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# THE PREPARATION AND FACILITATION OF THE STRATEGIC PLANNING MEETING FOR THE CREATION OF THE USAID HEALTH NETWORK SUPPORT SYSTEM

Abidjan, Côte d'Ivoire

March 12-21, 1998

Gary Engelberg

Technical Directive 000-WA-02-012/000 WA 02 003
USAID Contract No HRN-C-00-93-00031-00

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## ACRONYMS

| | |
|---|---|
| **ACI** | Africa Consultants International |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **AIDSCAP** | AIDS Control and Prevention |
| **BAD** | Banque Africaine de Developpement |
| **BASICS** | Basic Support for Institutionalizing Child Survival |
| **CAFS** | Center for African Family Studies |
| **CEDPA** | Center for Development and Population Activities |
| **CEFA** | Centre d'Etudes sur la Famille Africaine |
| **CEFFEVA** | Comite d'Etudes sur les Femmes, la Famille et l'Environnement en Afrique |
| **CEFOREP** | Centre de Formation et de Recherche en Sante de la Reproduction |
| **CERCOM** | Centre de Recherche en Communication |
| **CERPOD** | Centre d'Etudes et de Recherche sur la Population pour le Developpement |
| **CESAG** | Centre Africain d'Etudes Superieures en Gestion |
| **CRAN** | Centre Regional Africain pour la Nutrition |
| **CREDAF** | Centre de Recherche pour le Developpement en Afrique |
| **EU** | European Union |
| **GTZ** | Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation) |
| **HIV** | Human Immuno-deficiency Virus |
| **HKI** | Helen Keller International |
| **IDD** | Identification, Documentation, Dissemination |
| **NGO** | Non-Governmental Organization |
| **ORS** | Oral Rehydration Solution |
| **QAP** | Quality Assurance Project |
| **REDSO** | Regional Economic Development Service Organization |
| **SARA** | Support for Analysis and Research in Africa |
| **SFPS** | Sante Familiale/Prevention du SIDA |
| **SRA** | Sante de la Reproduction des Adolescents |
| **STD** | Sexually Transmitted Disease |
| **UN** | United Nations |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **UNDP** | United Nations Development Programme |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations Children's Fund |
| **US** | United States |
| **USAID** | United States Agency for International Development |
| **WCA** | West and Central Africa |
| **WHO** | World Health Organization |

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## I PURPOSE OF VISIT

Consultant Gary Engelberg of ACI traveled to Abidjan from March 12 to 21, 1998, to prepare and facilitate a three-day strategic planning meeting for the creation of a health network support system The consultation followed a preparatory visit from February 25 to 28, during which the consultant helped the support unit team to define the outline of the meeting design The meeting itself was held at the Golf Hotel in Abidjan from March 18 to 20, 1998, and brought together close to 50 participants

The stated objectives of the meeting were to—

- create ties among participating organizations leading to long-term collaboration in the identification, documentation, and dissemination of useful information and promising practices in the areas of reproductive health/family planning, child survival/nutrition, and sexually transmitted diseases/HIV/AIDS
- share experiences of existing networks with participants
- develop a vision, structure, and mechanisms for a support system of African institutions and health networks in West and Central Africa that encourage the sharing of promising practices
- develop a practical three-year action plan that reflects the collective vision of the group
- begin to identify potential partners and to mobilize resources that the system will need to operationalize its action plan

The expected outputs of the meeting were—

- definition of the structure of the support system for networks in West and Central Africa
- a three-year action plan for this system
- preliminary inventory of the needs of the organizations gathered in order to implement the action plan

## II BACKGROUND

In 1997, in order to draw the greatest possible benefit from investments already made in the region and to exploit lessons learned from activities in the area of health, the Regional Economic Development Service Organization for West and Central Africa (REDSO/WCA) in Abidjan and the Africa Bureau of USAID in Washington in 1997 proposed the creation of a regional health

network The network would increase the availability and sharing of information and experiences among USAID Missions, donor organizations, and local NGOs in areas where USAID had been working to improve quality health in West and Central Africa, namely reproductive health/family planning, child survival and nutrition, and STD/HIV/AIDS prevention

The first step in the creation of the network was a needs assessment carried out between November 1997 and January 1998 in six countries in West Africa The purpose of the assessment was to identify technical priorities, effective mechanisms for information sharing between countries, and potential promising practices and lessons learned

The second major step in the setting up of the network was the organization of a strategic planning meeting that brought together African organizations, USAID collaborating agencies, and other development partners to discuss the structure of the support system and to identify priority activities This trip report describes the organization and results of that strategic planning meeting

## III ACTIVITIES

The scope of work for this consultation specified that the services of ACI were required in the person of training consultant Gary Engelberg to travel from Dakar to Abidjan to—

- work with project staff to finalize the design and preparation of the strategic planning meeting for the WCA Health Network Support System, including content, documents, agenda, and methodology
- participate in pre-meeting contacts with key participants or partners, as required
- brief resource people on the design, content, and methodology of the meeting and on their roles and responsibilities
- assist resource people in the preparation of their presentations
- facilitate the 3-day meeting of 40 to 50 participants
- participate in a post-meeting debriefing session
- prepare a BASICS trip report

Activities beginning March 12 included intensive working sessions with Lorraine Lathen and Corinne Oga on March 13-16 to finalize the meeting design and documents, organize logistics, and discuss how to create a favorable environment for the success of the proposed network The

facilitator also assisted Ivorian consultant Dr Youssouf Sawadogo in finalizing his presentation of the results of the needs assessment carried out by the project team in December and January The assessment, which reached approximately 100 institutions and projects in 6 countries, provided information that helped shape the support system concept

With the arrival of Ken Heise and Adama Kone of the BASICS project, and Suzanne Prysor-Jones and Lalla Toure of the SARA project, a meeting was held to review the project design These discussions led to changes in the meeting design, creating the need to produce new support documents on short notice

The first morning of the three-day meeting included opening remarks by William Pearson, regional director of REDSO/WCA, an introduction to the objectives and expected outputs of the meeting presented by Lathen, and a presentation of participants, their organizations, their areas of interest, and the results of the Health Network Support System needs assessment, all presented by Dr Youssouf Sawodogo

