA project management should take on the responsibility itself to develop—with contractor support—a policy, strategy, and implementation guide for the dissemination, advocacy, and utilization dimensions of HHRAA activities—putting knowledge to work for human betterment.
2. USAID/SD should designate a coordinator with the responsibility for orchestrating the dissemination, advocacy, and utilization strategy for the project across all of HHRAA's sectors of activity and for facilitating intra-project communications.

Dissemination and Advocacy

3. SARA's role and responsibility for dissemination should be clarified and expanded and, as required, resources provided for carrying out an expanded role. In particular, SARA's role in the development and support of advocacy capacities should be carefully worked out and integrated with other regional and national initiatives for promoting policy and program change. It may be preferable to have SARA concentrate on regional organizations where it has made a good start and turn to other Global Bureau projects such as Implementing Policy Change and the Bureau's sector support work in health, population, and education to work with Missions at the country levels.
4. SARA should be actively involved with HHRAA staff and contractors in planning dissemination efforts in conjunction with the planning of research and analytic activities.
5. SARA should also revisit its material distribution function, perhaps with a decrease in the number and types of materials distributed and an increase in focus on targeted information to users who can shape and influence changes in policies, programs, and operations.
6. SARA should expand its efforts at capturing information on end users through a mailing data base. More attention should be paid to developing end-user markets—the demand aspects of dissemination. End-user profiles can improve SARA's efforts at determining the form of the products to be disseminated, their design, the distribution process, and tracking, monitoring and assessment efforts.
7. SARA should increase its efforts to strengthen the capacities of selected African regional institutions to take on the dissemination/advocacy/utilization task in the main areas of human resource development. It should work to gain Africa-wide recognition for these institutions as sources for relevant development information

and for skills in facilitating utilization, including responding to technical inquiries directly.

8. SARA should continue to explore opportunities for involving print and broadcast media in Africa (both local and international), for example, CNN, Reuters, Agence France Press, AP, and writers for African and international periodicals. Follow-up on the initial contacts with USIA WorldNet should be conducted.

Utilization and the Implementation of Change in Policies, Programs, and Field-Level Operations

9. HHRAA project management should review in-depth the observations and suggestions in the Porter paper, *Knowledge Utilization and the Process of Policy Formation*, the experience of the HHRAA education sector, the experience of the Global Bureau's Implementing Policy Change project, social marketing practices, and other similar work. From this review, it should develop a set of principles and practical guides on knowledge-utilization processes and their facilitation. The focus of these guides would be on knowledge utilization by national expertise and institutions—public and private, who are in positions to address directly the needs of the African people for health, family planning, and basic education. This step is critical to achieving the goal-level impact desired by the HHRAA project.
10. HHRAA project management should orient all project participants to the principles and practices associated with knowledge utilization. It should give particular attention to developing selected staff and contractors, such as in the REDSOs, as orchestrators for utilization. These orchestrators (some were identified in the course of the assessment) would have the responsibility for linking needs, technical and financial resources, and information in practical ways to affect service-delivery operations.

CHAPTER 5

PROJECT MANAGEMENT

FINDINGS

Project Organization and Management Approach

The HHRAA project has been remarkably successful in organizing and applying a formidable array of institutional and individual talents to a diverse agenda of analytical and research activities. HHRAA project resources and mechanisms include:

- a principal contractor with a cluster of six subcontractors;
- PASAs and RSSAs with cooperating agencies preeminent in medical and public health research for hiring HHRAA staff and conducting analytic activities;
- OYB transfers to experienced Global Bureau centrally-funded contractors for inclusion of analytic activities with African institutions in their SOWs; and,
- contracts with institutions and individuals having specific proficiencies.

HHRAA has provided a highly flexible mechanism for carrying out diverse activities involving a variety of organizations in a number of settings. All of this has provided a dynamic momentum to the portfolio of activities undertaken in Phase I of HHRAA. It also provided a major management challenge, necessitating the delineation of priorities for managing HHRAA during its start-up phase.

In slightly more than two and a half years, the HHRAA project staff grew from two full-time equivalent employees to a staff of 27 professionals based in Washington and in offices in REDSO East and West. As staff was hired through the use of eight different mechanisms, systems and procedures for organizing the work of HHRAA were developed. A decentralized project structure was established, delegating substantial decision-making authority about analytic priorities and how they will be addressed to sub-sector leaders. The broad umbrella of HHRAA allowed the sub-sectors to evolve different strategies for their analytic work. The education sub-sector gave primary emphasis to technical support for USAID Mission policies and bilateral programs, while the health and population sub-sectors emphasized analytic work that was multi-country and regional in focus, with country programs providing the field setting for the investigations and analyses.

Management priorities were also articulated to guide project start-up and organization of HHRAA resources during Phase I. These included:

- developing and putting systems in place to monitor project activities and account for expenditures;
- developing among newly-hired HHRAA staff a shared vision of HHRAA's purposes and a sense of ownership of analytic activities;
- developing a rigorous process for selecting analytic topics;
- organizing and facilitating staff access to project resources to carry out the research agenda; and,
- implementing a project amendment to shift resources and give great emphasis to the African participation component of the project.

These principles were both sound, for the start-up phase, and systematically pursued by HHRAA senior management. As a result, the project has been equipped with procedures and systems to support the development of the prodigious amount of analytic work underway.

Project Staffing

The current project structure departs from what was proposed in the HHRAA project paper. The PP called for a project officer (PO) having the HHRAA project as a single responsibility, assisted by a project administrator to assure proper management of systems and personnel. As described in Annex I of the PP, technical and management leadership would be vested in the PO, who would be responsible for the strategic management of the project. This position was defined as providing vision, judgment of priorities, leading others, managing change, and acting as the final venue for resolving conflict. Strong intellectual leadership was to be provided by the PO to assure cross-sectoral cooperation between health, family planning, nutrition, education, and possibly agricultural and environmental activities. The PO was to be assisted by a project administrator, who was to be responsible for organizing and managing the operational aspects of the project: supervision and monitoring of contractor performance, managing the buy-in process, budgeting, fiscal administration, and oversight.

The project administrator position has not been filled and the PO position has been filled by Hope Sukin, who also serves as sub-sector manager for child survival. Failing to fill these positions with full-time staff has handicapped the project these last two and a half years, in spite of the talented leadership provided by the PO.

Implementing the staffing plan proposed in the PP is even more important during Phase II, when the large number of analytic activities underway will be completed and project resources will need to be mobilized and channeled to achieve maximum effect. This will require a persuasive project spokesperson to represent the project with senior Bureau management, the Missions, REDSOs, and the Global Bureau. The inadequacies in Phase I staffing cannot be continued during Phase II if optimal results are to be derived from the work underway.

In addition, adequate secretarial services are needed by HHRAA staff members to allow them to concentrate on their professional duties. These have been provided to some degree on an irregular basis in the past; such support should be assured on a systematic basis in the future.

Project management should also examine the workloads of direct hire sub-sector managers who oversee HHRAA sub-sector staff and activities, participate in office responsibilities, and respond to requests from the Africa Bureau and the Sustainable Development (SD) Office. Although the dual roles they play and the linkages they establish between HHRAA and SD are desirable, they may also distract them from fully attending to growing HHRAA demands. The organization and structure of the four sub-sectors should also be reviewed to rationalize the scope and staffing of the sub-sectors and to foster a structure that facilitates cross-sectoral activities.

The Roles of SARA, the Project's Principal Contractor, and the SARA Consortium

SARA and its consortium of six subcontractors have provided invaluable support to the HHRAA project. SARA has played a key role in the issues identification process, in developing the analytic agenda, and in developing and disseminating project documents and reports. SARA also helped identify and establish 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 seminars, workshops, and conferences held in Africa to date. SARA has performed these roles well and its performance in these areas has been highly valued.

SARA's role, however, is not clearly understood by all of HHRAA's staff and partners. HHRAA staff members who work closely with SARA value SARA's support functions, technical competence, and its Africa experience. However, HHRAA staff is not equally conversant with the roles that SARA can play, how its specific responsibilities for research, analysis, and dissemination are determined, and how the resources of SARA and its consortium can be accessed. CA staff members, who work less closely with SARA, have even less understanding of SARA's roles, and particularly whether and how they should relate to SARA in the areas of dissemination.

Although all of the activities that SARA carried out have been authorized by signed task orders, SARA is perceived as "going its own way," and undertaking activities that

overlap and compete with HHRAA staff and CA roles. HHRAA staff questions the appropriateness of SARA (and its consortium) being involved in carrying out analytic activities in contrast to supporting HHRAA analytic activities. There is also discomfort with what is viewed as SARA's more visible and almost separate and distinct project identity (particularly with donors, Missions, and African institutions). The HHRAA project has benefitted from the energy, talent, and initiative which the SARA contract has provided. By clarifying expectations of SARA and defining its roles explicitly, an effective and mutually satisfying collaboration could result.

In Phase II, the HHRAA project will require the SARA consortium to continue many of the activities it has carried out in Phase I, but with different emphases. SARA will need to become more proactive in dissemination support and in linking dissemination with advocacy strategies. It will need to expand its research management support roles, including helping HHRAA to improve internal project communication, and it will need to expand its efforts at strengthening staff capacities of African institutions. HHRAA senior management needs to be assured that these tasks will not overburden SARA, and, as appropriate, consider alternative or additional mechanisms for addressing these needs.

Management of Information Generated by Analytic Activities

A substantial amount of information is now being accumulated by the analytic activities underway. This information currently resides with the African institutions and CAs carrying out the activities, and there is currently no system for organizing, cataloging and storing this information for easy access and retrieval. An information retrieval system is required which can organize, assess, synthesize, and make this information accessible to all interested parties, now and in the future.

There are existing scientific and medical information retrieval systems which might serve as models or even be utilized by the HHRAA project. The American Public Health Association (APHA), the American Association for the Advancement of Science (AAAS), the National Medical Library at the National Institutes of Health (NIS), the Center for Disease Control and Prevention (CDC), and the National Academy of Science (NAS), all have systems which might be modified or utilized in this regard. Under its existing contract, SARA could begin to put together the most appropriate system for the HHRAA project.

This system should allow ready access to all the scientific data being gathered and should be put in place within the next 6 months to assure that the results of the HHRAA project are maintained in a centralized institutional memory to provide a basis for future planning and funding of operational programs resulting from current HHRAA research.

Quality Control and Monitoring of Activities Underway

As noted earlier, project management has given high priority and devoted considerable energy and resources to developing management systems for HHRAA. The HHRAA Performance Measurement and Evaluation system (PMES) is prominent among them. It was designed for the HHRAA project and allows sub-sector leaders and RTAs access to the information needed to track the programmatic and financial inputs required for monitoring research and analytic activities. It involves: individual activity data sheets (which are the heart of the management information system) and sub-sector results reports, issued three times a year; and, an annual project results report to provide an overarching tracking of HHRAA accomplishments. The PMES encompasses rapid low-cost evaluations (RLCE) and case studies to assess and document progress in the utilization of research results and their impact on programs, policies, and strategies. Twelve RLCEs and two case studies are planned annually. To date, two rapid evaluations have been completed and two are underway.

Both the PMES and MIS have been put into use during the last six months and are beginning to be used. More time and effort is required, however, to familiarize staff with their features and anticipated products than has been available to date. Reportedly, the MIS computer software program, designed to assimilate the activity data sheets, is not as easy to use as anticipated. In addition, technical problems in connections to its data bank have caused delays and lost work. Nonetheless, it appears that with additional staff training and back-up assistance when needed, the PMES and MIS could prove useful in monitoring the status and accomplishments of the analytic activities.

While the HHRAA system tracks activities, SARA maintains a system which tracks task orders chronologically. The HHRAA and SARA tracking systems are not compatible although there may be plans to make them so. Because the unit of reporting in the SARA system is the task and not the activity, and a number of tasks may be involved in carrying out an activity, it is cumbersome to aggregate and organize tasks into activities. Information contained in task orders is not uniform. Some task orders mention countries or sub-sector, others do not, and a number lacked a timeframe or completion date.

The PMES and MIS are systems designed to track and evaluate the implementation and results of analytic activities. The project lacks an adequate quality control and external review system for activities in their design stage, although such a process was called for by the project paper. This gap has been observed in all of the sub-sectors (except for health care financing) and was discussed in detail in Chapter 2 of this report.

Project Information and Communication

The decentralized nature of HHRAA operations, the number of implementing groups, dispersed staff locations, heavy work loads, and staff travel schedules have all

contributed to communication problems in the project. Within the HHRAA staff there is a lack of communication from the top-down, bottom-up, between, and sometimes within sub-sectors. Information flows to and from individual contractors and the RTAs in charge of them appear to be adequate. A formal communication system among all the HHRAA partners does not exist. Information flows between contractors, CAs, and between these and the prime contractor, SARA and its group of six subcontractors, should be improved.

The meeting of cooperating agencies held in November 1994, was an important first step in bringing the large number of CAs involved in HHRAA activities together. For many, it was their first chance to meet the other collaborating groups and gain an overall orientation to the project. The meeting provided an overview of HHRAA strategies and accomplishments and offered a forum for exploring approaches for dissemination and advocacy supporting the use of study results.

The telephone and e-mail only compensate to a limited degree for the dispersal of HHRAA staff and for the number of actors involved in HHRAA activities who are geographically dispersed. HHRAA staff would benefit from additional opportunities for information exchanges; Global Bureau personnel backstopping HHRAA activities funded through OYB transfers should be invited to these meetings. Regular communiques, newsletters, and more frequent CA conferences involving all of the HHRAA actors should be employed to increase information flow among all groups active in HHRAA.

Communication with REDSO RTAs and Missions is also highly variable and e-mail is perceived as only partially effective. Missions desire more information from and more communication with the project than they have been receiving.

HHRAA project management needs to give high priority to addressing project communication gaps. Perhaps, as part of its support functions, SARA should be engaged to put into place a system to rectify existing communication gaps. Should this overburden SARA, other solutions, either contract mechanisms or staffing, should be explored.

Future linkages should include African institutions now participating in, or which might participate in or benefit from, HHRAA research. Representatives of African institutions working with HHRAA should be invited periodically to participate in CA conferences, which should be held annually during Phase II.

Funding and Fiscal Controls

The USAID FM/FACS reports and HHRAA activity data sheets indicate that HHRAA project obligations and expenditures are proceeding on track. The program analyst in the HHRAA office has a work station connected to O/FM/FACS channels, and also receives the monthly reports from that office. Sub-sector leaders and RTAs can

reconcile their fiscal data with this system. There do not appear to be any pipeline problems. Since HHRAA is only two years old, no internal audit has been carried out. As HHRAA enters Phase II, project management should consider a financial audit of its funding control procedures. Given the large sums of money involved with project implementation and the fast pace of Phase I activities, it would be reassuring to know that the project is on a sound financial footing, or to identify problems, if there are any, so they can be resolved promptly.

As was noted in Chapter 2, although all members of the HRD staff participate in proposal reviews, the decision-making process regarding the selection of research and analytic activities across the sub-sectors has not been transparent to some staff. This is also true for budgetary decision making. The budget allocation process for deciding among activities has lacked rigor and most R&A activities proposed were approved without identifying concrete dissemination/advocacy next steps to ensure impact. Until now, however, HHRAA has had sufficient funds to cover most or all of the proposed activities but time pressures to obligate funds made it difficult to undertake rigorous study protocol reviews prior to deciding on the R&A activities.

HHRAA PIO/Ts are processed in good time, even though most arrive in the contracts office by the end of the third quarter or beginning of the fourth (busiest) quarter of the fiscal year. The contracts office notes HHRAA PIO/Ts are well prepared, with realistic SOWs and budgets. All of the contractors utilized have had previous experience with USAID, know what is expected of them, and what is negotiable.

Since the Global Bureau is scheduled to absorb one-third of HHRAA project funding, a formal mechanism is required to monitor progress and review the work accomplished by contractors financed under OYB transfers. The current system of financial reporting appears adequate for expenditures incurred, but reconciliation of expenditures with quantitative or qualitative accomplishments under the agreed SOW is difficult.

