

Advance Africa Quarterly Report - Second Quarter FY2005

Advance Africa Team (collaboration)

1 October - 31 December 2004

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*Expanding family
planning and
reproductive health
services in Africa*



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Quarterly Report
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I. COUNTRY PROGRAMS

I.A. Implementation Tools for Country Programs

I.A.1. Best Practices / Tools

Accomplishments

During Quarter Two (Q2) the Best Practices Unit continued to engage in discussions regarding the promotion and dissemination of the Best Practices Compendium (Compendium) beyond the life of the project. It also focused on documenting practices from country projects implemented by Advance Africa. On 28 October 2004, the Best Practices Advisory Board Meeting was held. The meeting was held to inform technical experts from the Best Practices Advisory Group and Review Board of the Compendium's progress and to gather recommendations for the Compendium's dissemination.

In keeping with dissemination objectives, Mercedes Torres presented the Best Practices Compendium and Advance Africa's approach to documenting practices at the 11th Annual Reproductive Health Priorities Conference in South Africa from 5-8 October.

Throughout this quarter, the best practices unit continued inputting new practices and updating existing practices into the database.

Constraints

The unit is staffed by one project officer and an intern that identifies, manages the review of, and prepares practices for submission. The Advance Africa technical team reviews the practices and supports the unit. Given the great number of requests for information on best practices, the staff must prioritize requests and activities.

I.B. The Democratic Republic of the Congo (DRC)

Accomplishments

Advance Africa in conjunction with USAID (US Agency for International Development) Washington, USAID DRC, EngenderHealth, JHU-CCP (Johns Hopkins University – Center for Communications Program) and with local support from UNFPA (United Nations Family Planning Association) and the Ministry of Health (MOH) supported the DRC MAQ Exchange: Repositioning Family Planning at the Service Delivery Level held on 6-9 December 2004.

The DRC MAQ Exchange was a national level conference in collaboration with UNFPA, the MOH National Reproductive Health Program, and other cooperating agencies (CAs). The primary target audience of the conference was USAID-sponsored reproductive health projects. The primary goal of the conference was to increase knowledge and awareness in the following topic areas:

- Male involvement in family planning and reproductive health (FP/RH)
- Client-provider interaction
- Barriers to access and quality in FP/RH services

- Contraceptive technology update (centered on the new World Health Organization [WHO] eligibility criteria)
- Leadership, management, and supervision

The DRC MAQ Exchange was adopted as an approach to reposition family planning at the service delivery level.

Advance Africa's Senior Technical Advisor for Clinical Services provided support to the World Bank Team for the finalization of a Programme Appraisal Document (PAD) which was used to provide support for the DRC Health Rehabilitation Project.

As a follow up to the Q1 minilaparotomy training in the Equateur province, the local project coordinator identified networks that should be trained to ensure continuation of community-based efforts in family planning services.

I.C. Angola

Accomplishments

In Q2, the Angola country program expanded to support 17 health centers. Because these centers were close in proximity, it was possible to provide additional supervisory support with minimal additional expense.

Additional services include the training of 38 municipal and health facility managers, provision of family planning services to returning Zambian and Namibian refugees, improvement in working relations, and capacity building of staff.

The implementation of extensive behavior change communications (BCC) and social mobilization activities continued throughout the quarter. Lectures in various public places, theatre performances, BCC seminars, home visits, and the soccer league were among the list of activities.

It has been discussed that the postponed advocacy conference will possibly be held during the 3rd quarter.

I.D. Zimbabwe

Accomplishments

The Zimbabwe country program developed a detailed implementation plan for this quarter and worked closely with partners for its implementation.

I.D.1. Expanded CBD (Community-based Distributor) program

Manuals for CBD training were developed in collaboration with ZNFPC. They are expected to be finalized in the third quarter.

I.D.2. Orphans and Vulnerable Children (OVC) program

Following orientation workshops for trainers in each of the three partner sites, Batsiranai trained 24 caregivers in November 2004. The Diocese of Mutare Community Programme (DOMCCP) also trained 40 caregivers and the Rural Development Organization (RUDO) trained 50 peer educators. Additional training was planned for the beginning of Q3.

RUDO held community mobilization sessions with leaders in two wards and also undertook an exchange visit to DOMCCP. During the visit two resource persons from RUDO assisted in the facilitation of training for caregivers at Rusape. Monitoring of adolescent sexual and reproductive health activities in eleven project schools was also undertaken to assess the extent of implementation.