The afternoon began with presentations on the experiences of various networks, including REDSO/East and Southern Africa, the Reproductive Health Research Network, the West and Central African Network for AIDS Research, UNAIDS, and CEFFEVA This was followed by an outline of the proposed structure for the network support system by Lathen The day ended with a highly participatory exercise to broadly define the philosophy of the support system to be created To reinforce contacts and communication, the organizers arranged for many members of the group to meet at the "maquis," the "Bache Bleue," for dinner

Day two began with a presentation of the concepts of ***useful information*** and ***promising practices*** The participants then divided into three working groups reproductive health/family planning, child survival/nutrition, and STF/AIDS prevention After an initial session outlining the documentation and dissemination activities of each institution, the groups worked for the entire day identifying useful information and promising practices in their subject areas, choosing and developing priority activities, and identifying lead institutions and partners for each activity Each group posted its list of activities at the end of the second day before attending a cocktail offered by the organizers

Day three began with a plenary meeting to gather reactions to the activities proposed, including clarification and suggestions for improvement The groups then returned to their flip charts and attempted to finalize their ideas and present them in the form of an action plan by theme, specifying the objectives of their documentation exercise and describing how the dissemination of their information or promising practices would fit into advocacy strategies to influence programs and policies

These documents were presented to representatives of UNAIDS, GTZ, BAD, UNICEF, and USAID, some of who remained to discuss the plans with the subject group

The last workshop session was a four point presentation of next steps by Lathen of the support system that included—

- reporting back to institutions on the meeting and confirming interest and commitments made by the institutions
- contacting the various institutions involved in the system to establish a budget
- finalizing an action plan and submitting it to BASICS and USAID for approval
- facilitating negotiations with other donors to mobilize supplementary resources required

The meeting concluded with closing remarks by Dr Abdul Wahab, bureau chief for the REDSO Program office

## IV RESULTS AND CONCLUSIONS

The response to the invitations sent out for the strategic planning meeting was impressive Nearly 50 representatives of health NGOs, projects, collaborating agencies, and donor or lending agencies from 8t African countries and the United States gathered to learn about and discuss the proposed support system and to reflect on its eventual structure, operations, and content Many development partners attended only some sessions of the meeting, leaving a core working group of 30 to 40 participants This was to be expected given the demanding schedules of donor representatives and the holding of an important conference on female genital mutilation in Abidjan at the same time as the strategic planning workshop Nevertheless, in the course of the three-day meeting, seven major donor representatives participated in the strategic planning process (BAD, EU, GTZ, UNDP, UNICEF, UNAIDS, and USAID), and several sent representatives to follow the daily progress of the event, all of which clearly demonstrated their interest in this initiative The only major potential partner not represented was UNFPA

Evaluation forms filled out by participants were almost unanimous in stating that the meeting had fostered a new reflection on the exchange of information at the regional level

Most institutions indicated that the meeting had allowed them to make new contacts, to reinforce old contacts, and for many, to conceive new documentation and dissemination activities

Most felt that the objectives cited had been met, but some participants felt that the objectives had been too ambitious and that, while the meeting had been a good beginning, more work needed to be done on defining the structure of the support system and identifying the needs of participating institutions

Several participants underlined the need for rapid reporting back, implementation, follow up, and the need for broadening collaboration by informing other key partners who had not participated

Some of the problems mentioned by a few participants included insufficient time to fully explore and analyze results, lack of clarity in the instructions for group work, and insufficient participation of Central African institutions A few logistic problems were mentioned, but nothing that had a major effect on the work of the meeting

From the facilitator's point of view, the time between the idea for the organization of this meeting and its implementation was short That so much was accomplished in so short a time is a credit to the enthusiasm, dedication, and hard work of Lorraine Lathen and Corinne Oga of the project team In the facilitator's opinion, it was clear that more preparation time needs to be allowed for meetings as important as this one

All donors again expressed their interest in maintaining contact and discussions with the support system and following up on potential collaboration Reports from the project office since the meeting indicate rich discussions and plans for interesting collaborative efforts with many of the donors who had attended, in particular, UNICEF The objective of involving partners early in the process has clearly led to post-meeting collaboration and to a feeling of ownership of the system among donors

For the participants themselves, the gathering met its objectives of fostering contact, sharing of experiences and knowledge, identifying potential partners, and generally creating a certain level of expectation, even excitement, about the concept of the support system

One of the main positive results of the strategic planning meeting was the contact made between various individuals and their institutions working in health in the region and the increased level of confidence that developed between the support system and its collaborating institutions It will be essential to maintain and enrich contact between the support unit and these institutions

A second major accomplishment of the strategic planning meeting was the gathering of key information during the meeting, which served as the foundation for the development of a three-year action plan for the Health Network Support System, but more importantly, the development of a shared vision among the African institutions and the HNSS for action over the next three years

Follow up with individual groups on ideas expressed and commitments made during the meeting began immediately in order to define responsibilities and support for initial activities and to continue to identify the support needs of various institutions and networks

It is safe to say, then, that the objectives of the meeting were largely met and the conditions created for longer term collaboration

## V RECOMMENDATIONS

Among the themes and activities suggested during the strategic planning meeting, the following seem to be most appropriate for priority development

### A Short-term Activities

It will be important to identify and implement several short-term activities to begin demonstrating the credibility and usefulness of the support system as quickly as possible This will help to capitalize on the increased confidence and good feelings produced by the strategic planning meeting Following are several ideas of possible short-term activities

- A letter from the system director to each person/organization that attended the meeting, thanking them for their participation and advising them of any things that will be happening in the near future that might be of interest to them

- A complete report of the workshop, including—

  1 presentation of the concept of the support system its goals and its structure, including some of the concerns mentioned by participants, its philosophy as defined by us and the participants, and the potential advantages of the system to African institutions and networks and to development partners, and for improvements in health policies and programs

  2 definition of the concepts of promising practices and useful information

  3 description of the process of IDD, including the generic outline of the process produced by the reproductive health group (on flip chart), the variety of dissemination techniques possible, the various types of products that can be expected, the idea of integrating the information into strategic advocacy activities in collaboration with partners in order to use useful information to influence polices and programs, and finally, the various types of assistance the support system might be able to provide or leverage

  4 list of the main themes and promising practices chosen and developed by each of the three working groups (with the initial brainstorming lists of promising practices in the annex), and perhaps list the groups that expressed interest in working on these themes or that were identified as key partners to be co-opted (For example, UNICEF was mentioned as a partner in emergency obstetric care )