SARA employs a different system of project and financial reporting for its six subcontractors. This system should be made to coincide with the HHRAA MIS to provide uniform reporting, allow easy interpretation, and facilitate coordination of SARA projects with those of other CAs and contractors.

Though one of the objectives of the HHRAA project is to improve the competencies of counterpart institutions in Africa, only two contracts have been awarded to date; one to CERPOD and the second to CRHCS/ECSA; both of these by SARA. Arranging these subcontracts was complex and time consuming, and represents an important project accomplishment. Additional work is required, however. By the time the HHRAA project is terminated, these African institutions should be eligible as grantees of the international donor community. Some, such as ERNWACA, are still not at that point. All of these institutions will require continuing external donor funding to

remain viable, and HHRAA efforts need to be devoted to bringing these and other institutions to that point.

HHRAA's Relationships with USAID Missions and REDSOs

In addition to African public and private institutions as users of project results, the project paper identified USAID Missions and REDSOs as other HHRAA clients who will, by the end of the project, have used project-generated results to improve resource allocation, strategies, policies, and programs.

Except for the education sub-sector, which has a clear orientation to supporting Mission and bilateral program design and implementation, the HHRAA project has not given sufficient emphasis to developing a client orientation towards Missions and REDSOs, to systematically providing them with information on HHRAA activities, and to engaging them in project activities.

The REDSOs and USAID Missions have had limited involvement in the selection of analytic agendas and the development of strategic frameworks for HHRAA activities, and a number of Missions still feel more like observers than participants in HHRAA activities. Part of this situation can be attributed to lack of communication from the Africa Bureau outlining HHRAA goals and objectives in the context of its regional strategy and delineating the respective responsibilities of the field and Washington staffs. Such a message is now very much in order, particularly in the wake of the latest reorganization of the AFR/SD office.

The HHRAA-funded REDSO RTAs have been involved in HHRAA activities since the outset of the project. As their REDSO responsibilities include assisting USAID Missions in the design and evaluation of their bilateral projects, they are well placed to identify the linkages between HHRAA research and analytical activities and Mission operational programs. This is a more realistic function than seeking to conduct or manage analytic activities. They are also well positioned to help HHRAA implement its mandate to engage African institutions in all aspects of project activity. During Phase II of HHRAA, these linkage functions of the REDSO RTAs will become all the more important as a key in transposing research findings into actions to improve African programs, strategies, and policies.

Also during Phase II, USAID Missions should be kept informed on a regular basis of HHRAA activities, particularly those which are beginning to have practical pay-offs. This could be carried out by SARA.

Relationship with the Global Bureau

When the HHRAA project was launched, there was recognition of the relevance of a large number of the research activities undertaken by the R&D (now Global)

Bureau. Accordingly, slightly more than one-third (\$21,164,000) of the initial HHRAA budget was earmarked for OYB transfers to R&D central projects. At this time, \$11,750,000 has been transferred to the new Global Bureau for HHRAA components in centrally-funded research, and additional funding is earmarked for continuation of ongoing and new centrally-funded activities.

Implementation of such transfers has gone smoothly. The contractors involved have had extensive working relationships with USAID and are familiar with African institutions and individuals with research capabilities in their fields. There have been no problems reported in negotiating realistic SOWs and funding requirements.

The usual problem of control and oversight of centrally-funded contractors by regional project managers is evident in the HHRAA OYB transfers made to the Global Bureau. It is difficult for the RTAs to exercise oversight when contractors feel the Global Bureau is responsible for that function and Global Bureau CTOs share that perspective. Although there is still some lack of clarity and acceptance of the established procedures, centrally-funded contractors engaged under OYB transfers are gradually adapting to the reporting requirements of the HHRAA project. HHRAA reporting adds some degree of control which might otherwise be missing. The reporting requirement imposes a certain rigor on both the centrally-funded contractor and the HHRAA RTAs. Where centrally-funded contractors are not forthcoming or thorough in responding, it falls to the RTAs to be in direct contact with them (not via the Global Bureau) to assure that the shortcomings are addressed. This situation should be corrected at the outset of each OYB transfer by making the contractor in question fully aware and accountable to HHRAA for meeting HHRAA reporting requirements.

Reporting is only one manifestation of the difficulties inherent in Regional Bureau management of centrally-funded contractors. The broader issues relate to "whose money is this; and who is accountable for the project and responsible for monitoring and oversight." These are complex issues and although they may have been satisfactorily resolved in some instances, it may be important for HHRAA to jointly clarify these issues with the Global Bureau and establish a formal review process for Global Bureau contractors performing HHRAA work.

Also, since the Global Bureau is scheduled to absorb such a substantial amount (one-third) of HHRAA project funding, a formal mechanism is required to review the work accomplished by contractors financed under OYB transfers. The current system of financial reporting appears adequate for expenditures incurred, but reconciliation of expenditures with quantitative or qualitative accomplishments under the agreed SOW is difficult. This was a problem under the old R&D Bureau, and it continues to be one involving all OYB transfers in the new Global Bureau. In having centralized so much within the Global Bureau, the agency should resolve this continuing dilemma as soon as possible.

CONCLUSIONS

During this two-and-a-half-year period of project start-up and early implementation, project management has put in place the procedures and systems needed to support the HHRAA project's ambitious agenda of analytic activities. Implementing the staffing plan proposed in the project paper will both strengthen the project's management and bring coherence to its overall direction. It can also provide the leadership needed to mobilize and channel project resources to ensure that the large number of analytic activities underway will impact on programs, policies, and strategies.

During Phase II, project management will need to build on and strengthen the management systems that have been put in place as well as establish systems for improved project communication and for management of the information generated by analytic activities, where none presently exist. SARA's roles should be revisited, and ways to engage Missions more actively in the project should be explored.

In summary, the team has concluded that Phase II will require a visible and active project management. It will require management to actively orchestrate actions and systems so that HHRAA knowledge generation, dissemination, and advocacy activities result in improved decisions about health and education programs, strategies, and policies, and ultimately in improvements in the lives of Africans.

RECOMMENDATIONS

Overall Project

1. Based on HHRAA's accomplishments to date and its potential for future impact, the team recommends that the Bureau obligate the \$22,000,000 required to move ahead with Phase II, and concurrently extend the PACD of the HHRAA project from 9/30/96 to 9/30/98.

Organization and Management

2. HHRAA senior management should direct the sub-sector staff to review its analytic portfolios, set priorities for those activities that are most promising within the project timeframe, and link analytic activities explicitly with decision makers working on problems to be solved and policy/program actions in specific countries.
3. Sub-sectors should be charged with developing the dissemination/advocacy components of the sub-sector analytic agendas and linking them with priority analytic activities.

Staffing

4. A full-time HHRAA project manager (PO as described in Annex I of the PP) should be appointed. The project manager should be responsible only for successful implementation of Phase II of the HHRAA project. This person should devote full time to managing the HHRAA project and should not have to assume Division Chief responsibilities for SD/HRD, or function as a sub-sector leader.
5. Appoint a direct hire, or obtain under contract, a HHRAA project administrator (PA) as described in Annex I of the PP.
6. Appoint an additional full-time office manager/secretary for the HHRAA project staff.

The Role of SARA and the SARA Consortium

7. HHRAA senior project management should review and clarify with SARA its primary roles and responsibilities, its staffing patterns, and the deployment of its subcontractors.
8. HHRAA project management should clarify its expectation that SARA should be actively involved with HHRAA staff and contractors in planning dissemination efforts in conjunction with the planning of research and analytic activities.
9. HHRAA project management should ensure that SARA's role in the development and support of advocacy capacities be integrated with other regional and national initiatives for promoting program and policy change.
10. HHRAA project management should direct SARA to increase its efforts to strengthen the capacities of selected African regional and national institutions to take on the dissemination task. SARA should work to gain Africa-wide recognition for these institutions as sources for relevant development information, especially in the health and education sectors.
11. HHRAA project management should define for SARA other research management support roles that it needs to perform to assist the sub-sector staffs to update research agendas, design, and manage analytic activities.
12. Based on the clarification and revision of SARA's roles, SARA should be directed to review and modify, as necessary, the division of responsibilities among its consortium partners.
13. HHRAA project management should revise the SARA contract and budget, as required by SARA's revised and expanded roles.

Management of Information

14. HHRAA senior management should direct SARA to begin exploration now of electronic information retrieval systems suited to HHRAA activities (borrowing from models now in use at APHA, AAAS, CDC, and NIH) to assure future access to all the information acquired under HHRAA.
15. HHRAA senior management should develop a policy that ensures that HHRAA-generated information resides in African institutions but is easily accessible to interested parties in U.S. institutions.

Quality Control and Monitoring

16. The computer specialist who designed HHRAA's MIS and PMES systems, or one sufficiently familiar with them, should be brought on board to assure that they are working as designed. Administrative and clerical assistance should be engaged to assure that all relevant information has been entered and can be readily utilized. They should be engaged thereafter as necessary to keep such entries up to date.

Project Information and Communication

17. HHRAA project management should direct SARA to assist in establishing a system for improving communication between all project levels, and within and between all sub-sectors of the HHRAA project.

Funding and Fiscal Controls

18. HHRAA project management should establish a more rigorous system than currently exists for screening activities and allocating budget resources so that activities with the highest priority are adequately funded.
19. HHRAA should continue to engage international accounting firms to assist African institutions with which it will be working to have in place accounting and management systems which meet the standards of the donor community and to establish their eligibility as grantees.

Relationship with USAID Missions and REDSOs

20. HHRAA project dissemination activities should be systematically focused on Missions and REDSOs as clients and potential users of project-generated results. There should be regular communication, including updates on analytic activities, observations, and preliminary results. Towards that end a message should go out, as soon as possible, from the AA/AFR to REDSO and Mission Directors, describing the current status of the HHRAA project, activities and accomplishments

anticipated in its Phase II, how these fit within DFA Strategy, and how the field is expected to participate in and benefit from them.

21. HHRAA sub-sector staff should systematically use its participation in Mission programming activities to identify needs and opportunities for HHRAA analytic activities that reflect field needs as well as project priorities.
22. The HHRAA project should actively engage REDSOs in two roles they are uniquely situated and qualified to perform: strengthening African institutions and disseminating project results.

Relationship with the Global Bureau

23. Africa Bureau management should take steps to establish and harmonize HHRAA programming priorities and strategies as Agency priorities for Global Bureau and Mission operations.
24. Africa Bureau management should work out with the Agency procedures related to its new integrated information systems to ensure Global Bureau and other units reporting on finances and accomplishments.

CHAPTER 6

FORWARD LOOKING ISSUES OF STRATEGY

FINDINGS

The HHRAA project is a highly innovative endeavor aimed at improving the quality, efficiency, and effectiveness of programs addressing Africa's human development needs. It provides an essential resource for identifying and analyzing critical constraints and applying the results of the analyses in the planning and implementation of health, population and family planning, and education services within the African countries. Such an endeavor is of vital importance in Africa in view of the enormous complexity and range of the continuing and emerging problems confronting efforts to improve African human resources. Where successful in this endeavor, the project can result in an important advancement in the well-being of the African people, and, as such, can be an important instrument for the development of cooperation, especially when budgets are tight. However, a number of basic issues of strategy need to be addressed early on to guide HHRAA's work.

This chapter outlines some forward looking issues of strategy for the HHRAA project. These issues fall under the headings of HHRAA's concept and reality, niche in African development, identity, premise and strategy, African participation, and expectations. Recommendations are provided for each issue; however, they should be considered together as they are interrelated. Project management will need to integrate the actions taken.

Strategic Issue 1

Differences in project concepts and realities will, over time, limit project accomplishments.

The HHRAA project is a complex of concepts and premises, pre-project histories, sector experiences in African development, and USAID and Africa Bureau changing circumstances. The convergence of these different streams in the HHRAA project are reflected in differing requirements, preferences, priorities, and operating styles in project implementation. Thus, the project is faced with a number of competing, and at times contradictory, influences that can undermine its effectiveness and achievement of concrete results. Some of the main features of this situation that pull the project in different directions are:

(1) a desire for:

- a flexible, decentralized resource that can respond quickly to unforeseen opportunities for research and dissemination activity and to unanticipated requests for technical support (a form of PD&S funds), versus
- the project's goal requirements, calling for focused, impact-oriented operations within a specified time frame;

(2) a preference for:

- an open-ended range of sector strategies and activities responding to targets of opportunity, versus
- a more comprehensive strategy for each sector, with a limited range of activities;

(3) a concept and practice calling for:

- research, analysis, and dissemination as the primary activity of the project; versus
- the provision of direct Mission-oriented technical assistance for local action research, design work, and implementation support; and,

(4) a rationale for the project:

- as a regional project for topics of Africa-wide significance primarily involving African regional organizations, versus
- a bilateral support project that emphasizes the importance of involving national institutions and decision makers for achieving project impact.

These features of the project are not necessarily incompatible but they do affect the allocation of time and budgets. They are particularly evident in the differing paths followed by HHRAA's work in the education sector compared to its work in the health and population sectors. There is merit in each of the approaches but the issue of an agreed-upon strategy for HHRAA overall remains to be resolved.

Recommendation 1.1

Those responsible for managing the overall strategy of the project should join with the sector program leaders to map out an umbrella strategy for the remaining years of the project.

The elements of such a strategy would:

- define the types, characteristics, and number of sector strategies for research, analysis, and dissemination work so as to focus project resources on priority HHRAA project goals for the remainder of the project's life;
- provide operational guidance that facilitates a blending of the differing emphases cited above in strategic issue 1 (3 and 4), for example, relative priorities for the selection of research activities and dissemination work, the range of African institutional involvement, Mission support activity, and allocation of funds; and,
- set a percentage of project resources, for example, 10-20 percent, as a reserve to provide a flexible but constrained response capacity with some basic criteria as to eligibility.

Strategic Issue 2

HHRAA's niche is not well defined: (i) its distinctive characteristics are not identified, developed, and promoted, and (ii) the priorities of its relationships with other similar initiatives in health, population, and education are not clarified.

HHRAA's niche stems from what makes it distinctive within USAID and the Africa Bureau and in relation to other donor and African initiatives in health, population, and education. The strategic issue for HHRAA's niche stems from its relationships and complementary roles within USAID (Agency, Bureau, Missions), with USAID and non-USAID African countries, and with other donor and technical organization initiatives. What are HHRAA's distinctive features that set it apart from, and not duplicative of, other research and dissemination programs? Over time whose agenda is served in these multiple relationships? Some of the distinctive features that are emerging with HHRAA's evolution include:

- a comprehensive and participatory process for identifying and analyzing critical constraints and emerging issues bearing on meeting African health, family planning, and educational needs

effectively. While others are engaged in research activities, the scale and scope of their operations are not comparable, although the products of their work can be significant;

- the development of implementation strategies integrating the results of research to guide African decision makers and donors in policy and program planning and implementation;
- opportunities for facilitating in-country participatory processes for adapting and adopting changes in policies and practices;
- the linkage of research with the dissemination on an Africa-wide scale of the knowledge gained using multiple communication channels and technologies to facilitate direct access by interested decision makers, experts, and organizations;
- a mechanism to build up the capacity of African regional and national institutions to carry forward and sustain HHRAA's research and dissemination tasks;
- the flexibility to work with and through a number of different organizations (U.S., African, and international) with grant funds; and,
- access to the wealth of knowledge and experience of U.S. institutions and USAID to draw on to support development programs in health, population, and education.

HHRAA's success in establishing its niche will depend on its ability to develop these unique features with distinction in quality and usefulness.

Assuming these distinctive features, HHRAA's niche, as suggested above, can be characterized as falling within a series of concentric circles moving out from its role in (i) the Africa Bureau and its Missions, (ii) USAID generally, (iii) bilateral USAID African countries, (iv) non-USAID African countries, (v) African regions, and (vi) the community of international development organizations—bilateral donor agencies, international development agencies, NGOs, and other technical organizations. HHRAA's activity in relation to these six groupings appears mixed and *ad hoc*, although evolving into some effective associations.