All OVC partners were orientated on a monitoring database developed specifically for the program.

I.D.3. Mission Hospital Program

The BCC consultant to the Zimbabwe country program made a community mobilization visit at the Gutu Mission Hospital in October 2004. Thirty community leaders and members took part in the brainstorming session, which covered issues of reproductive health and HIV/AIDS.

Howard and Gutu mission hospitals reported on family planning and prevention of mother-to-child transmission (PMTCT) integration activities from October 2004 as follows:

Results – Howard Hospital (October 2004)

Contraceptive type	Family Planning services monthly summary form					
	New Clients			Re-supply clients		
	HIV+	HIV-	HIV?	HIV+	HIV-	HIV?
Orals	4	7	5	14	16	0
Depo	4	0	0	0	2	0
IUD	0	0	0	0	0	0
Implant	8	0	0	0	0	0
Sterilization	0	0	0	2	0	0
Male condoms	10	0	0	8	0	0
Female condoms	6	0	0	0	0	0
Family planning & condoms	26	1	2	11	0	0
Not using family planning	4	1	2	0	0	0
TOTAL	58	8	7	35	18	

Results Gutu Hospital October 2004

Contraceptive type	Family planning services monthly summary form					
	New Clients			Re-supply clients		
	HIV+	HIV-	HIV?	HIV+	HIV-	HIV?
Orals	3	30	9	11	25	2
Depo	4	7	0	0	4	0

IUD	0	0	0	0	0	0
Implant	6	8	0	0	0	0
Sterilization	0	0	0	0	0	0
Male condoms	10	34	0	15	13	3
Female condoms	8	12	0	9	5	0
FP + condoms	16	13	5	22	0	0
Not using FP	1	11	5	0	0	0
TOTAL	47	104	14	57	47	5

The team continued working on a curriculum for the training of health care workers in FP/PMTCT integration. This curriculum will be finalized in Q3.

I.E. Mozambique

Accomplishments

The Mozambique country program closed out administratively on 15 October 2004.

Analysis of the KPC survey data was completed. A draft report that incorporated insights and comments from USAID/Mozambique was written. It was found that knowledge on contraceptive methods is high in Mozambique. Although this is a positive finding, the team is looking for innovative ways of further improving the unmet need.

In Q2, FAWEMO completed a Training of Trainers (TOT) for their life skills education (LSE) program in collaboration with the Ministry of Education and Ministry of Health.

The Optimal Birth Spacing (OBS) study continued as planned. See below for further detail.

II. REPOSITIONING FAMILY PLANNING

II.A. Implementation of Demonstration and Operations Research Project in Selected Countries

II.A.2. Integration of Family Planning and PMTCT Plus Programs (Columbia University PMTCT+ Program)

Accomplishments

A two-day orientation training was organized for a second batch of 26 health care personnel from Chelston clinic and four adjacent feeder clinics in December 2004. It equipped trainees with a basic understanding of integration issues and taught them how to facilitate referrals for all clients. During the same period, initial data from the clinic on integration activities was reviewed. It showed that in October 2004, a total of 81 new clients from the PMTCT clinic were offered family planning methods. Thirty-eight clients who were previously using family planning methods continued its use during the same period (see table below).

Results – Chelston Clinic, Lusaka (October 2004)

Contraceptive type	Family planning services monthly summary form	
	New Clients	Re-supply clients

	HIV+	HIV-	HIV?	HIV+	HIV-	HIV?
Orals	10	7	5	6	4	0
Depo	6	14	0	7	5	0
IUD	4	11	0	0	5	0
Implant	0	0	0	0	0	0
Sterilization	0	0	0	0	0	0
Male condoms	10	5	0	0	0	0
Female condoms	3	12	0	0	0	0
FP + condoms	6	1	2	11	0	0
Not using FP	7	6	2	0	0	0
TOTAL	36	45	7	24	14	

A follow-up visit to Mozambique was undertaken to check on the status of integration activities following the August 2004 TOT. Unfortunately, there had not been any follow-up actions because the planned expansion of PMTCT nationwide had been delayed.

Constraints

The focal point for family planning was indisposed for a greater period of time during this quarter. This held back the planned supervision of trainees.