  5 description of donor participation in the meeting (UNICEF, UNAIDS, BAD, GTZ, etc ), the open collaborative atmosphere created, and the need for follow up with them in the form of ongoing consultation and information sharing

6 if possible, an outline of your plans based on the strategic planning meeting and subsequent discussions, including short-term activities (i e , consultants skills development workshop, the brochure on initial ideas on promising practices), as well as the initial themes you will be helping groups to tackle first, hopefully some from each of the three working groups

- A periodic one or two page newsletter to keep those who attended the strategic planning meeting and other potential partners appraised of the objectives, structure, functioning, development, and activities of the support system

- A short, attractive brochure of potential promising practices and useful information identified through the needs assessment evaluation and during the strategic planning meeting that could serve as a thought piece to encourage reflection, feedback, and the identification of additional potential promising practices

- Publication and distribution of the document already available from Niger on experience in quality assurance This could be a first step in a more extensive series of activities on the same experience (see below)

- Development and publication of the generic guidelines for the process of identifying, documenting, and disseminating the useful information and promising practices produced by the reproductive health group

- An inventory of individuals and institutions in Africa that can assist with the writing, layout, and publishing of documents to be produced (for example CERCOM, ACI, CREDAF, and Sie Some, who did the layout for *Jeunes en Danger* when he was with CERPOD, Chadien journalist Edmond Bagde who did the AIDS supplements for the AIDSCAP projet with Sud Communication in Senegal, and many others)

**B Longer Term Themes and Activities**

- **Quality Assurance** publishing the Niger methodology into simple, understandable form, capturing the empowerment that took place at the health center level (self assessment, analysis of the situation, reflecting on what can be done to improve), combining the WHO checklist approach to quality control with the more humanistic, problem-solving approach used in Niger, helping to disseminate this information through regional workshops, the development of a possible short course on quality assurance at a regional institution such as CESAG, organizing study tours, using Niger as a training and study tour site, and involving resource people such as Dr Bocar Mayina, head of the QAP, in these processes

  The support system could also sponsor sending selected representatives of West African projects and institutions to the quality assurance closure meeting in East Africa The

system could translate, publish, and disseminate any useful information that may emerge from that meeting

- **Vitamin A distribution** help raise awareness among middle-level health personnel of the benefit of vitamin A in order to encourage the integration of vitamin A distribution in national vaccination days, community-based distribution, and ordinary health care for women and children Contact Mutombo wa Mutombo and Serigne Diene of BASICS to develop dissemination of the vitamin A and iodine distribution experiences in Congo, Niger, Benin, and other countries, working with UNICEF, BASICS/Senegal, CRAN, and HKI The vitamin A work could include the translation and adaptation of information currently available on the subject in English from East Africa, and the publication of a synthesis of research findings and conclusions on the subject, with large distribution to health districts in each country

- **Emergency obstetric care** work with SARA on the development of the emergency obstetric care theme, beginning with the CEFOREP meeting scheduled for May 18-20 in Dakar

- **Approaches to adolescent reproductive health** support the development of strategies for gathering, analyzing, and disseminating information on SRA youth centers in several countries working with CAFS-CEDPA and SFPS Present a number of approaches For example, Claudia Vondrasek made the point that we should not ignore experiences such as that of Côte d'Ivoire, where such services are integrated into regular reproductive health structures without major problems, which, while not currently in vogue, may eventually present a more sustainable model

- **CARE household security surveys** help support CARE in their dissemination of information on their household security participatory assessment process

- **Social marketing** document and disseminate information on successes in social marketing in collaboration with SFPS, including the migrants project Explore examples of social marketing of other health products, such as ORS, in addition to condoms

- **Traditional modes of communication** support the development of a strategy to document and disseminate information on the use of traditional modes of communication in health programs, including, but not limited to, the Africare project in Dori

- **HIV testing and counselling approaches in the region** document successful experiences in HIV testing and counselling strategies in the region and propose guidelines for creating such programs

- **UNDP's HIV and development model** document the use and effectiveness of this approach to awareness raising and planning at various levels government and decision

makers, opinion leaders, military, NGOs, UN agency employees, etc Draw conclusions and disseminate information on the "active principles" of this model, and derive recommendations and guidelines for effective awareness raising and planning training

- **Consultant skills workshops** develop a consulting skills conference to be offered for West and Central Africa around a theme to be decided and based on a model to be experimented by the East African support network Two organizations that have expressed the need to identify skilled African health consultants were UNICEF in the area of child survival/nutrition and SFPS in the areas of reproductive health, family planning STDs, and HIV/AIDS Explore possible collaboration with CEFA/Togo and CESAG in developing, offering, and institutionalizing these courses

- **Design and reinforcement of the support system** gather information on the proposed redesign of the East African network, analyze the findings for lessons learned that might be relevant to the West African support system, and disseminate

# APPENDIXES

# APPENDIX A

# GOAL, OBJECTIVES, AND OUTPUTS OF THE MEETING

**SYSTEME D'APPUI AUX RESEAUX DE SANTE**
**EN AFRIQUE OCCIDENTALE ET CENTRALE**

## BUTS DU SYSTEME D'APPUI

- Renforcer la capacite des institutions africaines a identifier, documenter et disseminer des pratiques prometteuses
- Ameliorer l'acces a l'information sur les pratiques prometteuses et permettre ainsi d'enrichir les programmes de sante, population et nutrition en cours d'execution dans la region
- Ameliorer l'acces et l'utilisation des services de Planification Familiale, Sante Maternelle et Infantile et Prevention du VIH/SIDA en Afrique Occidentale et Centrale
- Accroître la collaboration entre les partenaires au developpement

## OBJECTIFS DE LA REUNION

- Creer des liens entre les organisations prenant part a la reunion afin de favoriser une collaboration a long terme en vue de l'identification, la documentation et la dissemination de pratiques prometteuses en matiere de PF, prevention des MST/SIDA et survie de l'enfant
- Partager avec les participants les enseignements tires des experiences des reseaux existants
- Elaborer une vision et concevoir une structure et des mecanismes pour un Systeme d'Appui aux Reseaux de Sante pour l'Afrique Occidentale et Centrale qui encourage le partage de pratiques prometteuses
- Developper un plan d'action pratique de trois ans qui reflete une vision collective
- Commencer a identifier des partenaires potentiels et mobiliser les ressources dont le systeme aura besoin pour lancer son plan d'action