In its relations within the Africa Bureau and Missions, HHRAA has not established a full engagement and acceptance. Sector strategies for research and analysis and for program implementation guidance have not been adopted by the Bureau for Africa-wide

applications. The HHRAA program thrusts in education and the education staff appear to be more fully accepted and used by the Missions than for the other sectors, reflecting, in part, a history of the continuity of USAID bilateral projects for basic education. Comparable acceptance and continuity does not appear to be as evident for the other sectors, although they have also had long histories in African development work. Over the coming four years—the remaining life of the current HHRAA project—the Africa Bureau will be committing (assuming no major cuts in DFA appropriations) over \$1.0 billion for health, population, and education programs. It is not clear that HHRAA, in its most important niche, is yet in a position to influence the strategies and program designs for these commitments at the policy level of the Africa Bureau or at the operations level of USAID Missions. Establishing HHRAA's niche in the Africa Bureau thus calls for (i) having the Bureau adopt and promote HHRAA-developed sector and sub-sector strategies, (ii) gaining the commitment of the Missions to these strategies as integral parts of their country programs, and (iii) achieving an effective balance between the analytical functions of HHRAA and the direct, and relatively *ad hoc*, technical support of the Missions.

As for HHRAA's niche within USAID generally, the most important association is with the Global Bureau. In USAID's restructuring, the Global Bureau is charged with primary responsibility for research and technical support; is it likely that the HHRAA function and objectives will be preempted as staff and resources are increasingly channeled through that Bureau? A significant portion of HHRAA's resources are used to fund Global Bureau programs as mechanisms for providing the Africa Bureau with staff and research services. This arrangement appears to be working on an *ad hoc* basis, but over time there are likely to be tensions over whose objectives and agenda take precedence. HHRAA's niche in this relationship needs to be well defined and firmly rooted in common understandings at the policy levels of USAID.

As noted, HHRAA's niche in its relationships with bilateral aid countries is dependent on its relationships with Missions and their commitment to HHRAA's agenda. While this is entirely appropriate, HHRAA could do more by working with those groups in PPC which assist Missions to develop their strategic objectives, thereby perhaps achieving greater consistency between Mission objectives and HHRAA priorities. In addition, HHRAA research and dissemination activities will increasingly be linked with country institutions directly, particularly in those sectors where the Missions are not active. There is some evidence of this in the health, family planning, and education sectors as their work is channeled through regional organizations.

Recent developments, such as Africa Bureau determination to move ahead with a project to support regional HPN activities in West Africa, to address critical problems, and to establish an analytic agenda, suggest that HHRAA has a niche and role to play in those countries without USAID Missions. How extensive this relationship will be and the form it will take have yet to be decided. HHRAA's niche in this setting is closely associated with establishing its niche with African regional organizations, which can be

the main actors in promoting the dissemination and use of HHRAA-generated information.

Within African regions the HHRAA project has established a network of relationships with a number of regional organizations, primarily in health and population, but also more recently in education. Establishing its niche at the regional level has been one of the primary aims of the project and is evolving rapidly. The question remains (discussed under the African participation topic) as to the long-term nature of this relationship to African regional organizations and the balance between HHRAA initiatives and regional organization initiatives in defining and implementing research and dissemination agendas. Also, to how wide a network of organizations should HHRAA attempt to relate? What should its role be in transferring its concepts and activities to them? What are the prospects for the sustainability of these organizations as institutions valued and supported by the African countries?

Finally, HHRAA is developing a niche within the community of U.S. and international development organizations—recognizing that the project organization already includes U.S. and international contractors and grantees. It has provided direct funding to some of them to carry out HHRAA activities. It has worked to influence their program strategies with some successes. In some respects, it appears that HHRAA has moved to operate through these organizations as parallel initiatives to Africa Bureau/Mission programs. Questions will need to be resolved as to the extent HHRAA project funding should be channeled through other U.S. and international development agencies. Its advantages include: minimizing demands on staff management burdens; acting on opportunities to influence other donor and technical organization policies; and, broadening the impact of HHRAA resources throughout the continent. It has disadvantages, however, including the difficulty of overseeing the use of HHRAA resources for project purposes, the identification of accomplishments, and the weakened association of these activities with USAID and HHRAA. In this situation, HHRAA's niche may become blurred and lost. However, where HHRAA activities influence other donor programs and technical organization activity, they will provide a valuable service in harmonizing the use of the African and external resources with greater and more efficient impact.

Recommendation 2.1

HHRAA project managers should develop operational guidelines that define the development of HHRAA's niche over the long term.

The first step will be to define those characteristics, drawing on the above, that HHRAA management wishes to develop and promote as distinctive features. Given the competing demands on staff time and resources, the managers will then need to establish some working priorities for HHRAA's involvement with the several niche groups.

Strategic Issue 3

HHRAA is not widely known and does not have a distinct identity.

Closely associated with the issue of HHRAA's niche is the issue of its identity as a distinct project with specific objectives and modes of operation. The name HHRAA and its purpose are largely unknown, although there appears to be a significant level of enthusiasm for its work when identified by staff or support organizations. The reports from the Missions, responding to this assessment's questionnaire, are a mix of the positive, negative, and uninformed. Generally, HHRAA is looked upon as a resource for support to Missions' agendas. Would HHRAA's objectives be better and more effectively served by having a low or a high profile with a distinguishing identity? What does having a high or low profile mean?

Characteristics of High- and Low-profile Approaches

In a high-profile approach for the HHRAA project, its managers would:

- promote HHRAA's purposes, resources, and distinguishing features widely and vigorously in brochures, conferences, lectures on human resources development in Africa, and research and dissemination activities;
- work to establish HHRAA's identity with developing and sustaining African excellence in key regional and national institutions in the human resource development sectors;
- create a well-structured and identifiable core management team that integrates the various sector initiatives;
- require personnel and contractors to associate their work with HHRAA as contrasted with their own organizational bases;
- develop a central information service that would encourage, and respond to, inquiries on HHRAA's activities;
- arrange for a common location for HHRAA's core activity and have the full support of a primary contract for project management;
- work to establish a leadership image in human resources development in Africa; and,

- minimize the HHRAA staff time spent on non-HHRAA technical support activities.

Advantages and Disadvantages of a High-profile Approach

A high profile would provide a greater opportunity to promote the goals and objectives of the project for human resource development in Africa and avoid the criticisms that characterize the project as an informal, *ad hoc* funding source; attract greater attention to the knowledge generated by the project and, assuming its high quality, its acceptance and use by policy makers as more authoritative than the word of a technician or contractor; enable the project management to focus on and promote achievable objectives within specified time frames with particular attention to developing African institutional excellence in HHRAA-type work; improve the coordination of research agendas and sector strategies where they have interests in common; and, strengthen the support arrangements overcoming the present *ad hoc* situation. Some problems with a high profile may arise from the question of comparable treatment for other Africa Bureau sectors outside of human resource development such as economic growth, environment, etc.; make it more vulnerable to USAID reorganization moves toward centralizing agency technical units; expose it from its increased visibility to greater challenges for performance and results; and, create staffing and organizational conflicts within the Africa Bureau.

Characteristics of a Low-profile Approach

In a low-profile approach for the HHRAA project, its managers would:

- not aim to identify the project as a distinctive resource with defined objectives but work "behind the scenes" and emphasize the specific technical work of participating organizations;
- identify research and dissemination activities with the sector offices and their personnel, contractors, and grantees carrying out this work in each of the sectors;
- give greater responsibility to contractors for day-to-day project operations and coordination;
- facilitate the Global Bureau units in assuming greater responsibility, if not the primary responsibility, for leadership and technical support functions in the sectors and service to Missions with funding transferred from the HHRAA project; and,

- minimize central strategic management and leadership of the project, leaving it to the sector staffs to pursue their activities independently. General coordination would be provided by the present SD office leadership directly through each sector unit focusing on budget allocations and results. An overall management information system would not be required as each sector would be responsible for its own reporting.

Advantages and Disadvantages of a Low-profile Approach

A low-profile approach would have the advantage of continuing HHRAA along the lines it is currently following but with greater decentralization to the sector units and Global Bureau. The efforts to set up and the overhead costs of a common information system would not be required except as each sector unit may require one for its purposes. Staffing requirements would be minimized both at the management level and in the sectors where the Global Bureau would provide such services. The project as a whole would be less visible and vulnerable as funding allocations would reflect sector interests and demands and activities would be identified with individuals, contractors, and grantees. The achievement of project goals would be largely reflected in reviews as achievements of Mission activity and the DFA in general and not the project. The problems with the low-profile approach would stem from a diffused responsibility for managing project resources and project objectives and the lower prospects of achieving demonstrable results. An accounting for the efficient and effective use of resources would be more difficult than in a high-profile approach.

Recommendation 3.1

The Africa Bureau should move to establish a high profile for the HHRAA project and consolidate its management and structure to this end.

(This recommendation assumes that human resources development in Africa remains a high priority for the U.S. assistance over the next decade and a HHRAA-type project with its present primary purpose will be continued beyond 1998.)

Given the uncertainty of funding for DFA and human resources development over the next 2-3 years, it may be desirable to set this recommendation as an objective but work toward it gradually. This would be done with the view of establishing HHRAA as a high-profile endeavor in the years after 1998. Meanwhile, with this vision in mind and accepted by the Agency, the HHRAA project could undertake a sequence of steps toward that objective. The initial steps should focus on developing a separate and integrated management structure for the project which can provide leadership in addressing the number of strategic and operational issues outlined in this report.

Strategic Issue 4

Premises and strategies for achieving linkages of project goals, means, and purposes to impact, while evolving, are not well thought out or consistently applied.

The goal for the HHRAA project, as expressed in the project paper, specifies the goal level results and intermediate means (sub-goals) for producing them. The means to the overall goal aim at improving the efficiency, effectiveness, equity, and sustainability of health, nutrition, basic education, and family planning systems. The results desired (impact) and the means to attain them, expressed in the project logframe, call for:

- a decrease in fertility by an increase:
 - ▶ of the contraceptive prevalence rate,
 - ▶ in the proportion of the population with access to modern contraception, and
 - ▶ in private-sector production and marketing of contraceptives;
- improved health and nutrition by an increase in the:
 - ▶ proportion of children receiving full vaccinations for BCG, DPT, polio, and measles by age one,
 - ▶ proportion of children under 5 treated for diarrhea with ORT,
 - ▶ proportion of infants being breastfed and receiving other foods at an appropriate age,
 - ▶ immunization coverage, couples protected, etc., per program dollar, and
 - ▶ proportion of health and family planning costs covered by fees, insurance, and other private sources; and,
- increased literacy and educational achievement by:

- ▶ an increase in the number of children and proportion of girls enrolled in schools meeting established criteria for fundamental quality standards,
- ▶ an increase in the number of children attaining a minimal achievement standard on national assessments of student learning,
- ▶ a decrease in cycle time (actual years invested) for students to complete primary school,
- ▶ an increase in gross primary school enrollment rates, and
- ▶ an increase in the proportion of girls enrolled in primary school.

Achieving these results and means assumes that improvements in these areas are priorities for African governments and private organizations and will have generally propitious and supportive political, economic, social, and cultural environments. Achieving them also assumes that adequate resources are available from domestic and external sources to carry out country programs for extended periods. Finally, it is assumed that development strategies are based on advanced knowledge of macro- and micro-policies, technologies, practices, and implementation systems and that they are understood, accepted, and in harmony among the many actors in the African countries (national and local governments and local private organizations and donors and their contracting organizations).

The purpose of the project is to help address this latter assumption. It aims "to have project-generated research, analysis, and information (advanced knowledge) used to improve resource allocations, strategies, policies, and programs in the health and human resources sectors in at least 20 countries" as well as "methods for measuring program performance and impact (results)." This purpose is a dynamic one and requires, first, a major and continuing effort among African leaders and experts and the donor community to generate the appropriate knowledge and have it disseminated, and second, the presence of local leadership and capacities—public and private—for sustained strategic planning and advocacy processes that make use of this knowledge. This is a formidable task requiring carefully focused and well-orchestrated processes by those with a clear vision of the end results desired.

The underlying premise and strategy of the HHRAA project is that a process of information generation (research, analysis, and assessments of impact and performance) and dissemination will lead to the use of the new information in sector decision-making for systemic improvements in services and behaviors and, in turn, to people-level impact. The HHRAA project responsibility (as defined in the project paper and other documents)

ends with the dissemination of research-generated information. It is the responsibility of other mechanisms to ensure that the information is used and translated into new or revised policies and programs leading to systems improvements and impact on African well-being. In practice, some aspects of the HHRAA project may serve to facilitate this process, such as assisting with project design. But, in general, the link between information supply and use is less well developed conceptually and operationally. Although there are some thoughtful papers discussing the factors that bear on decision making, HHRAA guidance on practical country-level approaches remains to be spelled out.

Some strategic issues for the HHRAA project relate to:

- understanding the relationships of information dissemination and the processes for implementing change in program operations' performance and behavior;
- striking a balance between sector-specific interests and institutional systems concerns;
- integrating multiple-sector specific activities consistent with the absorptive capacities of implementing organizations;
- determining the priorities for sector policy reform and/or for changes in operating practices at the field level;
- developing linkage orchestrators, facilitators, and advocates to advance a change process; and,
- defining the role and responsibility of HHRAA and/or other organizations for guiding the follow through with the application of the new knowledge to achieving results.

A number of cross-cutting topics such as decentralization, private sector roles, institutional capacities for service delivery, local financial support, etc., are common to all of the sectors but are being pursued independently by each sector, if at all. How can the work on these topics be of mutual benefit across the sectors and what should be their relative priority in analytical, dissemination, and utilization activities?

Recommendation 4.1

HHRAA project managers should revisit the purpose to means to goal relationships in the light of HHRAA's current research and dissemination agendas to determine whether, in fact, these agendas are adequately focused and on the right track for achieving the results desired.

It may be that the statement of goals and means will need to be reexamined by appropriate groups of African leaders and donors to confirm or modify the assumed linkages and knowledge requirements. Also the several sub-issues noted above need to be addressed.

Recommendation 4.2

HHRAA project managers should intensify their efforts to determine the most effective ways for converting HHRAA-generated knowledge to changes in policies and practices at national and local operations levels within African countries. HHRAA should become actively engaged in supporting processes at national levels for implementing policy changes, applying the knowledge it has generated.

This is a step beyond dissemination of the HHRAA-generated knowledge that the project should be addressing and for which it should take responsibility. The project should have available expertise to assist Missions and countries in carrying out participative processes that ensure the involvement and commitment of key program stakeholders and advocates in policy and program change. (See discussion in Working Paper on "Putting Knowledge to Work.")

Strategic Issue 5

Priorities for African participation are more focused on results for today than on sustainable capacities for tomorrow.

African participation is an important priority for HHRAA. Some strategic issues relate to:

- HHRAA's primary interest in promoting knowledge-generating research and dissemination today or its responsibility for developing African ownership and capacities for HHRAA-type initiatives for the long term;
- evolving ownership of knowledge-generating research agendas and dissemination systems in African organizations;
- involving primary decision-makers in processes leading to the implementation of policy and program change; and,
- building the capacities of regional and national organizations and their responsibilities for sustaining HHRAA initiatives and advocacy functions.

As discussed in Chapter 3, a number of African organizations and a great many African experts have been involved in some aspect of HHRAA activity, mostly in the formulation of research agendas and their implementation. This participation, commendable as it is, has not, for the most part, given African organizations a stake in the analytic activities and a sense of ownership of the results.