II.A.3. Optimal Birth Spacing Project in Mozambique

Accomplishments

The OBS study will test the effectiveness of using a five-year calendar and Cyclebeads to communicate OBS messages in Gurue, where the population expressed a preference for natural family planning methods. The Deputy Director, Elvira Beracochea, worked with the District Directorate of Health (DDS) of Gurue and World Vision in Zambezia to prepare the baseline survey, train staff, and plan the implementation of OBS messages. One thousand Cyclebeads and accompanying IEC materials were available for use during the study.

II.A.5. Repositioning Family Planning through Conservation Programs – Advance Africa / Jane Goodall Institute Collaboration

Accomplishments

From 17-24 November 2004, the Senior Technical Advisor for clinical services worked with the Country Director, a local consultant, and staff of the National Reproductive Health Program to prepare for training of the first batch of health workers and *relais communautaires* in the Kasugho area of the Gaueri conservation zone. A total of 32 health care workers were taken through a seven-day training, including two days for practical orientation. Thirty-one *relais communautaires* were trained over a five-day period with practical orientation on the last two days.

The trained *relais communautaires* were all equipped with a basic kit that included contraceptive pills and condoms. Clinics were provided with initial stocks of contraceptives to be replenished by USAID/DRC at least for a period of one year.

Constraints

Occasional outbreaks of insecurity in the eastern DRC prevented regular interaction with the project site.

II.B. Repositioning Family Planning through Advocacy

II.B.1. Regional Advocacy Conference for Repositioning Family Planning

Accomplishments

During Q2, the various subcommittees of the conference organizing committee continued with preparatory work. Specifically, conference objectives were finalized, the agenda was further refined, country team invitations were completed with respective sponsors, speakers were confirmed, the program for the opening ceremony and concurrent sessions was settled, and possible topics and speakers for concurrent sessions were discussed.

The team continued with the finalization of the logistical arrangements. The development of the conference website progressed as scheduled and was near completion by early January 2005.

Constraints

At times, communication with proposed presenters was challenging.

II.B.2. Collaboration with WHO/AFRO

Accomplishments

The project participated in the 3rd WHO/AFRO Reproductive Health Task Force meeting in Harare, Zimbabwe from 4-8 October 2004. The meeting's main objective was to develop strategies for the effective implementation of a road map to improve maternal and newborn health. Advance Africa made a presentation on accomplishments since the 2nd Task Force meeting. These accomplishments included active participation at the review meeting for the drafted road map and active involvement in the development of a framework for repositioning family planning. This framework was subsequently adopted by WHO member states in September 2004.

A key recommendation made at the meeting included the establishment of a fund to mobilize resources for implementation activities.

Advance Africa also participated in the launch of the Training of Trainers (TOT) workshop on "Beyond the Numbers: Making Pregnancy Safer" in Nairobi, Kenya. This was a collaboration between Advance Africa and the Reproductive Health and Research Unit of WHO/AFRO and WHO headquarters. The TOT was held to build the capacity of trainers to understand the causes of maternal deaths and teach practical ways of preventing future maternal deaths.

During Q2, it was decided that Advance Africa would fund the printing of the WHO/AFRO *Repositioning Family Planning within Reproductive Health Services: Framework for Action 2005 – 2014*. Finalization of the production is in process.

II.B.3. Repositioning Family Planning Advisory Group Meeting

Accomplishments

On 12-13 October, Advance Africa held the Repositioning Family Planning in Africa Working Assembly. This meeting offered an opportunity for African experts and the leaders of African regional organizations to share their experiences, achievements, and major constraints in family planning and reproductive health with their colleagues. This exchange of information enabled colleagues to collaboratively identify critical actions to strengthen and bring back family planning as a key health and developmental intervention in the African region. The group clearly defined future directions and the roles of each participant, either organizational or individual, in the implementation of the identified solutions.

Participants came from key organizations that provide FP/RH technical assistance in Africa: the African Reproductive Health Task Force, International Planned Parenthood Federation/African Region, Network of Reproductive Health Training Institutions, Programme de Santé Rurale (SANRU III), USAID, West African Health Organization (WAHO), WHO, WHO/AFRO, and the World Bank. A number of CAs represented very specific technical areas identified as important for repositioning family planning (Advance Africa, CATALYST, DELIVER, FRONTIERS/Pop Council, POLICY Project, Rational Pharmaceutical Management Plus Program [RPM+], Support for Analysis and Research in Africa [SARA] Project, and Youthnet).