## PRODUITS ATTENDUS DE LA REUNION

- Definition de la structure du Systeme d'Appui aux Reseaux de Sante en Afrique Occidentale et Centrale
- Plan d'action de trois ans pour ce systeme
- Inventaire preliminaire des besoins des organisations regroupees au sein du systeme en vue de la mise en oeuvre du plan d'action

# APPENDIX B

# AGENDA

**REUNION DE PLANIFICATION STRATEGIQUE SUR UN SYSTEME D'APPUI AUX RESEAUX DE SANTE EN AFRIQUE OCCIDENTALE ET CENTRALE**

**du 18 au 20 Mars 1998 au Golf Hotel d'Abidjan en Côte d'Ivoire**

**PROGRAMME**

**MERCREDI 18/03/98**

**Session I DEVELOPPER DES RESEAUX POUR LE 21eme SIECLE**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 9 00 - 9 10 | Allocution de bienvenue | M William J Pearson<br>Directeur Regional<br>REDSO/WCA |
| 9 10 - 9 40 | Introduction Objectifs de la Reunion de Planification Strategique et resultats escomptes<br><br>Renseignements relatifs a la logistique<br><br>Presentation du deroulement de la reunion | Mme Lorraine Lathen, Directrice de l'Equipe d'Appui aux Reseaux de Sante en Afrique Occidentale et Centrale<br>Mme Christine Kouadio |
| 9 40 - 11 00 | Presentation des participants selon leur(s) domaine(s) d'interêt(s) | Facilitateurs<br>- Gary Engelberg<br>- Ken Heise<br>- Adama Kone<br>- Suzanne Prysor- Jones<br>- Lalla Toure |
| 11 00 - 11 20 | Pause | |
| 11 20 - 12 30 | Resultats de l'evaluation des besoins effectuee par le Systeme d'Appui aux Reseaux de Sante en Afrique Occidentale et Centrale | Dr Youssouf Sawadogo<br>Consultant |
| 12 30-14 00 | Dejeuner | |

**MERCREDI 18/03/98**

**Session II ELABORER UNE VISION**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 14 00 - 15 15 | Enseignements tires de diverses experiences de reseaux<br>* Bur Reg USAID, Afrique Sud/Est<br>* Reseau de Recherches en Sante de la Reproduction en Afrique<br>* Reseau Africain de Recherches sur le SIDA<br>* ONUSIDA Interpays<br>* Comite d'Etudes sur la Femme, la Famille et l'Environ en Afrique | - M Ken Heise, Directeur des Programmes Afrique, BASICS<br>- Dr Blami Dao, Secretaire Regional, RESAR<br>- M Aboudlaye Hane, Assistant de Programme, RARS<br>- Dr Grunitsky-Bekele, Chef d'Equipe, ONUSIDA, Interpays<br>- Mme Christine Zoe Nare, Presidente, CEFFEVA |
| 15 15 - 16 00 | Seance pleniere Presentation d'une structure pour l'identification, la documentation et la dissemination de pratiques prometteuses et d'informations utiles aux politiques et programmes de sante | Mme Lorraine Lathen<br>Dr Youssouf Sawadogo |
| 16 00 -16 20 | Pause | |
| 16 20 - 17 15 | Avantages potentiels et philosophie d'un Systeme d'Appui aux Reseaux de Sante | Facilitateur<br>Gary Engelberg |
| 17 15-17 30 | Recapitulatif et prochaines etapes | |
| 20 15 | Depart pour le dîner (facultatif) au maquis " La Bache Bleue - chez Julie" | |

**JEUDI 19/03/98**

**Session III MISE EN PLACE D'UNE STRUCTURE POUR LE SYSTEME D'APPUI AUX RESEAUX DE SANTE EN AFRIQUE OCCIDENTALE ET CENTRALE**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 9 00 - 9 30 | Presentation des concepts de "pratiques prometteuses" et d'"nformations utiles" | Gary Engelberg |
| 9 30 - 11 00 | Echanges d'informations sur les experiences de chaque organisation (travail de groupe par centre d'interet) | Les facilitateurs |
| 11 00 - 11 20 | Pause | |
| 11 20 - 12 30 | Identification de pratiques prometteuses et d'informations utiles (travail de groupe par centre d'interet) | Les facilitateurs |
| 12 30 - 14 00 | Dejeuner | |

**JEUDI 19/03/98 (Suite)**

**Session IV CONCRETISER LA VISION**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 14 00 - 16 00 | Identification d'activites prioritaires (travail de groupes par centres d'interêts) | Les facilitateurs |
| 16 00 -16 20 | Pause | |
| 16 20 -17 30 | Developpement des activites a mener les facilitateurs (suite)(travail de groupe par centre d'interet) Affichage des descriptions d'activites (par groupe) | Les facilitateurs |
| 18 30 | Cocktail au Golf Hotel | |

**VENDREDI 20/03/98**

**Session V CONCRETISER LA VISION (suite)**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 9 00 - 10 30 | Reactions aux activites proposees (en pleniere) | Le facilitateur |
| 10 30-10 50 | Pause | |
| 10 50-12 30 | Mise en forme des Plans d'Action (travail de groupe par centre d'interet) | Les facilitateurs |
| 12 30 - 14 00 | Dejeuner | |

**Session VI MOBILISER DES RESSOURCES**

| HORAIRES | ACTIVITES | PRESENTATEUR |
|---|---|---|
| 14 00 - 15 00 | Preparation des tableaux de presentation des plans d'Action (travail de groupe par centre d'interet) | Les facilitateurs |
| 15 00 - 16 30 | Presentation des plans d'action en presence des partenaires au developpement - Discussions | Les rapporteurs des groupes |
| 16 30 - 16 45 | Pause | |
| 16 45 - 17 30 | Reactions des partenaires au developpement vis-a-vis des plans d'actions | Le facilitateur |
| 17 30 - 17 45 | Clôture | Dr Souleymane Barry, Directeur du Projet Sante Familiale & Prevention du SIDA |