The institutionalization of HHRAA's program should be given a higher priority in HHRAA's work, leading to the development of key self-mobilizing regional and national organizations. One of the most significant results of the HHRAA project can be its creation of African capacities to carry forward the HHRAA program, given that improvements in African health and education are never-ending tasks. This would mean giving a high priority to assisting in the creation of regional and national capacities in research agenda setting, in the conduct of the research, in dissemination work, and in the effort to have project-generated information used by African and donor clients within the African countries. In doing this, increased attention should be given to working in individual African countries with selected institutions that can fulfill the roles of research, dissemination, advocacy, and the facilitation of implementation strategies. Giving greater attention to the institutionalization of HHRAA's programs in these organizations through capacity building initiatives would help ensure the long-term sustainability of HHRAA's knowledge-generation and dissemination work. It should not be viewed as conflicting with, but rather as reinforcing, the attainment of the objectives of the HHRAA project.

Recommendation 5.1

HHRAA project managers should confirm that capacity building is an important objective for the HHRAA project.

To carry out this recommendation, project managers, after consultations with African expertise in the sectors, should specify which organizations—regional and national—will be given priority attention for capacity-building initiatives, develop with those organizations long-term plans for achieving goals of self-sustaining, high-quality operations, and determine how these plans are to be implemented.

Strategic Issue 6

A clear understanding of, and agreement on, end-of-project expectations is lacking.

The project paper outlines a number of project results to be achieved by 1998. Specifically, the HHRAA project should be able to establish by 1998 that:

- African strategies are developed for malaria, nutrition, HIV/AIDS, urban health, and primary education, drawing on the results of HHRAA research;

- project clients use project-generated research, analysis, and information to improve resource allocation, strategies, policies, and programs in the health and human resource sectors in at least 20 countries; and,
- project clients use indicators and assessment methods developed or disseminated under the project to measure program performance and impact in the health and human resource sectors in at least 20 countries.

In addition, HHRAA should be able to establish by 1998 that it has engaged a number of clients which have been identified as targets for its research and dissemination work, that is, African public and private institutions, USAID Missions and REDSOs, Africa Bureau staff and management, and other donors. Some additional prospective results from HHRAA's work point to:

- the *ad hoc* use of research findings disseminated through African networks and regional institutions;
- strategic frameworks that are developed into action agendas integrating a range of research results for use in country strategic planning and programming;
- action agendas developed by HHRAA have been adopted by USAID and other donors;
- a number of orchestrators (African and U.S.) are applying their skills in linking research, funding resources, and technical skills with client needs and interests and facilitating the implementation of policy and program change;
- the development of a number of African regional and national organizations as self-sustaining institutions for extending the research and dissemination work of HHRAA; and,
- the evolution of HHRAA into a well-known and well-used resource on policies and practices for African health and basic education development—the institutionalization of HHRAA as both a retailer of information and wholesaler through African organizations.

Expectations for HHRAA are based on a number of key assumptions that are critical to HHRAA's success in these areas. These include:

- country decision-making and programming processes, for example, strategic planning processes, that draw on HHRAA's research are in place in recipient countries;
- time frames for integrating research results and other information into programming processes are flexible and long term;
- financial, technical, and institutional resources (domestic—including local community—and external) are available in sufficient amounts to further programming processes and necessary change;
- recipient cultures are amenable to HHRAA-generated innovations;
- local ownership of information and an interaction of the principal stakeholders and decision makers can be promoted;
- integrative processes are available that build on existing or emerging institutional infrastructures in recipient countries with innovative action agendas;
- the HHRAA process will be sustained over the long term and integrated into African institutional settings; and,
- economic growth of recipient countries and local communities accompanies the introduction of new programs resulting from HHRAA—a question of sustainability.

How valid are these assumptions for the twenty African countries specifically targeted for HHRAA project initiatives?

It is not clear what measures are to be applied to judge the significance of project results achieved in the next three years. Given project commitments of \$60 million, it is important that the HHRAA project be able to demonstrate its effectiveness. What results will be measurable in 1998 to justify the commitment of funds and for a renewal of HHRAA beyond 1998? What are the prospects and time frames for evidence of actual impact on African well-being in health and education resulting from HHRAA's initiatives?

Recommendation 6.1

HHRAA project managers should reassess the conditions in the 20 target countries to determine the validity of key assumptions for achieving results from HHRAA's work.

It is important for the initial success of the HHRAA project that it focus on those countries which provide the most propitious environment for the use of its research findings and strategies for human resource development.

Recommendation 6.2

HHRAA project managers should identify and track those aspects of its work that by 1998 will demonstrate achievements of the project's purpose and the actual and potential impact on the well-being of Africans.

Undertaking this work now will serve to focus the attention of project managers on the most promising outcomes and build a basis for demonstrating the effective and efficient use of HHRAA's resources. Some of these promising areas have been identified in this assessment report.

APPENDICES

A: SCOPE OF WORK

B: PERSONS CONTACTED

C: DOCUMENTS REVIEWED

D: ANALYSIS OF RESPONSES TO TEAM QUESTIONNAIRES

E: BIOGRAPHICAL INFORMATION ON TEAM MEMBERS

APPENDIX A
SCOPE OF WORK

SECTION C

DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1. Background/Project Description

The objectives are to maintain the significant progress made to date in reduction of infant and child mortality rates and increased primary school enrollment, and meet the growing demand for higher quality health and education services, African countries and donor agencies need to make hard decisions based on sound technical information. The Health and Human Resources Analysis for Africa (HHRAA) Project was authorized in April 1992 to support increased utilization of research, analysis, and information in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. The project responds to the needs of policy-makers and program managers in African countries, as well as USAID and other development agencies, for improved technical information to address critical issues that inhibit the improvement in African quality of life. Unlike previous regional projects which have directed substantial resources to service delivery activities, this project is focused on providing better information to Africans.

The *goal* of the HHRAA project is to improve health and nutritional status, increase literacy and educational achievement, and decrease fertility in Sub-Saharan Africa. The **SUB-GOAL** of the project is to increase the efficiency, effectiveness, equity, and sustainability of health, nutrition, education, and family planning systems in Sub-Saharan Africa.

The *purpose* of the HHRAA project is to increase the utilization of research, analysis, and information in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Sub-Saharan Africa.

The two major components of the HHRAA Project that correspond to the major categories of outputs are:

1. **Research and Analysis** that is expected to lead to:
 - increased country and USAID understanding of how to select health and human resource policies, strategies and investments in a multi-sectoral context;
 - increased understanding of the inter-actions of human resource development and overall African development;
 - improved effectiveness and efficiencies of social services in Africa including both public and private sectors;
 - increased country and USAID ability to measure policy and program performance and impact.
2. **Dissemination** of research and analytical findings and other relevant technical information in a way which promotes utilization of this information in policy and programming decisions.

Integral to both of these components are activities to engage the participation of African researchers, policy makers and program managers.

Each year the project supports research and analysis directly linked to specific country health and human resource development problems and constraints which inhibit improvement in African quality of life. Potential impact for solving these problems are the key research criteria for selecting research and analysis for project funding.

An estimated four or five major themes are addressed each year. This is done through various methods including literature reviews and syntheses of lessons learned, analyses of secondary data, short-term field studies, and occasionally through long-term multi-country studies. The project funds workshops, publications, technical assistance and other activities to disseminate information to the African policy-makers and program managers as well as USAID and other international donors.

The End of Project Status (EOPS) indicators include:

- project clients (primarily African public and private institutions, and USAID Missions, REDSOs, Africa Bureau staff, other donors) have used project-generated research, analysis, and information to improve resource allocation, strategies, policies, and programs in the health and human resource sectors in at least 20 countries. Among other areas, it is expected that African strategies for malaria, nutrition, HIV/AIDS, urban health and primary education will be developed or modified as a result of the

information generated by the project.

- project clients have used indicators and assessment methods developed or disseminated under the project to measure program performance and impact in the health and human resource sectors in at least 20 countries.

In the project paper, HHRAA was designed to be a six year project; however, its initial authorization was granted for four years and \$39.5 million. The authorized time frame and total funding of HHRAA may be increased to six years and \$61.5 million if implementation is found by the mid-term evaluation to be satisfactorily progressing towards achievement of project objectives.

2. Purpose of Evaluation

The purpose of the HHRAA mid-term evaluation is to verify progress made towards achieving the goals and objectives of the project, including development of systems and improving the quality of research and analysis supported by the project.

Information from the evaluation will be used as a basis to determine whether the project will be extended to its full design life and budget (six years and \$61.5 million).

As an interim evaluation, this exercise will not assess purpose-level impact.

C.2. Scope of Work

The mid-term evaluation shall provide: a) empirical findings that address the questions below; b) conclusions (interpretation and judgements) that are based on the empirical findings; and c) recommendations that are based on overall assessment of the results of the evaluation. The evaluation should also yield lessons learned that may emerge from the analysis.

The mid-term evaluation shall be both a management assessment of the project processes and a technical analysis of the quality of research and dissemination strategies. Most importantly, the evaluation shall determine whether the project strategy is working. That is, are the principles of implementation being adhered to and are project objectives likely to be achieved?

The mid-term evaluation shall address the following questions:

Impact

- Is there any evidence to date of the use of project-generated research in policy and program decision-making by USAID, African governments or organizations or other donors?
- In the team's view, are there any particular HHRAA research activities that have matured to the point of having a strong potential for impact? If so, what steps might HHRAA take in the near future to enhance the impact of these activities on policies and programs?

Outputs

- In the team's view, what are the most important (especially in terms of technical excellence and relevance to Africa) HHRAA outputs to date?
- Has HHRAA met or exceeded the output standards that were set forth in the project logframe?

Relevance

- Has the project identified issues that are responsive to the needs of Africans primarily, and other clients, including USAID missions and Bureau management?
- Are these issues of regional significance to the health and human resources sectors in Africa?

African Participation

- How well has the project succeeded in involving Africans

- in the issues identification process?
- Have collaborative linkages been formed with African institutions?
- Is there a system in place (or taking shape) to engage Africans in the Research and dissemination phases?
- What are examples of African implementation of research and analysis to date?
- Are there ways to increase African participation in research and dissemination that would enhance the project's potential for impact on policies and programs?

Research

- Have research activities been consistent with the criteria specified in the project paper?
- How do clients assess the quality and utility of the project's initial research products?

Dissemination

- Have a variety of dissemination strategies been identified or implemented?
- Do the dissemination strategies identify specific clients in Africa who have a need for and are likely to use the research findings?
- Are HHRAA dissemination modes sufficiently innovative and targeted to the appropriate decision-makers and audiences?
- Are the dissemination efforts adequately targeted to the appropriate advocacy groups in Africa?
- Should the HHRAA dissemination strategy be modified in any way to have a greater impact on policy and programs?

Management

- Has the project developed an information system for tracking project inputs, outputs, and impacts? Is the system being used to guide planning and decision-making? Is there evidence of feedback from management to staff for fine-tuning of research activities? Should any aspect of the information system be changed to make it more useful for decision-making?
- Has AFR/ARTS been able to manage satisfactorily the level of resources provided under the project to date?
- Are the project activities and expenditures on schedule?
- Has the participation of the Global Bureau staff and contractors in the identification, design and conduct of research activities contributed positively to the quality of project outputs and the efficiency of project implementation?
- Are field-based RTAs adequately involved in encouraging the use of HHRAA research in policy and program development?

Other

- To what degree does the project's structure (involving USDHs, Resident Technical Advisors recruited through multiple mechanism, a prime contractor, utilization of Global projects for needed research and analysis) allow for planned project results?
- Effect of reorganization and right-sizing?

Prime Contractor

- Has AED and its subcontractors met the performance standards identified in the RFP and their contract?
- Overall what has been their contributions to assisting HHRAA reach its objectives?
- How can relationships between the primary contractor and USAID and other HHRAA components be strengthened to improve the effectiveness of activities?
- How successfully has SARA managed the technical components/aspects of the research process? What mechanisms/systems has SARA used to ensure that the research studies are of high quality (i.e., are appropriate/adequately designed and are implemented as designed to yield valid results)?
- What specific mechanisms has SARA developed to promote and ensure African participation in the agenda setting and research implementation process? How successful have these mechanisms been? What is the likelihood that these mechanisms will ensure increased African participation in the R&A process in the future?
- How innovative and effective have SARA's dissemination strategies been? How has SARA tested these strategies to ensure their effectiveness?
- What has SARA's role been in operationally supporting the implementation of the HHRAA project? What proportion of SARA's efforts is spent in this area and how are decisions made regarding what this effort entails? How responsive and adequate do the HHRAA staff perceive this support to be?
- How well has SARA performed in terms of documenting its activities and work plans? What is the relationship/communications between AED and the various SARA subcontractors?

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- Has the project developed an information system for tracking project inputs, outputs, and impacts? Is the system being used to guide planning and decision-making? Is there evidence of feedback from management to staff for fine-tuning of research activities? Should any aspect of the information system be changed to make it more useful for decision-making?

Lessons Learned

Information on the effectiveness and experience of specific project approaches can serve as extremely valuable tools in modifying program interventions, and making recommendation for future directions. An important component of the mid-term evaluation is to identify and document important lessons learned from experiences to date with the following:

- process of setting the Analytic Agenda to ensure maximum 1) relevance to host country need, and 2) participation of African researchers;
- effectiveness of research communication and dissemination strategies utilized by the project;
- the implementation process involving African institutions, USAID missions, the Global Bureau, etc.

Following are some illustrative indicators that the evaluation team may wish to utilize:

Utilization of Research and Analysis (R&A)

- Number of countries in which project-generated R&A has been used in strategy, policy, or program development.
- Examples/case studies of project-generated R&A being used in strategy, policy, or program development.
- Number of workshops incorporating R&A results.
- Number of requests for R&A products received by AFR/SD/HRD.

Research and Analysis Process

- Number of African institutions, USAID Missions and REDSOs providing input to the issues identification phase.
- Completion of R&A Issues Papers that reflect both country and USAID/W input.
- Correlation between research topics selected and selection criteria.
- Correlation between R&A agenda recommended to senior management and research agenda approved.

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- Percent of research proposals developed that contain all required elements (i.e., dissemination strategy and management and monitoring plan).
- Number of R&A activities with significant African participation in the design, implementation and dissemination of findings.
- Existence and use of mailing lists for dissemination.
- Number of reports and bulletins disseminated.
- Number of senior-level officials receiving project-generated reports and bulletins.
- Use of innovative dissemination strategies (example, mass media, consultative meetings, etc.)
- Number of collaborative African institutional arrangements developed for designing and implementing R&A activities.

Input

- Correlation between scopes of works of implementing agencies, firms and individual objectives of the project.
- Correlation between performance of contracting agencies, firms and individuals and scopes of work.
- Number of technical advisors hired and the correlation between skills required and skills obtained.
- Completion by contractors of all work plans required.

C.3. Verification

The team will remain in the United States. For a field perspective, the team will develop and distribute questionnaires to be answered by USAID mission personnel and African Institutions.

- Review of reports, manuals, and other documents prepared by project staff, Resident Technical Advisors, and consultants. See Annex B for an illustrative list of project documents.
- Review of Rapid Low-Cost Evaluation Reports.
- Key informant interviews with project staff, consultants, USAID/W and USAID Mission staff, and key in-country decision makers, either by telephone, through cables or facsimile.
- Pre- and post-tests (especially for workshops and seminars) and/or surveys to establish in-country decision making procedures and changes which may have resulted from project activities.

C.4. Deliverables, The Evaluation Plan and Schedule

The contractor shall contract, coordinate and support all services, including typing, reproduction and travel arrangements for an evaluation team which will evaluate the HHRAA Project.

It is anticipated that this team will possess skills to evaluate both the technical and programmatic aspects of the project. The team will consist of 5 to 6 individuals with professional work experience in developing countries and technical proficiency in one or more of the following fields: health program management, epidemiology, health policy, health economics and financing, health and management information systems, basic education, demography, sociology/ anthropology). The contractor shall identify candidates for the evaluation team and shall submit their curriculum vitae to the HHRAA Project Manager for concurrence.

The evaluation will commence on or about November 7, 1994, and end on or about December 31, 1994.