III. SUPPORT FUNCTIONS

III.A. Project Dissemination

Accomplishments

The Dissemination Unit continued to produce project documents and materials during Q2. With the Repositioning Family Planning in West Africa conference fastly approaching, much of the unit's time was taken in preparation of materials for the conference. The following are the main accomplishments in Q2:

- **Repositioning Family Planning Working Assembly** – The Dissemination Team worked with technical staff to prepare materials for the working assembly. The conference proceedings document was finalized and disseminated.
- **Repositioning Family Planning in West Africa Conference** – Numerous materials were developed for the conference during this period including:
 - Graphic design for the conference – a logo, binder covers, CD-ROM covers, conference bags, banners, certificates, nametags, etc.
 - The conference website was created to provide information on the conference to all potential participants and others who wanted to follow developments on the conference. The site was finalized to be launched in early January 2005.
 - Materials for participants were drafted such as the welcome packets, agenda, information about Ghana, etc.
- **Best Practices Internal Assessment** – this report was edited and finalized in time for the Best Practices Advisory Meeting on October 28th.
- **Repositioning Family Planning Ribbon Pin Campaign Report**

- **DRC JGI Consultant Report**
- **Advance Africa Newsletters**
- **Results Review Document**
- **Management Review Presentation**

During this quarter the dissemination team also continued to work on finalizing the FY2004 Annual Report and the Senegal country program documentation.

Constraints

Due to the immense demands on the unit in preparations for the Regional Advocacy Conference, other dissemination activities slowed down a bit.

III.B. Monitoring and Evaluation

Accomplishments

During this quarter the Monitoring and Evaluation (M&E) unit continued to update the KIX database with accomplishments based on the DIPs for the quarter. The project also supported the country program in Zimbabwe in developing a monitoring tool for the OVC activities as part of its larger M&E plan.

Results from programs and country activities were processed to be used in the preparation of End of Project (EOP) reports.

ANNEX 1: Summary of Travel for Q2

October – December 2004

Staff and Consultants Travel

Traveler	Purpose of Travel	Destination	Start Date	End Date
Mercedes Torres	To attend the 11 th Reproductive Health Priorities Conference	South Africa	1-Oct-04	8-Oct-04
Kwaku Yeboah	To participate and present a paper at the 3 rd Reproductive Health Task Force Meeting of WHO/AFRO	Harare, Zimbabwe	2-Oct-04	10-Oct-04
Ebinezer Akande Mamadou Dicko Kabba Joiner Doyin Oluwole Baston Sorgho	To attend the Experts Group Meeting on Repositioning Family Planning in Africa	Wash, DC (from Africa)	11-Oct-04	14-Oct-04
Kwaku Yeboah	To brief the new Country Director on the AA/JGI collaboration and assist in preparations for training of CBDs and health care workers	Kinshasa, DRC	22-Oct-04	5-Nov-04
Xoli Mahlalela	To plan and develop timeline for the EOP survey/LQAS	Harare, Zimbabwe	31-Oct-04	13-Nov-04
Elvira Beracochea	To review Advance Africa progress towards meeting project objectives in Zimbabwe and finalize schedule for deliverables	Harare, Zimbabwe	26-Nov-04	5-Dec-04
Kwaku Yeboah	To follow up on the implementation of FP/PMTCT Integration in Chelston Clinic	Lusaka, Zambia	28-Nov-04	5-Dec-04
Angela Gould	To brief private voluntary organizations on accounting and report their expenditures for reimbursement; to prepare Zimbabwe closeout plan, and closeout ZNFPC sub-award	Harare, Zimbabwe	3-Dec-04	18-Dec-04
Issakha Diallo	To attend the DRC MAQ Initiative Conference	DR Congo	3-Dec-04	11-Dec-04
Berengere de Negri	To attend the DRC MAQ Initiative Conference	DR Congo	3-Dec-04	11-Dec-04
Erin Seidner	To attend the DRC MAQ Initiative Conference	DR Congo	3-Dec-04	11-Dec-04
Kwaku Yeboah	To follow up with training conducted few months earlier	Mozambique	5-Dec-04	10-Dec-04
Luc Bernard Val	To edit and review Zimbabwe project video	Wash, DC (from Boston, MA)	13-Dec-04	14-Dec-04