# APPENDIX C

# LIST OF INVITEES

**REUNION DE PLANIFICATION STRATEGIQUE SUR UN SYSTEME D'APPUI AUX RESEAUX DE SANTE EN AFRIQUE OCCIDENTALE ET CENTRALE**

**LISTE DES INVITES**

| Nom | Titre | Organisations | Pays |
|---|---|---|---|
| AGNESS-SOUMAHORO Justine | Presidente | ESPOIR-CI/CIPS | Côte d'Ivoire |
| BA Bineta | Conseiller en Finance de la sante | BAD | Côte d'Ivoire |
| BAKER Shawn | Representant Resident pour l'Afrique | H K I | Niger |
| BARRY Souleymane | Directeur du Projet Sante Familiale & Prevention du SIDA (SFPS) | USAID | Côte d'Ivoire |
| BAZILE-FINLEY Jocelyne | Representant | PNUD | Côte d'Ivoire |
| CODJIA Laurence | Representante de Partnerships for Health Reform, (PHR) Abt Associates, Inc | CESAG | Senegal |
| DAMIBA Alain | Chef de l'Equipe de Gestion Unifiee | SFPS | Côte d'Ivoire |
| DAO Blami | Secretaire General | RESAR | Burkina |
| DE ANDRADE DIAWARA Lucette | Representant | UNESCO | Côte d'Ivoire |
| DE MEDEIROS Narcisse | Responsable Programmes Sante de la Reproduction | CESAG | Senegal |
| DEVINE Jacqueline | Directeur, Programme Marketing Social | SFPS | Côte d'Ivoire |
| DOLBEC | Directrice | Bur Cooperation Canadienne | Côte d'Ivoire |
| DOLO Moussa | Documentaliste | CERPOD | Mali |
| EL ABASSI Abdel W | Conseiller Reg , Sante | UNICEF | Côte d'Ivoire |
| GAYE Pape | Directeur Regional | INTRAH/PRIME | Togo |
| GRUNITSKY-BEKELE Meskerem | Chef d'Equipe | ONUSIDA | Côte d'Ivoire |

| Nom | Titre | Organisations | Pays |
|---|---|---|---|
| HANE Abdoulaye | Assistant de Programme | Reseau Africain de Recherche sur le SIDA | Senegal |
| HAWKINS REED Karen | Conseillere Technique, Survie de l'Enfant | USAID | Mali |
| HEISE Ken | Directeur des Programmes Afrique | BASICS | USA |
| Ibrahima BOB | Coordonnateur, Systeme de Documentation | ACI | Senegal |
| ILOMUDIO Henrietta | Spec Gestion de Projets | USAID | Côte d'Ivoire |
| IMPERIALE Brigitte | Chargee des Operations Ressources Humaines | Banque Mondiale | Côte d'Ivoire |
| KAGONE Meba | Directeur, Services Cliniques/Formation | SFPS | Côte d'Ivoire |
| KIFLE Henock | Directeur, Institut de Develpmt Africain | BAD | Côte d'Ivoire |
| KOITA Nouhoum | Conseil Reg VIH/SIDA Projet Sante Familiale & Prevention du SIDA (SFPS) | USAID | Côte d'Ivoire |
| KONE Adama | Directeur Regional | BASICS | Senegal |
| KOUAKOU Lucien | Directeur, Division DBC, et Cliniques PF | AIBEF | Côte d'Ivoire |
| LABORDERIE Bernard | Conseiller charge des Projets de Sante | Union Europeenne | Côte d'Ivoire |
| LADHA Sophia | Directrice, Reseau de Sante, REDSO/ESA | REDSO/ESA | Kenya |
| LO Aissatou | Coordinatrice de Programmes de Sante | AFRICARE | Mali |
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| Nom | Titre | Organisations | Pays |
|---|---|---|---|
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# APPENDIX D

# LIST OF ATTENDEES

**REUNION DE PLANIFICATION STRATEGIQUE SUR UN SYSTEME D'APPUI AUX RESEAUX DE SANTE**

**EN AFRIQUE OCCIDENTALE ET CENTRALE**

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# APPENDIX E

## INSTITUTIONAL PROFILE SHEET USED TO PREPARE PRESENTATIONS OF INSTITUTIONS AND CREATION OF INTEREST GROUPS

**Profil de l'institution ou projet que vous representez**
**Séance de présentations**

**Prenom, Nom**

**Nom de l'Institution**

**1 Parmi les trois domaines suivants, veuillez encercler celui que vous jugez prioritaire, ou du moins, tres important pour votre institution**

| | | |
|---|---|---|
| Sante de la Reproduction/ Planification Familiale | Prevention MST/SIDA | Survie de l'Enfant/ Nutrition |

**2 Encercler aussi les autres domaines de la sante dans lesquels votre institution intervient**

| | | | |
|---|---|---|---|
| Sante de la reproduction | Sante de la reproduction des adolescents | Prevention des MST | Diagnostic et traitement des MST |
| Prevention du SIDA | Planification familiale | Soins maternels et infantiles | Survie de l'Enfant |
| Prise en charge des personnes vivant avec le VIH | Prise en charge integree des maladies infantiles | Assainissement | Nutrititon |

**autres (specifier)**

**3 Encercler les principaux types d'activites de votre institution**

| | | | |
|---|---|---|---|
| IEC | Sensibilisation | Education pour la sante | Production d'outils IEC |
| Plaidoyer | Formation | Recherche | Documentation |
| Formulation de politiques nationales de sante | Prestation de services de sante | Dissemination des resultats de recherches | Marketing social |

| | | | |
|---|---|---|---|
| Gestion de la sante (management) | Reforme de la sante/recouvrement de coûts | Developpement de systemes d'information pour la gestion | Amelioration de la qualite de services de sante |
| Financement des activites de sante | Developpement integre | Sante communautaire | "Networking" ('reseautage') |

autres (specifier) t s v p

4 Encercler le ou les termes qui decrivent votre institution

| | | |
|---|---|---|
| ONG | | africaine |
| | nationale | americaine |
| | regionale | canadienne |
| | globale | europeenne |

| | |
|---|---|
| Bailleurs de fonds | bilaterale |
| Banque de Developpement | multilaterale |

| |
|---|
| Service d'un Ministere de Sante Africain |

| | |
|---|---|
| Centre de recherche | national |
| Centre de documentation | regional |

| | |
|---|---|
| Organisation partenaire de l'USAID ( liee par contrat pour realiser des activites) | africaine |
| | americaine |
| | canadienne |
| | europeenne |

| | | |
|---|---|---|
| Projet de sante | | africain |
| | national | americain |
| | regional | canadien |
| | global | europeen |

| | |
|---|---|
| Agence de communication | nationale |
| | regionale |

| | |
|---|---|
| Centre de formation | national |
| | regional |

| | |
|---|---|
| Centre de production d'outils (IEC) | national |
| | regional |