Draft Field Questionnaires

Approximately one month prior to the full team's commencement of the evaluation, the Team Leader shall spend up to eight days to develop and distribute field questionnaires. Within five working days of this eight-day period, the Team Leader shall submit to AFR/SD/HRD, for review and approval, five copies of at least two draft Field Questionnaires: one for USAID Missions and one (or two) for African individuals and institutions. Subsequently, the responses to these questionnaires will be analyzed by the evaluation team.

Work Plan

Within three working days of the full team commencement of this evaluation, the team shall submit to AFR/SD/HRD five copies of a work plan, including a schedule of activities (who, what and when) and due dates for all major activities by the evaluation team and for each of the deliverables listed in this section for AFR/SD/HRD approval.

Preliminary Outline

Within four working days of the full team commencement of this evaluation, the team shall submit to AFR/SD/HRD five copies of a draft preliminary outline of the final report.

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Draft Final Report

Within four calendar weeks of the full team commencement of this evaluation, the team shall submit to AFR/SD/HRD five copies of a preliminary draft of the final report for Bureau review and suggested changes.

Oral Briefing

Within five calendar weeks of the commencement of this evaluation, the team shall present an oral briefing of their findings, conclusions and recommendations to AFR/SD/HRD for discussion and suggested changes/additions.

Final Report

Within two calendar weeks of its oral briefing to AFR/SD/HRD the team shall submit fifteen (15) bound copies and one unbound copy including a diskette copy of its final report to AFR/SD/HRD. The final report shall be prepared using Word Perfect 5.1, Lotus 123, or Harvard Graphics (or another software package upon the prior approval of AFR/SD/HRD). The format of the report will follow USAID guidelines established in "the Supplement of Chapter 12 of USAID Handbook 3."

The final report shall consist of:

1. **Executive Summary** that includes major findings, conclusions and recommendations (3-5);
2. **Main body** of the report, including background material, description of major activities, findings, conclusions and recommendations (up to 30 pages); and
3. **Annexes** that may support the conclusions and recommendations.

C.5. Team Composition

Team Leader: responsible for managing and guiding the work of the experts taking part in the evaluation to produce the required report. Serves as spokes-person for the team, representing it to the Project, USAID, other agencies and host countries. The team leader must have an overview of the USAID and Africa Bureau perspectives, including health and child survival policies, the role health data plays in policy-formulation and decision-making, and understand the role USAID and other development organizations see for themselves in helping developing countries improve their health and economic status. Fluency in French and excellent writing and verbal skills in English are required. The team leader shall:

- assess the effectiveness and applicability of the research and analysis in country situations;
- ensure that evaluation objectives are met completely and on time. Write the evaluation report and brief HHRAA Project staff on the evaluation outcome;
- assess unanticipated outcomes;
- determine evaluation methodology.

Management Specialist: experienced in assessing project organization, management and financing issues, and experienced in managing an international development contract. This team member shall:

- address the management questions;
- assess the efficiency and sustainability of project structure and staffing for fulfilling the project objectives;
- assess the adequacy of the financial and other management systems for monitoring project activities;
- assess the project's relationship to field missions, Global Bureau and other USAID offices; assess the magnitude of USAID mission and host country interests in the HHRAA Project.

Health/Child Survival Specialist

- Knowledge and field experience with health and child survival programs and issues in Africa.
- Research, data analysis, expertise in health and child survival.

Family Planning/HIV-AIDS

- Knowledge and field experience with family planning and HIV/AIDS programs and issues in Africa.
- Research, data analysis, expertise in family planning and HIV-AIDS.

Education Specialist

- Knowledge and field experience with basic education and issues in Africa.
- Research, data analysis, expertise in basic education.

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APPENDIX B
PERSONS CONTACTED

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APPENDIX B

PERSONS CONTACTED

USAID AFRICA BUREAU/SD

Bineta Ba
Abraham Bekele
John Paul Clark
Charlotte Davis
Joe DeStefano
Phyllis Gestrin
Alan Getson
Bob Haladay
Ash Hartwell
Mary Harvey
Lenni Kangas
Bill Lyerly
Subhi Mehdi
Julie Owen-Rea
Diane Prouty
Alex Ross
Dick Sturgiss
Hope Sukin
Karen Tietjen
Marion Warren
Joy Wolf
Jerry Wolgin

**USAID GLOBAL BUREAU/
HEALTH/EDUCATION**

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Patricia S. Coffey
Frances Davidson
Jim Heiby
Marjorie Horn
Jim Hoxeng
Jim Shepperd

SARA PROJECT

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Christine Comito
Jean-Georges Dehasse
Lynn Gaffiken
Elizabeth Herman
Maureen Norton
Ellen Piwoz
Suzanne Prysor-Jones
Sambe Duale
Rhonda Smith
Peter Spain
Lalla Toure
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ASSESSMENT ADVISORY GROUP

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Olikoye Ransome-Kuti

BASICS PROJECT

Bart Burkhalter
Rebecca Fields
Pat Kelly
Robert Simpson
Pat Taylor

**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

Robin Huebner
Lisa Lee

**DATA FOR DECISION MAKING
PROJECT**

Peter Berman

**HEALTH FINANCING AND
SUSTAINABILITY PROJECT**

Charlotte Leighton
Gerald Wein

EPB/WELLSTART

Kathlyn Krasovec
Chloe O'Gara

CRHCS/ECSA

Stephen Kinoti

**INTERNATIONAL DONOR
ORGANIZATIONS**

WORLD BANK

Ed Elmendorf
Judy McGuire

WHO/AFRO

Dr. Okwo Bele

**RESEARCH TRIANGLE
INSTITUTE**

Maureen Norton

OTHER

Michel Welmond, formerly with
USAID/Benin
Lisa M. Builder, USAID
M/OP/A/AOT (Contracts)
Jerome Sherry, USAID/PPC/DC

BA

APPENDIX C
DOCUMENTS REVIEWED

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APPENDIX C

DOCUMENTS REVIEWED

- AFR/ARTS/HHR. *Health Sector Financing and Sustainability in Sub-Saharan Africa, A Strategic Framework for Setting Priorities.* June 1994.
- AFR/ARTS/HHR. *Immunization in Africa, Issues and Trends.* Technical Paper No. 13. June 1994.
- AFR/ARTS/HHR. *Strategic Framework for Research, Analysis and Dissemination Activities to Improve Child Nutrition in Africa.* April 1994.
- AFR/ARTS/HHR. *Strategic Framework for Research, Analysis and Dissemination for Safe Motherhood and Reproductive Health in Africa.* April 1994.
- AFR/ARTS/HHR. *Strategic Framework for Health Care Financing and Sustainability. Consultative Group Meeting, January 13-14, 1994.* Summary of Proceedings and Conclusions.
- AFR/ARTS/HHR. *A Research, Analysis and Dissemination Strategic Framework for the Integrated Care of the Sick Child Initiative.* January 1994.
- AFR/ARTS/HHR. *Report on Results, Health and Human Resources Analysis for Africa.* January 1994.
- AFR/ARTS/HHR. *The Process of Developing an ARTS/HHR Analytic Agenda.* January 1994.
- AFR/ARTS/HHR. *Background Document for the Development of a Strategic Framework in the Area of Health Care Financing and Sustainability.* December 1993.
- AFR/ARTS/HHR. *Results of the Population and Family Planning Consultative Group Meeting.* May 1993.
- AFR/ARTS/HHR. *Overview of A.I.D. Basic Education Programs in Sub-Saharan Africa.* Technical Paper No. 1. Washington, D.C. 1993.
- AFR/ARTS/HHR. *A Comparative Review of the Economic Impact of Selected Infectious Diseases in Africa.* Technical Paper No. 2. Washington, D.C. 1993.

- AFR/ARTS/HHR. *Immunization in Africa, Issues and Trends*. Technical Paper No. 13. Washington, D.C. 1993.
- AFR/ARTS/HHR. *Health and Human Resources Analysis for Africa (HHRAA) Project (698-0483)*. Volume I: Project Paper and Selected Annexes. Volume II: Additional Annexes. April 1992.
- AFR/ARTS/HHR. *The Process of Developing an ARTS/HHR Analytic Agenda*.
- AFR/SD/HRD. *HHRAA MIS Reports, Activity Data Sheets*. November 1994.
- AFR/SD/HRD. *Basic Education Strategic Framework*. Washington, D.C. December 1994.
- AFR/SD/HRD. *Briefing Books for Midterm Assessment of Health and Human Resources Analysis for Africa (HHRAA)*. Volumes 1-6. November 1994.
- AFR/SD/HRD. *Basic Education Strategic Framework for Analysis, Research and Dissemination*. September 1994.
- AFR/SD/HRD. *Education, Analytic Agenda Activities, FY 95 Proposal*. September 1994.
- AFR/SD/HRD. *Education, Sub-sector Results Report*. January through May 1994.
- Africa Bureau. *S.D. Developments*. Volume 1, No. 1. Washington, D.C. Summer/Fall 1994.
- Africa Bureau. *Sustainable Development: Population and the Environment*. Proceedings of a Workshop on Sustainable Development in Sub-Saharan Africa, Baltimore MD, May 19-21, 1993. 1993.
- African Population Advisory Committee. *Les Tendances et les Determinants de la Contraception Moderne et de la Sante Reproductive Chez les Adolescents dans le Sahel, Cas du Burkino Faso, Cas du Mali, Cas du Niger*. August 1994.
- Berman, P. et al. *Kenya, Non-Governmental Health Care Provision*. Boston: DDM Project, Harvard School of Public Health. November 1994.
- Berman, P. et al. *Zambia, Non-Governmental Health Care Provision*. Boston: DDM Project, Harvard School of Public Health. October 1994.

- Berman, P. and K. Hanson. *Assessing the Private Sector Using Non-Governmental Resources to Strengthen Public Health Goals, Methodological Guidelines*. Boston: DDM Project, Harvard School of Public Health. February 1994.
- Betemariam, W. *Issues in Vertical and Integrated Family Planning Service Delivery*. Report prepared for USAID under the Options II Project. October 1993.
- Brace, J. *Draft Dissemination Strategy*. African Population Advisory Committee. November 1994.
- CDC. *Report of Technical Assistance Delivered by the U.S. Public Health Service under USAID Health and Human Resources Analysis for Africa (HHRAA), April 1-June 30, 1994*. Atlanta, GA. 1994.
- CDC. *A Decade of Progress in Malaria Policy and Program Development in Malawi (1984-1993)*. Draft. October 1994.
- CDC. *Draft Time Table: Control of Epidemic Dysentery and Cholera in Southern Africa*. Atlanta, GA. 1994.
- CDC/USAID. *Applied Research in the Africa Child Research Initiative: A Compendium of USAID-supported Research in the ACSI/CCCD Project, 1982-1993*. Atlanta, GA. 1994.
- CDC/USAID. *ACSI-CCCD. Project Report*. Atlanta, GA. 1994.
- CDC/USAID. *Addressing the Challenge of Malaria Control in Africa*. Atlanta, GA. 1994.
- CDC/USAID. *ACSI/CCCD. Thirteen Lessons Learned, 1981-1993*. In collaboration with WHO and UNICEF. Atlanta, GA. 1994.
- CDC/USAID. *Building on the ACSI-CCCD Experience for the Future Management*. Atlanta, GA. 1994.
- CDC/USAID. *Immunization in 12 African Countries, 1982-1993*. Atlanta, GA. 1994.
- CDC/USAID. *The ACSI/CCCD Experience with Routine Epidemiologic Surveillance (13-country review)*. Atlanta, GA. 1993.
- CDC/USAID. *Controlling Malaria in Francophone Africa: Taking the Initiative*. Atlanta, GA. 1993.

- CDC/USAID. *Controlling Malaria in Africa: Progress and Priorities*. Atlanta, GA. 1993.
- CDC/USAID. ACSI/CCCD. *Malaria Prevention and Pregnancy: The Mangochi Malaria Research Project*. Atlanta, GA. 1992.
- Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa. *Monograph and Reference Materials on Abortion Issues in East, Central and Southern Africa*. November 1994.
- Demographic and Health Surveys. *Adolescent Women in Sub-Saharan Africa*. March 1992.
- Drucker, Peter F. *Management: Tasks—Responsibilities—Practices*. New York: Harper and Row. 1973.
- Fuller, Bruce, and P. Clarke. "Raising school effects while ignoring culture? Local conditions and the influence of classroom tools, rules, and pedagogy." *Review of Education Research*. Spring 1993.
- Gestrin, P. *Status and Impact of Two HHRAA Activities*. Memorandum. November 15, 1994.
- Gorosh, M. *et al.* *Urban Family Planning Services in Sub-Saharan Africa*. Prepared for the HHRAA CA Meeting. November 1994.
- Hanson, K., and P. Berman. *Non-Governmental Financing and Provision of Health Services in Africa*. A Background Paper. Boston: DDM Project, Harvard School of Public Health. July 1994.
- Harvey, M., and M. Norton. *Rapid Low-Cost Evaluation, Commodities Logistics Management*. November 7, 1994.
- HHRAA. *Cooperating Agencies' Meeting, Supporting Documents*. November 1994.
- HHRAA. *Rapid Low-Cost Assessment*. HHRAA Sick Child Activity. November 1994.
- HHRAA. *MIS Reports*. November 1994.
- HHRAA. *Activity Data Sheets*. Through November 1994.
- HHRAA. *Sub-Sector Results Reports*. Through May 1994.

- HHRAA. *Draft Teacher Motivation and Incentives Study for USAID/Ethiopia*. June 1994.
- HHRAA. *Evaluation Plan*. 1994.
- HHRAA. *Decentralization in the Health Sector in Africa*. Illustrative Scope of Work and Budget for Grant Agreement to WHO/SHS. Washington, D.C. 1994.
- HHRAA. *Overview of USAID's Basic Education Programs in Africa*. 1993.
- HHRAA. *Basic Education in Africa: USAID's Support for Sustainable Reform in the 1990s*. 1993.
- HHRAA. *Lessons Learned on the Integration of Health, Population, Environment, Democratization, and Privatization into Basic Education Curriculum in Africa*.
- HHRAA. *Education Policy Formation in Africa: A Comparative Study of Five Countries*. 1991.
- HHRAA. *Environmental Education and Communication*.
- HHRAA Project. *A Strategic Framework for Research, Analysis and Dissemination Activities in Population and Family Planning*. May 1994.
- HHRAA Project. *Child Survival Sub-sector Results Report*. January through May 1994.
- HHRAA Project. *Briefing Materials*. Population Consultative Group Meeting. African Population Advisory Committee. May 1993.
- Howard, Lee M. *An Assessment of Donor Coordination and External Financial Mobilization for Health, Population and Nutrition in Sub-Saharan Africa*. Working Paper. Falls Church: Pragma Corporation. 1989.
- JHPIEGO. *Proceedings of East and Southern Africa Regional Workshop, Improving Quality of Care and Access to Contraception: Reducing Medical Barriers*. January 30-February 4, 1994. Harare, Zimbabwe. 1994.
- Kangas, L. *Medical Manpower and Womanpower in Southern and East Africa*. Concept paper. December 1993.
- Knowles, J. C. *et al. Private Sector Delivery of Health Care: Senegal*. Bethesda: HFS Project, Abt Associates. October 1994.