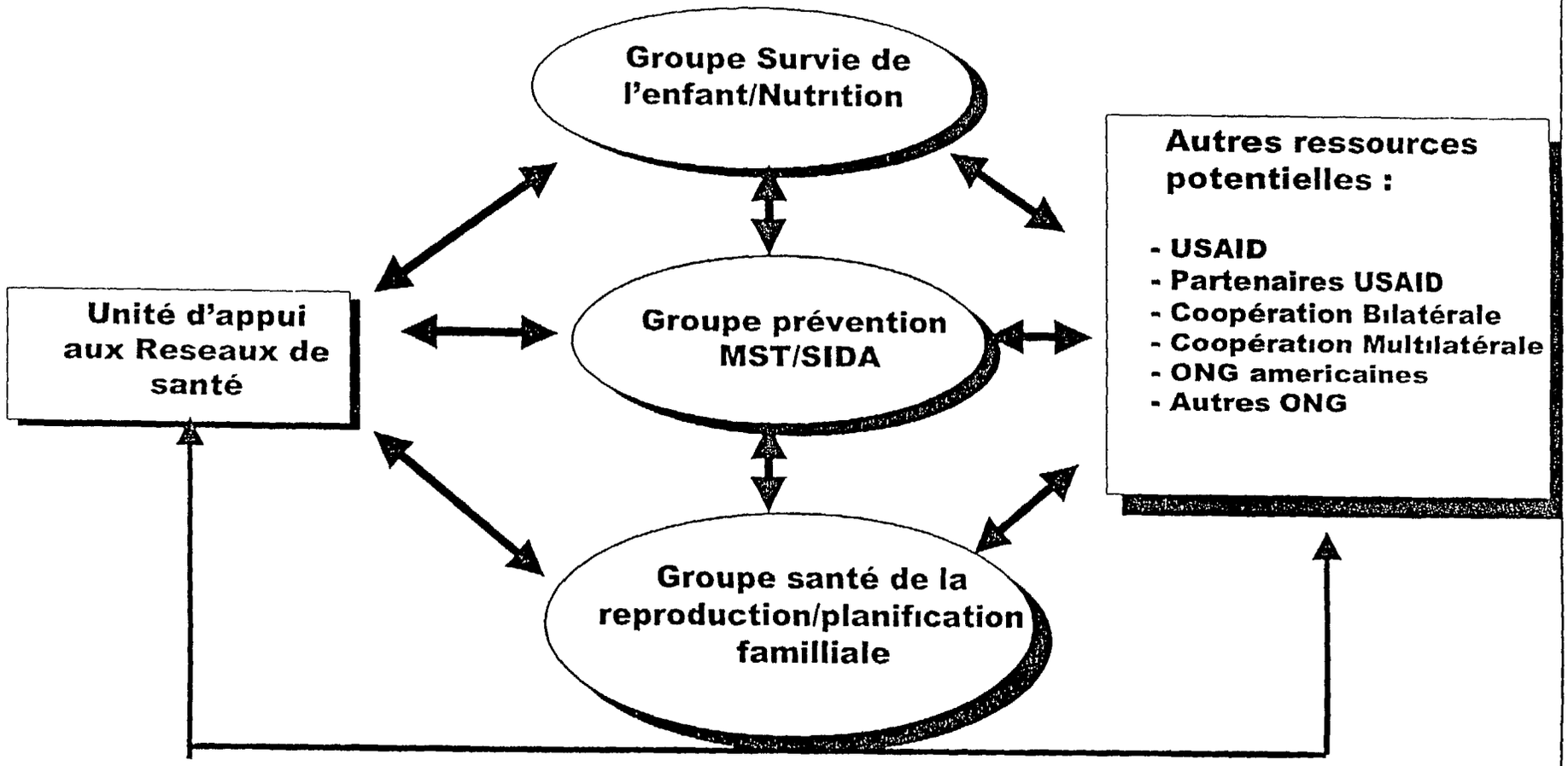
| Autre (specifier) |
| --- |
| |

# APPENDIX F

# OVERVIEW OF THE SUPPORT SYSTEM

# Système d 'Appui aux Réseaux de Santé en Afrique Occidentale et Centrale

## Institutions et réseaux Africains et leurs perténaires :




(Concertation)

(French)

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# APPENDIX G

# CRITERIA FOR PROMISING PRACTICES

## EBAUCHE DE REFLEXION SUR LA QUESTION DE L'IDENTIFICATION D'UNE PRATIQUE PROMETTEUSE

Il n'est pas facile de determiner d'emblee les criteres d'identification d'une pratique prometteuse Nous nous sommes d'ailleurs confrontes a ce probleme au cours de notre mission d'evaluation et en avons conclu que le choix de criteres permettant l'identification de pratiques prometteuses est un exercice fonde sur une reflexion permanente

Les criteres evoques dans le present document sont le fruit d'une ebauche de reflexion sur le sujet Nous vous invitons a explorer cette piste, a affiner/approfondir la reflexion amorcee afin d'aboutir a une definition satisfaisante/pertinente des pratiques prometteuses

**Une pratique prometteuse est une approche ou une activite**

- Aboutissant a **des resultats positifs mesurables et ayant un impact significatif sur l'amelioration de l'etat de sante de la population** Ces resultats sont mesures a l'aide d'un systeme d'evaluation dote d'indicateurs qui montrent que les objectifs fixes ont ete atteints (Cette evaluation peut prendre place a mi-parcours et a la fin de l'activite)

- **Institutionnalisee**, c'est-a-dire, une approche adoptee ou une activite menee sur une periode suffisante pour determiner si elle peut être consideree comme un modele qui merite d'être replique

- **Abordable d'un point de vue financier** Cette approche ou activite ne necessite pas de moyens financiers extraordinaires Elle est a la portee de la plupart des organisations et/ou gouvernements

- **Facilement adaptable** L'approche ou l'activite consideree peut être facilement reproduite, adaptee et perennisee quel que soit le contexte Toute organisation peut se lancer dans cette activite ou adopter cette approche sans modifier son mandat/sa mission ni compromettre ses objectifs L'approche ou l'activite en question n'absorbe pas une part excessive des moyens de l'organisation l'obligeant, de ce fait, a remanier son programme

# APPENDIX H

# EXAMPLES OF POTENTIAL PROMISING PRACTICES AND USEFUL INFORMATION

## PRATIQUES PROMETTEUSES POTENTIELLES IDENTIFIEES PENDANT L'EVALUATION EFFECTUEE PAR L'EQUIPE DU SYSTEME D'APPUI AUX RESEAUX DE SANTE

Au cours de notre evaluation des besoins, nous avons identifie un certain nombre de pratiques prometteuses potentielles Veuillez trouver ci-dessous une liste preliminaire qui decrit brievement certaines de ces experiences Nous vous les presentons a titre d'illustration du type d'initiatives susceptibles d'être examinees en profondeur, puis documentees et disseminees dans d'autres pays a travers le systeme d'appui aux reseaux de sante en Afrique Occidentale et Centrale

**ACTIVITE** Utilisation du theâtre, de chansons, de danses et de moyens de communication traditionnels (ex griots) pour eduquer et sensibiliser le public aux questions sociales et disseminer des messages sur la sante,

**PAYS** Burkina Faso, Mali, Senegal, Niger

**ORGANISATION(s)** Theâtre Burkinabe, Africare

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**ACTIVITE** Integre des composantes de SMI et met un accent particulier sur l'appropriation/la prise en main par les femmes des questions de sante et la participation communautaire

***Vaccination des enfants***

* Des pagnes sont offerts aux meres pour les recompenser d'avoir reussi a fournir une couverture vaccinale complete a leur(s) enfant(s) Les bebes enveloppes dans ces pagnes sur lesquels sont imprimes des messages sur la sante servent egalement de supports aux messages en faveur de la vaccination des enfants

* Renforcement des capacites des cliniques a fournir des services de qualite (accueil amical, temps d'attente reduit, produits disponibles)

***Suivi de l'alimentation et de la croissance***

* Strategie de rehabilitation de la nutrition-- des equipes sanitaires a base villageoise, composees de femmes et d'hommes, prodiguent des conseils aux peres et aux meres, donnent des cours de cuisine, organisent des visites a domicile et utilisent a titre d'educatrices paires des meres convaincues de l'importance du suivi de l'alimentation et de la croissance chez les enfants

***Contrôle des Maladies Diarrehiques et Sels de Rehydratation Orale***

Approche educative multimedia-- Des videos sont presentees dans les villages afin d'eduquer la communaute (Le Voisin Sale, La Bonne Solution), developper et promouvoir la gestion communautaire de la purification des eaux de puits, la constitution d'equipes de sante villageoises, et l'utilisation de meres convaincues de l'importance du suivi de l'alimentation et de la croissance chez les enfants en vue de la dissemination de messages sur les maladies diarrehiques et la rehydratation orale

***SMI***

* Campagne de communication ayant pour "cible" les maris et permettant aux femmes de les informer de leurs grossesses a travers un language code, non verbal, fonde sur l'utilisation de petits

pagnes verts (tissus traditionnels) dont la signification est transmise par le chant des griots (chanteurs traditionnels) et entendus par les hommes
*Formations et recyclage a l'intention des sage-femmes traditionnelles, avec fourniture d'equipement, promotion en vue d'une reconnaissance publique et surveilllance reguliere sur place
*Recherche operationnelle sur la "communication a l'interieur du couple" aboutissant a la production de videos sur les conversations familiales relatives aux grossesses qui sont presentees dans les villages

**PAYS Mali**

**ORGANISATION(S) Africare**

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**ACTIVITE** Utilisation de la radiodiffusion pour accroître les connaissances du public en matiere de planification familiale et VIH/SIDA en Afrique

*Ateliers de production televisuelle afin d'ameliorer les competences en matiere de production, ameliorer la qualite des scripts TV qui traitent de themes relatifs a la sante et a la planification familiale, presenter le principe des tests de depistages et l'usage de techniques d'evaluation appropriees afin de mesurer l'efficacite et l'impact des messages televisuels sur la sante

*Utilisation de bulletins d'information en Français fournissant des articles prêts a être radiodiffuses par les presentateurs radio et TV dans la region dans le cadre de programmes educatifs

*Mini-allocations en vue de la production de programmes radio et TV traitant de questions relatives a la planification familiale

**PAYS** Burkina Faso, Cameroun, Ghana, Senegal, Nigeria, Kenya, Ouganda et Zimbabwe

**ORGANISATIONS** Union de Radiodiffusions Televisions Nationales d'Afrique (URTNA)

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**ACTIVITE** Atelier de Renforcement des Capacites des Consultants organise afin d'ameliorer les competences et l'aptitude des consultants a vendre leurs services Cet atelier fournit des informations et une formation pratiques dans les domaines suivants a) negociation des termes de references et tarif journalier, b) apprendre a faire sa propre promotion, a vendre ses services, c) techniques permettant de fournir des rapports divers et autres produits et d) passage en revue de la terminologie et des acronymes communement utilises dans le milieu du developpement

**PAYS** Kenya, et d'autres pays en Afrique orientale

**ORGANISATIONS** Reseau de Sante de REDSO/Afrique orientale et australe

**ACTIVITE** Fournir des conseils et des services de sante reproductive cibles afin de satisfaire les besoins specifiques des adolescents a travers la mise en place de centres de jeunesse offrant les avantages suivants a) horaires adaptes, (apres l'ecole et en fin de semaine), b) personnel jeune, c) discretion, d) accueil amical et respectueux, e) occasion pour les jeunes filles enceintes de continuer leur scolarite sur place, et f) loisirs (natation, basketball, musique, videos, etc )

**PAYS** Burkina Faso, Togo, Mali, Senegal

**ORGANISATION(s)** Association Burkinabe pour le Bien-Etre Familial (ABBEF), Projet Promotion des Jeunes (Senegal), Association Malienne pour la Protection et la Promotion de la Famille (AMPPF), Association Togolaise pour le Bien-Etre Familial (ATBEF), FNUAP, Centre d'Etudes de la Famille Africaine (CEFA) et les Ministeres de la Sante