- Kostinko, G. *Profiles of Electronic Networking Initiatives in Africa*. African Population Advisory Committee. June 1994.
- Leighton, C. *et al.* *Issue Briefs on Common Policy Questions about the Impact and Effectiveness on Health Financing Reforms in Sub-Saharan Africa*. Bethesda: HFS Project, Abt Associates. October 1994.
- Levey, Lisbeth A. *A Profile of Research Libraries in Sub-Saharan Africa*. Association for the Advancement of Science. Washington, D.C. 1993.
- Lockheed, M., and A. Verspoor. *Improving Primary Education in Developing Countries*. 1991.
- Lyerly, William, Jr. *HIV/AIDS: An Obstacle to Development*. State of the ART Winter 1994. USAID. Washington, D.C. 1994.
- Maguire, E. S. *USAID's Office of Population: Program Priorities and Challenges*. Office of Population 1994 Meeting of Cooperating Agencies. Washington, D.C. February 1994.
- Manhart, L. *Adolescent Study in the Sahel*. Trip Report, Burkina Faso. African Population Advisory Committee. August 1994.
- Mantep Institute. Report on a Workshop to Review the Results of the Bagamoyo Bed Net Project. Bagamoyo, Tanzania. 1994.
- Moulton, Jeanne. *Review of the Literature on Basic Education*. HHRAA/SARA. December 1993.
- OECD. *Geographical Distribution of Financial Flows to Developing Countries, 1989/1992*. Paris. 1994.
- Population Reference Bureau. *Africa Demographic and Health Surveys Chartbook*. International Programs. Washington, D.C. February 1992.
- Porter, R. W. *Knowledge Utilization and the Process of Policy Formation*. Porter/Novelli. Washington, D.C. October 1994.
- Porter, Robert W., and Irvin Hicks. *The Process of Policy Formation, Towards a Framework for Africa*. May 1994.
- Rannan-Eliya, R. *et al.* *Framework for Selection of Priority Research and Analysis Topics in Private Health Sector Development in Africa*. Washington, D.C. HHRAA Project, Africa Bureau. Technical Paper No. 1. November 1994.

- Rannan-Eliya, R., and Berman, P. *Strategic Framework for Strengthening the Contribution of Non-Governmental Health Care Provision to National Health Goals in Africa*. Boston: DDM Project, Harvard School of Public Health. January 1994.
- Samoff, Joel. *Defining what is and what is not an issue: An analysis of assistance agency African education sector studies*. Presentation at the Annual Conference of the Comparative and International Education Society. Anaheim. March 1990.
- SARA. *Comments on HHRAA Monitoring and Evaluation System*. Memorandum from Subhi Mehdi to Myrna Seidman. December 16, 1994.
- SARA. *Comments on Assessment Team Briefing: African Participation*. Memorandum from Suzanne Prysor-Jones to Myrna Seidman. December 15, 1994.
- SARA. *SARA Tracker File*. November 1994.
- SARA. *Formation: Towards a Framework for Africa*. Unpublished paper. Washington, D.C. October 1994.
- SARA. *HHRAA Strategic Framework, Behavior Change and Maintenance for Child Survival*. September 1994.
- SARA/AFR/ARTS/HHR. *Action for Better Health in Africa, An Executive Summary of the World Bank Publication, Better Health in Africa*. August 1994.
- SARA. *Annual Report, Project Year 2 (FY 94)*. November 1994.
- SARA. *Annual Report, Project Year 1 (FY 93)*. October 1993.
- SARA. *Task Orders*: No. 45: Regional Seminar on Medical Barriers; Nos. 108 & 109A: Post-Abortion Morbidity and Mortality Study; No. 124: Tulane University TA to CERPOD; No. 126: MACRO Support to CERPOD; and, No. 144: JHPIEGO Follow-up Activities Related to Medical Barriers Meeting.
- Setzer, J. C., and M. Lindner. *The Use of Non-Project Assistance to Achieve Health Sector Policy Reform: Experiences in Africa*. Human Resource Analysis for Africa Paper No. 3. Bethesda: HFS Project, Abt Associates. September 1994.
- Sinding, S., J. Ross, and A. Rosenfield. *Seeking Common Ground: Demographic Goals and Individual Choices*. Population Reference Bureau. May 1994.
- Sofaer, S. *Utilization of Evaluation Results for Policy Advocacy*. Paper presented at the Workshop for the National Conference on Health Promotion, Tampa FL. April 1994.

- USAID. *U.S. Agency for International Development, FY 95 Congressional Presentation.*
- USAID. *Private and Nongovernment Providers: Partners for Public Health in Africa, Conference Workbook.* November 28-December 1, 1994. 1994.
- USAID. *Framework for Design and Implementation of Child Survival Interventions in Africa.* July 1994.
- USAID. *Strategies for Sustainable Development.* Washington, D.C. 1994.
- USAID. *Consultation on the Private Health Sector in Africa.* Summary of Proceedings. Washington, D.C. September 22-23, 1993. Boston: DDM Project and Intercultural Communications. 1993.
- USAID. *Health and Human Resources Analysis for Africa (HHRAA) Project Contract,* No. AOT-0483-C-2178-00, AED Project No. 21-2221-00. October 1992.
- USAID. *The Development Fund for Africa Report.* 1992.
- USAID. *Africa: Growth Renewed, Hope Rekindled.* Report on the Performance of the Development Fund for Africa. 1988-1992.
- USAID/R&D/Health. *Tuberculosis: Action for A.I.D. Response to the Global Tuberculosis Problem.* Draft. May 1993.
- USAID and U.S. Department of Health and Human Services. *Africa's Progress in Child Survival: A Forum in Dakar, Senegal.* March 29-April 2, 1993.
- USAID Evaluation News. *Focus on Performance Measurement.* Volume 6, No. 1. Washington, D.C.
- van de Walle, Nicholas. *Political Liberalization and Economic Policy Reform in Africa.* Working Paper No. 3. East Lansing: Michigan State University. 1993.
- Waters, H. *REDSO Conference for Health Financing and Sustainability, Suly, Senegal, February 14-18, 1994.* 1994.
- WHO. *The HIV/AIDS and Tuberculosis Epidemics: Implication for TB Control.* WHO/TB/ARG (4)/94.4. Geneva. 1994.
- WHO/SHS and HHRAA/SD. *Decentralization in the Health Sector in Africa.* Illustrative Scope of Work and Budget for Grant Agreement to Africa Bureau, Washington, D.C. 1994. D.C.

World Bank. *Better Health in Africa*. Washington, D.C. 1994.

World Bank. *The Impact of HIV/AIDS on Population Growth in Africa*. Washington, D.C. May 1993.

World Bank. *African Population Programs: Status Report*. Washington, D.C. May 1993.

World Bank. *Reliability of Population Estimates and Sources of Demographic Data for Africa*. Washington, D.C. May 1993.

World Bank. *Education in Sub-Saharan Africa: Policies for Adjustment, Revitalization, and Expansion*. Washington, D.C. 1988.

Wouters, A. *Quality of Health Care and Health Care Financing in Africa: A Review and Discussion of Findings in Niger and Senegal*. Bethesda: HFS Project, Abt Associates. 1994.

APPENDIX D
ANALYSIS OF RESPONSES TO TEAM QUESTIONNAIRES

APPENDIX D

ANALYSIS OF RESPONSES TO TEAM QUESTIONNAIRES

INTRODUCTION

In order to determine field views of the effectiveness of the HHRAA project, the team developed questionnaires for USAID Missions, REDSOs, and African institutions participating in the HHRAA project. The responses were analyzed and are presented in this appendix along with copies of the questionnaires sent to the field.

The USAID questionnaire was e-mailed to 19 Missions and two REDSO offices which had some experience with the HHRAA project. Eleven Missions responded.¹ Of these, the respondent in one of the Missions had only recently arrived, so answered only two of the questions. Neither of the REDSO offices responded. Thus, this analysis is based primarily on the responses of 10 Missions. A questionnaire was also sent to 10 African institutions and responses were received from 3. The questionnaire sent to African institutions was more structured than the one sent to Missions.

Because the USAID Mission questionnaire was open ended, analysis of the responses is somewhat difficult. The open-ended approach, however, produced some very useful and interesting comments. Respondents affirmed many of the positive aspects of the project and pointed out some of the difficulties and frustrations. A number of respondents provided interesting ideas for future actions. The following discussion attempts to synthesize the responses.

FINDINGS: USAID MISSIONS

Familiarity with Objectives and Purpose of HHRAA

The great majority of Missions claimed knowledge of HHRAA. Only one Mission responded that it was not familiar with HHRAA's purpose. This respondent replied that the project was extremely complex and confusing. A second officer had only recently arrived at post, but seemed familiar with the concept of HHRAA and planned to use HHRAA in his post.

Provision of Technical Assistance

Almost all respondents have used the technical assistance provided by HHRAA. Only two Missions have not used HHRAA technical assistance. Missions are aware of

¹Burkina Faso, Ethiopia, Ghana, Guinea, Malawi, Mali, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe.

the variety of human resources available through HHRAA: respondents mentioned the Resident Technical Advisors in the REDSO offices, HHRAA staff, and SARA staff and subcontractors. Missions received HHRAA assistance for program design, situation analysis and assessment, research design, and conferences or workshops in all sectors of the project. Some Missions used technical support heavily in a number of different sectors while others used HHRAA support only for one occasion.

The majority of Missions was pleased with the technical assistance which was provided. Over 10 cases of support were cited positively. In fact, many elaborated on the quality of the assistance. Comments included:

- assistance should be called "partnership,"
- exceptional knowledge and experience of SARA within Francophone region,
- ability to focus on institutional development,
- responsiveness,
- excellent,
- very useful, and
- outstanding.

Several Missions commented on the outstanding technical assistance provided in the education sector.

Negative comments related to:

- administrative obstacles, bureaucracy and excessive time to work out arrangements, particularly on the part of the Africa Bureau;
- lack of follow-up or follow-up strategy;
- poor communication among a variety of multiple partners;
- lack of familiarity with the country or organization; and,
- slow production of final reports.

Participation of Missions in the Development of Strategic Frameworks and Research Design

Missions were asked if they had participated in the agenda-setting process, preparation of documents, and ranking of research priorities. They also were asked if they had participated in research design. The great majority of Missions responded that they had **not** participated in any of these. Only three Missions responded that they had participated in this process. Two of these stated that the Mission's input was disregarded. Some Missions reported that they had commented on documents sent to them from HHRAA. A number seemed not to be aware of the idea of an **Africa-wide** research agenda-setting process for a given sector, stating that they had set **their own** agendas. Several Missions responded that they believed the agenda was driven by Washington rather than by the field.

Missions' Perceptions of African Participation

Only one Mission responded that it thought that Africans had participated in the development of strategic frameworks. Six Missions responded that Africans **had** participated in research and in dissemination activities. Missions mentioned the value of capacity building and of exchange visits between countries with "success" stories and other countries. The areas or topics mentioned included applied research protocols, training, information dissemination, urban family planning, health care financing, and unsafe abortion. Several Missions noted the importance of involving high-ranking individuals or decision makers.

Results of Dissemination and Advocacy Activities

Missions were requested to comment whether they thought HHRAA-supported dissemination and advocacy activities had resulted in "raising important program or policy issues, providing new knowledge to Mission staff or African participants or altering the design of USAID or donor activities." Over half of the Missions cited examples of program or policy changes or of "new knowledge." Four Missions responded that they had seen no results of these activities. One Mission stated that it had seen results in education but not in health.

Particularly impressive were the many comments reporting that activities had led to new programs or policies. Examples include:

- *The Geographic Information System work in Niger*, which led to elaboration of a Population Environmental Program;
- *The Medical Barriers to Contraceptive Use Conference*, which led to the revision of service delivery protocols in Zimbabwe;

- *Work on decentralization and MIS in Guinea*, which will probably influence the Mission's project design and other donor activities;
- *The Basic Education conference held in Zimbabwe*, which provided input into Ethiopia's Mission's new basic education project;
- *Information of NPA in Basic Education*, which provided needed input into Guinea's basic education project;
- *The Urban Family Planning study*, which has led Malawi to alter expansion and quality assurance activities in STDs and AIDS;
- *The emergency maternal medical services policy recommendations* which were adopted by the ECSA ministers at their annual meeting and will be used in Malawi to design ways to reduce the high maternal mortality rates; and,
- *Provision of information on worldwide trends (and local assessment) of malaria*, which led Malawian university and government officials to emphasize operational programs and operations research.

Mission Suggestions for Future Assistance

Missions were asked where they thought HHRAA's assistance might be most useful in the future and whether they planned to use HHRAA information to assist host country decision making. Almost all Missions provided concrete activities where they would seek HHRAA assistance. Only two Missions stated that they did not plan on using HHRAA's assistance in the future. One Mission stated it would use assistance in education but not in health. Missions cited the following specific needs for technical assistance:

- education monitoring and evaluation strategy, financing of education, and gender equity;
- STDs;
- AIDS prevention;
- evaluation of child survival/health project;

- study tours in private sector and health-care financing; and,
- pre-design in basic education.

Missions also made suggestions for activities which they thought HHRAA should support which would be of great benefit to Africa or themes which they thought held potential or interest:

- strengthening **coordinated** electronic networking;
- strengthening existing regional networks, for example:
 - ▶ population journalists' network,
 - ▶ Francophone Regional Advisory Committee,
 - ▶ professional associations, and
 - ▶ others;
- strengthening/capacity building of local African institutions;
- supporting local exchanges among regions, African institutions, and Missions; and,
- integrating family planning with STD/HIV/AIDS.

Most Missions expressed interest in receiving HHRAA information, including all the strategic frameworks and analytic agendas and any research reports published to date as well as future documents. The principal comments regarding information flow included:

- HHRAA should disseminate information more frequently on its own activities, lessons learned, etc.;
- documents **must** be translated into French for highest distribution and use in Francophone Africa;
- HHRAA should send periodic updates on studies chosen: objectives, results anticipated, implementation status, and plans for diffusion to Missions;
- HHRAA should communicate to a standard Mission list frequently via brochures, faxes, cables, and e-mail;

- HHRAA should provide Missions with copies of all past and future analytic documents; and,
- resources should be made available for USAID/Washington staff to visit the field more frequently, which will reduce criticisms and wasted time in lengthy communications.

Mission Suggestions for Actions to Improve African Decision Makers' Use of Information for Improved Policies and Programs

Missions made a number of interesting suggestions for more effective use of information by African leaders. Among their key suggestions were the following:

- increase the input of decision makers in the **design phase** of activities;
- increase the exchange among countries of success stories in areas of common interest;
- increase the policy dialogue in education sub-regionally among West African countries;
- increase the access of Africans to the education/research literature;
- make greater efforts to disseminate analytical and research findings using all available channels and tailored to specific audiences²; the comment was made that more attention should be given to dissemination even if less research was conducted;
- make sure that the activities are field generated and based and not Washington generated;
- form an "expert" committee of several key host country experts chosen from countries where organizations are using the results of studies. The group would review methodologies and progress reports and serve as resource people in the dissemination of results. They could then form a nucleus in their own countries to study applicability of results for their own situations; and,

²Ideas included traveling dissemination teams giving oral briefings and using donors to African organizations and professional networks.

- include as part of research approval requirements: in the proposal, a "literature review" of studies conducted in their own countries should be requested of Africans; and, in the findings/ results sections, countries should be asked to compare their results to experiences in other countries.

GENERAL OBSERVATIONS

Missions were asked to provide general comments regarding the HHRAA project. A summary of the comments and suggestions follows.

- HHRAA should budget for additional local exchanges between regions, African institutions, and USAID Missions;
- HHRAA should provide additional technical backstopping and linkage to service delivery issues and support less research;
- HHRAA should be included at the onset of program development at the request of Missions instead of "searching for things to do";
- Missions expressed satisfaction with discrete technical assistance activities;
- Field-based research initiatives should be given maximum priority; HHRAA should be more field driven than it is;
- HHRAA should ask questions, such as: "What benefits have been gained from HHRAA relative to the amount of money spent?" and "How has Africa benefitted from it?"
- If and when Missions are asked to participate in studies, they should be given enough lead time and clear information on required inputs from Missions and collaborating institutions;
- Additional efforts should be made to involve local and regional institutions in research activities and in institutional-strengthening activities in order to improve both immediate outputs and the long-range ability of host country institutions to undertake research;
- There is much overlap between what HHRAA does and what other cooperating agencies do and between what the Global

Bureau does and what HHRAA does. This produces confusion in knowing which resource to access;

- HHRAA is somewhat "academic and peripheral to what is going on";
- Two Missions stated that besides TA, the Missions do not find the project useful or that interest in HHRAA is minimal; and,
- One Mission found the size and complexity of HHRAA daunting.