---

**ACTIVITE** Approche communautaire pour prises de decisions qui implique le Ministere de la Sante au niveau des districts Cette approche repose sur des reunions permettant d'identifier les problemes de sante existants et y trouver une solution collective et concertee Elle met egalement l'accent sur l'importance des agents de sante communautaire et reconnait publiquement leurs efforts afin qu'ils restent motives et fideles a leur engagement tout au long du processus

**PAYS** Burkina Faso, Senegal, Mali, Niger

**ORGANISATION(s)** World Vision, Plan International, GTZ

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**ACTIVITE** Approche multimedia destinee a resoudre les questions de survie de l'enfant Cette approche utilise le theâtre, la radio, la video pour promouvoir des messages de sante et consiste a coordonner, avec les bailleurs de fonds et les officiels du Ministere de la Sante, la diffusion de messages radio au moyen d'une programmation participative et d'un processus de revision du contenu des programmes Ce processus a reussi a promouvoir et renforcer les messages sur la sante finances par divers bailleurs de fonds dans la region

**PAYS** Mali

**ORGANISATION(s)** UNICEF

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**ACTIVITE** Creation de formations sanitaires a base communautaire dans les quartiers precaires Les residents s'organisent en associations pour gerer les formations sanitaires Les residents qui adherent a l'association beneficient de tarifs preferentiels Ce systeme requiere l'existence, dans le quartier, d'une pharmacie disposant de medicaments generiques

**PAYS** Côte d'Ivoire

**ORGANISATION(s)** FAC

**ACTIVITE** Formation de conseillers en pre et post-tests de depistage VIH/SIDA, conception de materiel IEC destine a sensibiliser le public aux questions relatives a la prevention du VIH/SIDA et aux besoins specifiques des personnes vivant avec le VIH/SIDA Methodes efficaces et creatifs permettant d'instaurer des sites de depistage anonymes du VIH et fournir des services de proximite

**PAYS** Côte d'Ivoire

**ORGANISATION(s)** Espoir-CI/CIPS

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**ACTIVITE** Reforme et financement du systeme des soins de la sante permettant d'ameliorer la disponibilite en medicaments generiques, de reduire les coûts en matiere de sante publique et

encourager leur partage de ces coûts, ameliorer la qualite des services au niveau des cliniques communautaires, medecins prives et hôpitaux

**PAYS** Niger, Côte d'Ivoire, Mali

**ORGANISATION(s)** FAC, GTZ

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**ACTIVITE** Ameliorer la prise en charge de l'enfant malade dans un environnement d'assurance de qualite Cette experience decrit la mise en oeuvre combinee des standards d'assurance de qualite et de prise en charge dans le domaine de la survie de l'enfant Elle decrit aussi les outils et methodologies (ex resolution des problemes) utilises pour ameliorer la performance des agents de sante dans leur pratique quotidienne Elle montre egalement la collaboration entre 2 agences de cooperation dans la mise en oeuvre de programmes

**PAYS** Niger

**ORGANISATION(s)** Assurance Qualite/BASICS

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**ACTIVITE** Assurer une formation et fournir des documents aux organisations desireuses d'integrer des questions de genre dans des projets de developpement et considerant le rôle joue par les femmes dans la societe A travers ses Systemes de Formation en vue de l'Appropriation par la Famille et les Communautes, Save the Children fournit une formation aux ONG locales et aux ONG americaines

**PAYS** Mali, Burkina Faso

**ORGANISATION(s)** Save the Children

**ACTIVITE** Des ateliers de programmes regionaux de radiodiffusion qui utilisent le Guide de Formation en Communication Radiophonique de l'OMS et autre documentation constituent un moyen efficace d'apprendre aux programmateurs radio a planifier, executer et evaluer des programmes radiophoniques destines a transmettre des messages relatifs a la sante de la reproduction et a la survie de l'enfant Parmi les resultats de ces ateliers figurent la conception de spots radiophoniques en langues nationales sur la nutrition maternelle, les bonnes pratiques de sevrage et la prise en charge a domicile DBC

**PAYS** Burkina Faso, Togo, Côte d'Ivoire, Cameroun, Niger, Mali, Senegal

**ORGANISATION(s)** OMS, SFPS, BASICS

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**ACTIVITE** Une methodologie est utilisee pour aider les ONG a identifier des pratiques prometteuses dans le domaine de la survie de l'enfant Cette methodologie est participative par

principe et constitue une approche destinee a faciliter le partage d'enseignements entre ONG, l'identification des besoins en assistance technique et un reseautage accru entre les ONG dans la region

**PAYS** Senegal, Burkina Faso

**ORGANISATION(s)** BASICS, Save the Children (Pays-Bas), World Vision, Ministere de la Sante du Burkina Faso

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**ACTIVITE** Utilisation continue des sachets de rehydratation orale en Afrique de l'Ouest a travers des partenariats entre les secteurs prive et public Le but de cette activite est de generer une demande en sachets de rehydratation orale a travers la region en etablissant un partenariat avec le secteur commercial afin d'assurer une fourniture et une promotion regulieres des sachets de rehydratation orale

**PAYS** Côte d'Ivoire (a developper dans la region)

**ORGANISATION(s)** Rhône-Poulenc, SFPS, PSI, BASICS

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**ACTIVITE** Activites de marketing social relatives aux flux migratoires Le but de cette activite est d'encourager les travailleurs migrants a adopter un comportement sexuel responsable, reduisant ainsi leur exposition au VIH/SIDA Cette campagne est organisee autour des escales prevues par les cammionneurs le long de l'autoroute sur l'axe Bamako-Abidjan et vise les cammionneurs, les travailleurs saisonniers et les prostituees qui trouvent souvent des clients aux escales des camions

**PAYS** Côte d'Ivoire, Burkina Faso, Mali (a developper a travers la regions)

**ORGANISATION(s)** SFPS, ECODEV, PSI, PROMACO

# APPENDIX I

# EXAMPLES OF INFORMATION EXCHANGE ACTIVITIES

## ACTIVITES ILLUSTRATIVE POUR L'ECHANGE D'INFORMATION

- Voyages d'etudes
- Bulletins d'information
- Autres publications synthetiques
- Etudes de cas
- Developpement des strategies de plaidoyer
- 'Mentoring'/jumelage entre individus et institutions
- Ateliers/conferences
- Conferences de presse
- Tables rondes
- Assistance technique
- Concertation entre structures
- Revues de presse
- Moyens de communication electronique (internet, e-mail)