DISCUSSION

Because the questionnaire was an open-ended instrument, it is impossible to present exact, quantifiable results. Nevertheless, the team gained some general impressions from the 10 responding Missions. Missions were divided into two groups: those which had a fair amount of experience with HHRAA and those which did not. The responses of the first group were much more detailed and helpful, offering insightful comments and constructive criticism. The second, smaller group appeared to have either had negative experiences with the project or preconceived notions that they did not like it. Their responses were terse, abrupt, and negative.

The most positive comments from Missions concerned technical assistance provided by HHRAA which corresponded directly to Mission-felt needs. The comments were almost universally positive and full of praise. When HHRAA themes and Mission themes converged, there was a high degree of satisfaction. Missions who commented on technical assistance in the education sector were universally enthusiastic about the quality, relevance, and impact of the assistance. HHRAA should discuss the implications of this finding, particularly in light of the different strategies between health and education. Perhaps the next phase of HHRAA should focus more on providing this type of support.

Least useful from the Missions' point of view were the exercises in agenda setting. In general, Missions perceived these efforts to be Washington-driven and not responsive to their needs. Comments on field versus Washington agendas in all phases permeated the responses at all levels of the questionnaire.

Missions had many excellent ideas regarding increasing African participation. Key among these are the notions of exchange "study" tours, getting African leaders from different countries together around different themes, involving them early on in research and dissemination planning, and focusing more intensely on dissemination and advocacy and less on research.

Missions spent a lot of time responding to the questionnaire. Their answers and comments are interesting and should be shared with HHRAA staff.

FINDINGS: AFRICAN INSTITUTIONS

A structured questionnaire was developed for surveying African institutions participating in HHRAA activities. It was faxed to 10 institutions and responses were received from 3.³ Only one respondent, however, addressed all of the questions. The responses are thus quite limited in providing insights about the reactions of African institutions to the HHRAA project. Table D-1 provides a synthesis of the questions and responses.

As can be seen from the table, 2 of the 3 institutions that responded worked in the health and population sectors and became acquainted with the HHRAA project through introductions by USAID or by participating in a HHRAA activity (Workshop on Medical Barriers). Although the institutions were involved in several different HHRAA activities, conducting meetings and workshops was the predominant activity identified, followed by dissemination and advocacy activities. Research and analysis activities ran the gamut from proposing R&A topics to conducting background literature reviews. However, only one institution reported carrying out R&A activities. Thus, only one institution responded to this question and to the following three questions about the relevance of R&A activities, whether they reflect African priorities, and their benefits to the institution.

The three institutions were more involved in dissemination activities, particularly in various aspects of planning dissemination activities. Two of the institutions were directly involved in conducting workshops on influencing policies in the areas of population and nutrition, and results from these meetings were identified by two institutions. Results included change of policies and guidelines and development of messages to help in developing policies.

Several suggestions were offered to the HHRAA project about ways of fostering more African collaboration in HHRAA R&D activities. These included conducting workshops on converting research results into action and holding regional seminars to exchange ideas. The respondents also identified the need for training in communication skills and the production of materials. One respondent suggested that HHRAA should have African institutions more involved in identifying technical assistance needs and how local resources could be used for technical assistance.

Because the responses are limited in number and incomplete, it is difficult to draw conclusions from the data. In general, however, the data appear consistent with the

³ Centre D'Etudes Et De Recherche Sur La Population Pour Le Development (CERPOD); Zimbabwe National Family Planning Council; and, Child Health and Development Center, Uganda.

team's observations about the nature of African participation in the HHRAA project, discussed in Chapter 3 of the report.

TABLE D - 1
RESPONSES OF AFRICAN INSTITUTIONS TO FIELD QUESTIONNAIRE

QUESTIONS	RESPONSES
1. How did you first get involved in the HHRAA Project? What were the first activities you participated in?	Research proposal submitted to HHRAA (1); Introduced to SARA by AID (1); Seminar on Medical Barriers (1)
2. Primary people on HHRAA project with whom you have worked?	Suzanne Pryson-Jones (2); JHPIEGO (1)
3. Sectors in which working?	Health and Population (2); No response (1)
4. In which HHRAA activities has your institution participated?	Research and analysis activities (1); Preparing reports and other documents (1); Conducting meetings and other workshops (3); Dissemination and advocacy (2)
5. Research and analysis activities in which institution has been involved	Proposing research and analysis topics (1); Developing research plans (1); Conducting research activities (1); Identifying other institutions to participate in research (1); Conducting background literature reviews (1); No response (2)
6. Do decisions made about research and analysis activities reflect African priorities?	To a large extent (1); No response (2)
7. Assess the relevance of the R&A activities that HHRAA carried out jointly with your institution.	TA on focus group, somewhat relevant (1); TA on qualitative data analysis, not very relevant(1); No response (2)
8. Describe how these analytic activities will benefit your program.	Researchers from four countries have been trained (1); No response (2)
9. Dissemination activities in which organization has been involved	Participating in developing dissemination plans (1); Initiating ideas for dissemination (1); Planning dissemination activities (2); Carrying out dissemination activities (1)
10. Dissemination activities carried out by your institution	Workshops (2); To increase use of DHS and other nutrition information in national policies; training on formulating and implementing national population policy seminar (1)
11- 12. Did dissemination activities lead to results or further actions? Describe.	Yes (2); Country teams developed messages to help development of nutrition policies (1); Change of policies and guidelines (1); Too early to measure impact (1)
13. Suggestions to HHRAA to foster more direct African collaboration in R&D and utilization of findings	More African researchers should be involved in selection of topics (1); Workshops to strengthen skills for converting research results into action (1); Regional seminars to exchange ideas (1)
14. What training would strengthen institution's ability to conduct dissemination and advocacy activities?	Communication skills; training researchers on how to communicate results to different target groups (2); Production of materials (1)
15. General observations about HHRAA project	Have African institutions more involved in identifying technical assistance needs and how local resources could be used (1); No response (2)

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QUESTIONNAIRE SENT TO USAID MISSIONS

To: Howard R. Handler@DIR@GABORONE, Margaret Bonner@DIR@ADDIS
Walter North@DIR@ADDIS, Rose Marie Depp@OAR@Banjul
Barbara P. Sandoval@Dir@ACCRA, Conakry@Conakry@Africa
Kiarta Toh@USAID.DIR@NAIROBI, Joel Schlesinger@DIR@Bamako
Bruno Kosheleff@DIR@Bamako, Cynthia Rozell@DIR@LILONGWE
Samuel Scott@DIR@LILONGWE, Roger Carlson@D@MAPUTO
James M. Anderson@DIR@NIAMEY, Edward J. Spriggs@DIR@WINDHOEK
STEPHEN SPIELMAN@FRONTO@LAGOS
Anne M. Williams@DIRECTOR@DAKAR
Douglas Sheldon@DIRECTOR@DAKAR, William R. Ford@DIR@PRETORIA
Valerie Dickson-Horton@DIR@MBABANE
Mark Wentling@DIR@DAR ES SALAAM
G. William Anderson@DIR@DAR ES SALAAM
Donald B. Clark@DIR@KAMPALA, Leticia Diaz@DIR@KAMPALA
Joseph Stepanek@DIR@LUSAKA, Rudolph Thomas@DIR@LUSAKA
Peter Benedict@DIR@HARARE, Carol Scherrer-Palma@DIR@HARARE
Thomas Cornell@REP@COTONOU, Ouagadougou@Ouagadougou@Africa
Asmara@Asmara@Africa, Maseru@MASERU@Africa
vsmail@bans00027@servers[(WOWI Error Msgs) (6001.1.164.937)]
Subhi Mehdi@AFR.ARTS.ROS@AIDW

Cc:
Bcc:
From: Hope Sukin@AFR.SD@AIDW
Subject: HHRAA Mid-Term Assessment
Date: Wednesday, November 30, 1994 11:34:30 EST
Attach: O:\SDPUB\HRD\DOCS\COUNTR.LST
Certify: N
Forwarded by:

FROM: HHRAA ASSESSMENT TEAM

SUBJECT: MID-TERM ASSESSMENT OF HEALTH AND HUMAN RESOURCES ANALYSIS FOR AFRICA (HHRAA) PROJECT NO. 698-0483:

REFS: A) STATE 47886 DATED FEBRUARY 17, 1993
B) STATE 367420 DATED DECEMBER 7, 1993

1. SUMMARY: THE AFRICA BUREAU HAS INITIATED A MID-TERM ASSESSMENT OF THE HHRAA PROJECT. THE ASSESSMENT TEAM WOULD WELCOME COMMENTS FROM THE USAID MISSIONS ABOUT THEIR EXPERIENCE WITH THE PROJECT.

2. BACKGROUND: THE HHRAA PROJECT IS NOW BEGINNING ITS THIRD YEAR. THE PROJECT PAPER CALLS FOR AN ASSESSMENT AT THIS TIME TO PROVIDE RECOMMENDATIONS TO IMPROVE ITS PERFORMANCE AND IMPACT. AN ASSESSMENT TEAM HAS STARTED WORK AND WILL DEBRIEF THE AFRICA BUREAU WITH ITS PRELIMINARY FINDINGS ON DECEMBER 14.

3. THE MISSIONS HAVE RECEIVED MESSAGES EXPLAINING THE PROJECT AND THE MISSION'S ROLE (SEE REFTELS). THE PURPOSE OF THE PROJECT IS TO "INCREASE THE ANALYSIS, DISSEMINATION, AND UTILIZATION OF RESEARCH IN SUPPORT OF IMPROVED HEALTH, NUTRITION, EDUCATION AND FAMILY PLANNING STRATEGIES, POLICIES, AND PROGRAMS IN AFRICA." THE PROJECT PROVIDES "A UNIQUE OPPORTUNITY FOR AFRICANS AND USAID TO REFINE INFORMATION ANALYSIS AND DISSEMINATION STRATEGIES AND IMPROVE LINKAGES BETWEEN INFORMATION AND DECISION-MAKING."

4. ANALYTICAL FRAMEWORKS FOR DETERMINING PRIORITY ACTIVITIES FOR RESEARCH, ANALYSIS, AND DISSEMINATION HAVE BEEN PREPARED FOR CHILD SURVIVAL, POPULATION AND FAMILY PLANNING, HEALTH SECTOR FINANCING, PRIVATE SECTOR AND EDUCATION. MALARIA, HIV/AIDS AND TUBERCULOSIS ARE BEING COMPLETED, AND OTHER AREAS ARE IN PROCESS. PROJECT STAFF AND CONTRACTORS HAVE UNDERTAKEN A WIDE RANGE OF CONSULTATIONS WITH AFRICAN ORGANIZATIONS, U.S. ORGANIZATIONS, OTHER DONORS, AND EXPERTS TO DEVELOP THESE FRAMEWORKS AND IDENTIFY HIGH PRIORITY RESEARCH AND ANALYSIS ISSUES. SOME DISSEMINATION ACTIVITY HAS BEEN INITIATED FROM BOTH WASHINGTON AND REDSO. TECHNICAL ASSISTANCE HAS BEEN PROVIDED TO SOME MISSIONS FOR PROGRAM AND PROJECT DESIGN IN THESE SECTORS.

5. ATTACHMENT LISTS HHRAA ACTIVITIES INCLUDING TECHNICAL SUPPORT PROVIDED BY PROJECT STAFF AND STUDIES CARRIED OUT BY COUNTRY.

6. THE HHRAA RESIDENT TECHNICAL ADVISORS (RTAS) IN WASHINGTON ARE:

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A. EDUCATION: JOE DESTAFANO, KAREN TIETJEN, ASH HARTWELL, DIANE PROUTY, JOY WOLF, GRETCHEN HUMMON, AND JIM WILLIAMS.

B. TROPICAL AND INFECTIOUS DISEASES: JOHN PAUL CLARK, HAROLD DAVIS, AND ALEX ROSS.

C. POPULATION/FAMILY PLANNING: LENNI KANGAS AND PHYLLIS GESTRIN.

D. CHILD SURVIVAL: MARY HARVEY, ABE BEKELE, AND SUBHI MEHDI.

7. THE HHRAA FUNDED RTAS IN THE REDSOS ARE:

A. REDSO/ESA: DICK STURGISS AND OSCAR PICAZO.

B. REDSO/WCA: SOULEYMAN BARRY, BINETA BA, MOUJANO COULIBALY, AMINATA FAL MBACKE.

8. THE PRIME CONTRACTOR OF HHRAA IS THE SUPPORT FOR RESEARCH AND ANALYSIS PROJECT (SARA) IMPLEMENTED BY THE ACADEMY FOR EDUCATIONAL DEVELOPMENT. HHRAA ALSO WORKS THROUGH SARA SUBCONTRACTORS LIKE JHPIEGO, MACRO INTERNATIONAL, TULANE UNIVERSITY, MOREHOUSE SCHOOL OF MEDICINE, POPULATION REFERENCE BUREAU AND PORTER/NOVELLI.

9. QUESTIONS: THE ASSESSMENT TEAM WOULD WELCOME BRIEF RESPONSES KEYED TO THE FOLLOWING QUESTIONS:

A. HOW WELL INFORMED IS THE MISSION ABOUT THE PURPOSES AND CONCEPTS OF THE HHRAA PROJECT?

B. HAS THE HHRAA PROJECT PROVIDED ANY TECHNICAL ASSISTANCE TO THE MISSION FOR ITS PROGRAM AND PROJECT DEVELOPMENT? IF SO, IN WHAT SECTOR(S) AND FOR WHAT PURPOSES? WAS THE ASSISTANCE SATISFACTORY?

C. HAS THE MISSION OR ITS STAFF PARTICIPATED IN THE DEVELOPMENT OF THE ANALYTIC FRAMEWORKS; IN THE RANKING OF ANALYTIC PRIORITIES; AND/OR IN THE DESIGN OF RESEARCH ACTIVITIES FOR THE SECTORS? HAS THE MISSION HAD AN OPPORTUNITY TO COMMENT ON THE FRAMEWORKS AND SELECTED ACTIVITIES? IF SO, EXPLAIN IN WHAT WAYS THE MISSION HAS BEEN INVOLVED.

D. IS THE MISSION AWARE OF PARTICIPATION BY AFRICAN EXPERTS FROM THE GOVERNMENT OR PRIVATE SECTOR IN: THE DEVELOPMENT AND REVIEW OF THE HHRAA ANALYTICAL FRAMEWORKS; THE DESIGN OR CONDUCT OF RESEARCH ACTIVITIES; DISSEMINATION OR ADVOCACY OF RESULTS? IF YES, IDENTIFY THE INDIVIDUALS OR INSTITUTIONS INVOLVED AND THE ACTIVITIES THEY PARTICIPATED IN.

E. IS THE MISSION AWARE OF ANY RESULTS FROM THESE DISSEMINATION OR ADVOCACY ACTIVITIES, SUCH AS RAISING IMPORTANT POLICY OR PROGRAM ISSUES, PROVIDING NEW KNOWLEDGE TO MISSION STAFF OR AFRICAN PARTICIPANTS, ALTERING THE DESIGN OF USAID OR DONOR ACTIVITIES, ETC ? IF YES, PLEASE DESCRIBE.

F. IN WHAT SECTORS AND IN WHAT ACTIVITIES WOULD THE HHRAA PROJECT BE MOST USEFUL TO THE MISSION IN THE FUTURE CARRYING FORWARD ITS DEVELOPMENT ASSISTANCE PROGRAM IN THE HOST COUNTRY? DO YOU HAVE PLANS TO DRAW ON THE INFORMATION THAT HHRAA CAN PROVIDE FOR IMPROVING HOST COUNTRY DECISION-MAKING?

G. DOES THE MISSION HAVE ANY SUGGESTIONS FOR ACTIONS THAT HHRAA COULD SUPPORT WHICH WOULD IMPROVE AFRICAN DECISION MAKERS' USE OF INFORMATION FOR IMPROVED POLICIES AND PROGRAMS.

H. DOES THE MISSION HAVE ANY GENERAL OBSERVATIONS ABOUT THE HHRAA PROJECT, ITS PURPOSE AND METHODOLOGY THAT IT WOULD LIKE TO SHARE WITH THE ASSESSMENT TEAM?

10. WE WOULD APPRECIATE YOUR RESPONSES BY DECEMBER 9, 1994. TO MYRNA SEIDMAN, LEADER, HHRAA MID-TERM ASSESSMENT TEAM, C/O TVT ASSOCIATES, FAX 202-587-7082 OR BY E-MAIL TO SUBHI MEHDI, AFR/SD/HRD.

THANK YOU FOR YOUR ASSISTANCE.

PS: a. CONAKRY for Wilbur Thomas and Thomas Park

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- b. OUAGADOUGOU for Jatindra Cheema
- c. MASERU for Gary Lewis
- d. PRETORIA for Leslie Dean and William Ford

QUESTIONNAIRE SENT TO REDSOs

TO: REDSO/ESA; REDSO/WCA VIA E-MAIL

FROM: HHRAA ASSESSMENT TEAM

SUBJECT: MID-TERM ASSESSMENT: HEALTH AND HUMAN RESOURCES ANALYSIS FOR AFRICA (HHRAA) PROJECT NO. 698-0483

1. SUMMARY: THE AFRICA BUREAU HAS INITIATED A MID-TERM ASSESSMENT OF THE HHRAA PROJECT. THE ASSESSMENT TEAM WOULD WELCOME COMMENTS FROM THE REDSOS ABOUT THEIR EXPERIENCE WITH THE PROJECT.
2. BACKGROUND: THE HHRAA PROJECT IS NOW IN ITS THIRD YEAR. THE PROJECT PAPER CALLS FOR AN ASSESSMENT AT THIS TIME TO PROVIDE RECOMMENDATIONS TO IMPROVE ITS PERFORMANCE AND IMPACT. AN ASSESSMENT TEAM HAS STARTED WORK AND WILL DEBRIEF THE AFRICA BUREAU ON PRELIMINARY FINDINGS ON DECEMBER 14.
3. THE REDSOS AND MISSIONS HAVE RECEIVED MESSAGES EXPLAINING THE PROJECT AND THE REDSO AND MISSION ROLES. THE GOAL OF THE HHRAA PROJECT IS TO IDENTIFY AND BRING TO BEAR AFRICAN, BILATERAL AND MULTILATERAL RESOURCES AND TALENTS EXPEDITIOUSLY IN ADDRESSING MAJOR COMMON PROBLEMS IN THE SOCIAL SECTORS OF AFRICAN COUNTRIES, THE ALLEVIATION OF WHICH IS FUNDAMENTAL TO IMPROVING THE WELL BEING OF THEIR POPULATIONS. THE PURPOSE OF THE PROJECT IS TO "INCREASE THE ANALYSIS, DISSEMINATION AND UTILIZATION OF RESEARCH IN SUPPORT OF IMPROVED HEALTH, NUTRITION, EDUCATION AND FAMILY PLANNING STRATEGIES, POLICIES AND PROGRAMS IN AFRICA." THE PROJECT PROVIDES "A UNIQUE OPPORTUNITY FOR USAID TO REFINE INFORMATION ANALYSIS AND DISSEMINATION STRATEGIES AND IMPROVE LINKAGES BETWEEN INFORMATION AND DECISION-MAKING."
4. ANALYTICAL FRAMEWORKS FOR DETERMINING ACTIVITIES FOR RESEARCH, ANALYSIS AND DISSEMINATION HAVE BEEN PREPARED FOR CHILD SURVIVAL, POPULATION AND FAMILY PLANNING, HEALTH SECTOR FINANCING, PRIVATE SECTOR, AND EDUCATION. ANALYTICAL FRAMEWORKS IN MALARIA, HIV/AIDS, TUBERCULOSIS AND OTHER AREAS ARE IN PROCESS. A NUMBER OF RESEARCH AND DISSEMINATION ACTIVITIES ARE UNDERWAY. PROJECT STAFF AND CONTRACTORS HAVE UNDERTAKEN A WIDE RANGE OF CONSULTATIONS WITH AFRICAN ORGANIZATIONS AND EXPERTS, U.S. ORGANIZATIONS, OTHER BILATERAL AND MULTILATERAL DONORS, AND U.N. SPECIALIZED AGENCIES. SOME DISSEMINATION ACTIVITIES HAVE BEEN INITIATED. THE RESIDENT RTA STAFF IN REDSOS AS WELL AS WASHINGTON-BASED RTAS HAVE PROVIDED ASSISTANCE IN PROGRAM AND PROJECT DESIGNS OF HHRAA AND OTHER MISSION RELATED ACTIVITIES.

5. THE HHRAA ASSESSMENT TEAM WOULD WELCOME BRIEF RESPONSES KEYED TO THE FOLLOWING QUESTIONS ON MANAGEMENT OF HHRAA ACTIVITIES:

A. HAS THE REDSO PROVIDED INPUT INTO AND BEEN SUFFICIENTLY INVOLVED IN THE SELECTION OF HHRAA ACTIVITIES, BOTH THOSE CURRENTLY UNDERWAY OR PLANNED FOR THE FUTURE ?

B. DO THE HHRAA-FUNDED RTAS IN YOUR REDSO PROVIDE ASSISTANCE TO THE REDSOS AND MISSIONS IN OTHER THAN HHRAA ACTIVITIES? HAS THIS PROVEN TO BE VALUABLE? ARE MISSIONS AWARE THE RTAS ARE HHRAA-FUNDED?

C. ARE THE HHRAA ACTIVITIES BEING CARRIED OUT BY REDSO/RTAS CONTRIBUTING TO REDSO AND MISSION PROGRAM DESIGNS AND ANALYSES. PLEASE COMMENT ON THE IMPORTANCE OF THE RTA PLAYING THIS ROLE.

D. CAN THE HHRAA-FUNDED RTAS NOW ON THE REDSO STAFF HANDLE THE CURRENT PORTFOLIO OF HHRAA ACTIVITIES? ARE THEY ABLE TO ADEQUATELY HANDLE THEIR MISSION AND REDSO SUPPORT ACTIVITIES AND HHRAA EXPECTATIONS.

E. ARE THERE BENEFITS TO REDSO AND THE MISSIONS IN TERMS OF CREDIBILITY, SCHEDULING, BROKERING, TRANSFER OF KNOWLEDGE, ETC THAT COME FROM THE COMBINATION OF REDSO/HHRAA ROLES THAT RTAS PLAY?

F. DO YOU FEEL THAT REDSO IS WELL INFORMED ABOUT CURRENT AND PLANNED ACTIVITIES OF HHRAA IN YOUR REGION? DO THE RTAS PLAY A CRITICAL ROLE IN THIS COMMUNICATION ? DO YOU HAVE ANY SUGGESTIONS FOR HOW THIS COMMUNICATION COULD BE IMPROVED.

G. IS REDSO AWARE OF INSTANCES WHERE HHRAA ACTIVITIES FACILITATED COORDINATION AND COLLABORATION WITH OTHER DONORS? IF YES, PLEASE DESCRIBE

H. DOES REDSO HAVE ANY GENERAL OBSERVATIONS ABOUT THE HHRAA PROJECT THAT IT WOULD LIKE TO SHARE WITH THE ASSESSMENT TEAM, PARTICULARLY HHRAA'S PURPOSES AND METHODOLOGY AND HOW THE ROLES OF THE REDSO BASED RTAS CAN BE SHAPED TO ENHANCE THEIR CONTRIBUTION TO THE HHRAA PROJECT AND REDSO'S OBJECTIVES.

6. WE WOULD APPRECIATE REDSO RESPONSES BY DECEMBER 9, 1994. PLEASE RESPOND BY FAX TO: MYRNA SEIDMAN, HHRAA ASSESSMENT TEAM LEADER, TVT ASSOCIATES, WASHINGTON, D.C. FAX 202- 547-7082 OR E-MAIL TO SUBHI MEHDI, AFR/SD/HRD.

QUESTIONNAIRE SENT TO PARTICIPATING AFRICAN INSTITUTIONS

QUESTIONNAIRE FOR AFRICAN INSTITUTIONS PARTICIPATING IN HHRAA/SARA PROJECT

Name of Institution _____
Location _____
Your Name _____ Tcl _____ FAX _____
Caller _____ Date ____/____/____

INTRODUCTION TO THE HHRAA/SARA PROJECT

- 1. How did you first get involved with the HHRAA project? What were the first activities you participated in?
- 2. Who have been the primary people on the HHRAA project with whom you have worked?
- 3. In which sectors (health, population, nutrition, tropical disease, etc) are you carrying out HHRAA work?
- 4. In which of the following HHRAA/SARA activities has your institution participated ?

- _____ Research and analysis activities
- _____ Preparing reports and other documents
- _____ Conducting meetings and/or workshops
- _____ Dissemination and advocacy
- _____ Other (please specify) _____

RESEARCH & ANALYSIS ACTIVITIES

5. Check all of the research and analysis activities in which staff of your organization, with support from HHRAA/SARA have been involved:

- ___ Proposing research and analysis topics
- ___ Prioritizing research and analysis topics
- ___ Reviewing analytical agendas
- ___ Reviewing research plans
- ___ Developing research plans
- ___ Conducting research activities
- ___ Participating in consultative groups to develop analytic agendas
- ___ Identifying/recommending other African institutions/agencies to participate in the development or review of research
- ___ Conducting background literature reviews
- ___ Other (please specify) _____

6. Do you feel that the decisions made about research and analysis activities reflect African priorities?

_____ To a large extent _____ Somewhat _____ Very little

7. Please assess the relevance of the research or analytic activities that HHRAA selected to carry out jointly with your institution.

ACTIVITY	RELEVANCE TO YOUR INSTITUTION
_____	Very relevant - 1-- 2-- 3 --4 --5-- Not at all relevant
_____	Very relevant - 1-- 2 --3 --4 --5-- Not at all relevant
_____	Very relevant - 1-- 2-- 3-- 4 --5-- Not at all relevant

8. Please describe how these analytic activities will benefit your program:

DISSEMINATION

9. Indicate all the HHRAA/SARA dissemination activities in which your organization has been involved:

- Reviewing plans to disseminate research findings
- Participating in development of dissemination plans
- Initiating ideas for dissemination
- Planning dissemination or advocacy activities (e.g. workshop, conference, etc)
- Carrying out dissemination activities
- Other (please specify) _____

10. Please describe all dissemination activities carried out by your institution (target audience, purpose of the dissemination, materials disseminated).

Type of Activity	Target Group	Purpose of Activity	Materials distributed

11. Did any of the dissemination activities lead to results or further actions ?
 Yes No

12. If yes, please describe the results.

13. What mechanisms or activities would you suggest HHRAA support in the future to foster more direct African collaboration in the selection and conduct of research and analytic activities and the dissemination and utilization of findings?

14. What support or training would help strengthen your institution's ability to conduct dissemination and advocacy activities?

15. Do you have any additional general observations about the HHRAA Project or support which you would like to share with the Assessment Team?

APPENDIX E

BIOGRAPHICAL INFORMATION ON TEAM MEMBERS

APPENDIX E

BIOGRAPHICAL INFORMATION ON TEAM MEMBERS

ALFRED A. BUCK, TROPICAL AND INFECTIOUS DISEASES

Dr. Buck has more than 40 years experience in international clinical and epidemiologic work and has carried out assignments in more than 40 countries. He is the author of 6 books, numerous textbook chapters, and more than 100 scientific articles. He has served as Resident Scientist, U.S.-Egypt-Israel Regional Center for Epidemiology and Control of Vector-Borne Diseases from 1990-1992, and as Tropical Disease Advisor, Office of Health, Science and Technology Bureau, USAID from 1978-1985. He holds appointments as Adjunct Professor at both The Johns Hopkins University and Tulane University, and is the recipient of numerous professional honors and awards. Dr. Buck received his M.D. as well as a Dr.Med from the University of Hamburg. He also has a Dr.P.H. in Epidemiology from The Johns Hopkins University.

DAYL S. DONALDSON, HEALTH CARE FINANCING

Ms. Donaldson has worked extensively since 1982 as a consultant in health sector financing policy and analysis, health economics, program and project evaluation, and project design. She has worked in more than 30 countries worldwide, including more than a dozen African countries. She has worked for USAID, the World Health Organization, the World Bank, and a number of USAID cooperating agencies. Ms. Donaldson is an Sc.D. Candidate in Economics at Harvard University and has served as a lecturer in Health Sector Reform and Structural Adjustment at both the Harvard School of Public Health and Boston University.

MARTITA M. MARX, CHILD SURVIVAL

Martita Marx, who is currently an independent consultant in international health program planning, management, and evaluation, served until 1993 as Deputy Director of Wellstart, a USAID-funded worldwide project to expand the promotion of breastfeeding. Dr. Marx also served as Chief Technical Officer/Assistant Project Director for PRITECH providing policy and technical expertise on diarrheal disease control to public health programs in 13 countries as well as to USAID's Office of Health. Prior to that, she served as Project Coordinator for a Child Survival project in Quito, Ecuador. Dr. Marx has carried out numerous consultations for USAID and cooperating agencies in health and child survival. Dr. Marx received her Dr.P.H. in Health Services Administration and her M.P.H. from the University of California, Los Angeles.

JEANNE MOULTON, BASIC EDUCATION

Since 1990, Jeanne Moulton has been a consultant in education and has conducted evaluations and participated in project design efforts of basic education, women in development and training projects in almost a dozen African countries. Dr. Moulton has developed several analyses and policy documents in the areas of basic education, education policy formation, and instruction. She served as an Education Specialist for USAID and as a consultant to USAID, UNESCO, and the World Bank. Dr. Moulton also served as Peace Corps Training Program Director in Afghanistan, and as a Peace Corps volunteer in Turkey. Dr. Moulton has an Ed.D. in Education from the University of Massachusetts, an M.S. in Organization Development from the California State University, and an M.A. in English from Stanford University.

W. HAVEN NORTH, DISSEMINATION and FORWARD LOOKING STRATEGIC ISSUES

Haven North has had a distinguished career in international development. Since 1989 he has served as a consultant in evaluation and international development working for the World Bank, USAID, and UNDP. Prior to that, Mr. North was Associate Assistant Administrator and Director, Center for Development Information and Evaluation, USAID. Mr. North created the Center which served as a repository and disseminator of development information, and directed its operations which included a staff of more than 80 professional government and contract employees. Mr. North has also served as Deputy Assistant Administrator, Bureau for Africa and Director of the USAID Mission to Ghana. He is the recipient of numerous awards, including the Presidential Meritorious Service Award. Mr. North has an M.A. in History from Columbia University.

MYRNA SEIDMAN, TEAM LEADER and POPULATION AND FAMILY PLANNING

Ms. Seidman is a senior research manager with extensive experience in the design and conduct of evaluations of health, family planning, and human resource programs—both international and domestic—and has managed worldwide contracts in evaluation and operations research for USAID cooperating agencies. Ms. Seidman has extensive experience in Africa, particularly with operations research, family planning, project design and evaluation, and family planning training programs. Ms. Seidman is the author of numerous manuals, handbooks, and publications, and currently serves as Deputy Director of the Fertility Awareness/Natural Family Planning Division of the Institute for Reproductive Health, Georgetown University. Ms. Seidman has an M.A. in Demography from Brown University and an M.P.H. from the University of Michigan.

HARRY J. PETREQUIN, JR., MANAGEMENT

Harry Petrequin has extensive practical knowledge and operational competency in a broad range of development assistance activities. He was coordinator of USAID's first senior management course and has taught at the National War College. He has administered multinational Missions overseas and directed major offices within USAID and the State Department. Mr. Petrequin served as Deputy Mission Director in Morocco and Acting A.I.D. Affairs Officer in Portugal. He was also U.S. Coordinator, Senegal River Basin Development Authority, and Deputy Director, Regional Economic Development Office for Southeast Asia. Mr. Petrequin has served as a consultant on USAID projects and project evaluations since 1989. Mr. Petrequin has an M.A. from the Fletcher School of Law and Diplomacy, Tufts University, and a Diploma from the National War College.