

**LEADERSHIP IN REVITALIZING FAMILY PLANNING
SERVICES IN AN ERA OF HIV/AIDS**

**PROCEEDINGS OF THE EAST & SOUTHERN AFRICA
ANGLOPHONE PARTAGE WORKSHOP**

**Grand Regency Hotel
Nairobi, Kenya**

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ACRONYMS

- CAFS Center for African Family Studies
- FAWE Forum for African Women Educationalists
- FHI Family Health International
- AED Academy for Educational Development
- DTT Deloitte & Touch Tohmatsu
- MSH Management Sciences for Health
- RH Reproductive Health
- FP Family Planning
- HIV/AIDS Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

- VCT Voluntary Counseling and Testing
- MCH Mother and Child Health care
- USAID United States Agency for International Development
- PARTAGE Pan African Regional Technical Assistance Group
- DFID Department for International Development
- DANIDA Danish International Development Agency
- CIDA Canadian International Development Agency
- ESAMI East & Southern African Management Institute
- STDs Sexually Transmitted Diseases
- NGO Non Governmental Organizations
- PHC Primary Health Care
- ADVANCE AFRICA Advance Africa
- TASO The AIDS Support Organization
- AIC AIDS Information Center
- KAPC Kenya Association for Professional Counselors
- EARHN East African Reproductive Health Network
- POPSEC Population Secretariat

1. INTRODUCTION AND BACKGROUND

The core mandate of Advance Africa is to promote best practices and scale them up to bring back family planning and other reproductive health delivery services (FP/RH) as a priority in sub-Saharan Africa. The economic and health challenges facing the continent call for innovative approaches to the question of identifying, implementing, and scaling up best practices in FP/RH within the context of the HIV/AIDS epidemic. Specifically, the workshop on “Turning Best Practices into Useful Program Tools” held in Arlington, Virginia, in October 2001, recommended that moving best practices to the field should be done through meetings and workshops with the Pan-African Regional Technical Assistance Group (PARTAGE) organizations. The concept of PARTAGE is one of Advance Africa’s approaches to forge collaboration with African institutions to facilitate their empowerment to provide leadership in the field of FP/RH. PARTAGE was considered the most appropriate forum as it provides a rich and culturally appropriate source of technical assistance and can play an important role in translating service delivery objectives from policy, planning, and implementation levels to the local level.

The East and Southern African PARTAGE focused on mechanisms through which to revive interest and activity in FP within the context of HIV/AIDS. Due to a focus on HIV/AIDS interventions, family planning has lost prominence and indications are that some of the gains made in the last decades may be slipping away as countries and their development partners react to the HIV/AIDS epidemic. For this reason, Advance Africa will involve the PARTAGE organizations in strengthening family planning by helping them to identify appropriate activities and assisting them to implement these activities to strengthen family planning.

II. WORKSHOP OBJECTIVES

The workshop for Anglophone PARTAGE organizations immediately followed the CAFS 2nd Conference on NGO Partnerships for Health in Africa, April 16–18, 2002 in Nairobi, Kenya. The PARTAGE meeting took place on Friday April 19 and Saturday morning April 20 at the Grand Regency Hotel.

The focus of the workshop was to:

- Strengthen the Advance Africa/PARTAGE partnership through an exchange of ideas and sharing of FP/RH experiences and activities.
- Identify “best” or “promising” practices or interventions, from the Advance Africa Compendium of Best Practices, the conference presentations, or from each other’s experience. Such best practices can be applied by PARTAGE organizations return the focus and interest of donors, decision makers, service providers, and communities to family planning in the current context of HIV/AIDS.
- Use elements of management and leadership as well as Advance Africa’s best practices approach to ensure effective implementation of best practices and interventions that each organization has selected for improving its family planning service delivery.

III. WORKSHOP OUTCOMES

- Understanding among PARTAGE organizations of the Advance Africa Pyramid of best practices and Advance Africa’s approach to identifying and classifying the different levels of practices.
- Use of the Managing & Leading skills gained from the CAFS Conference on NGO Partnerships for Reproductive Health and Advance Africa’s approach best practices to develop a draft concept paper for interventions and/or activities to bring back family planning as a priority in Africa.
- Consensus on ways in which PARTAGE organizations can collaborate and further strengthen their partnership with Advance Africa, with each other, and with other agencies in order to increase their capacity to contribute to strengthening of family planning programs.

IV. ORGANIZATION OF THE WORKSHOP

The first part of the workshop provided the opportunity for all participants to introduce themselves and their organizations. This session enabled PARTAGE to learn about Advance Africa as well as the concept of PARTAGE. At the same time, Advance Africa was able to learn about each of the PARTAGE organizations, while the PARTAGE organizations themselves shared information about each other’s work experience relating to FP, RH, and HIV/AIDS.

The second part of the workshop involved presentation and discussion of technical papers including:

- “Using Best Practices to Improve Program Performance” by Susan Veras
- “Repositioning Family Planning in Africa” by Daniel Kabira
- “Management and Leadership” by Joseph Dwyer

The third part of the workshop involved discussion, development, and drafting of concept papers, followed by discussion of the draft concept papers from each organization.

The final part of the workshop focused on generating ideas about the future of PARTAGE collaboration and closing remarks.

1: Introduction of Participating Organizations

1.1: Introduction of Advance Africa and the concept of PARTAGE

The introduction of Advance Africa and the concept of PARTAGE was set off by a welcoming videotaped message from Issakha Diallo, director of Advance Africa, and completed by Kabibi Rwegasira, Senior Technical Advisor for Educational Programs, Advance Africa. Both from Issakha’s taped message and from Kabibi’s presentation, Advance Africa was presented as a

project funded by USAID for a period of 5 years, and belonging to a consortium of six member organizations:

1. Academy for Educational Development (AED)
2. Center for African Family Studies, (CAFS)
3. Deloitte & Touche Tohmatsu (DTT)
4. Family Health International (FHI)
5. Forum for African Women Educationalists (FAWE)
6. Management Sciences for Health (MSH)

The consortium membership was recognized as source of diverse and multi-disciplinary resources and capacity, which made Advance Africa a project particularly suited for providing various types of technical assistance.

Advance Africa focuses on family planning, reproductive health and HIV/AIDS in sub-Saharan Africa, the main goal being to improve the health status of the populations of sub-Saharan Africa in order to increase productivity and enhance economic and social development on the sub-continent. Advance Africa's mission is to scale up successful models in the area of FP, with the aim of improving the quality and increasing access to services. Advance Africa's strategic objective is to improve quality and coverage through integration of FP/RH with HIV/AIDS and nonhealth sector initiatives in service delivery. The Advance Africa scope of work is multi-sectoral, covering clinical, non-clinical as well as community-based approaches. It also provides donor linkages.

Two of Advance Africa's mandates were cited as:

- Providing technical assistance to USAID missions and cooperating agencies (CAs) to identify, develop, and promote application of best practices;
- Providing technical assistance to strengthen the capacity of local organizations (e.g. PARTAGE organizations, local collectives such as municipalities, women and youth organizations) to apply and scale up best practices and other successful models in the area of FP/RH and HIV/AIDS.

To fulfill these mandates, Advance Africa recognizes the importance of communication and coordination through direct contact with countries and partners on the ground as essential components of success. For this reason, Advance Africa made a provision for partnership with certain African organizations with whom the project would collaborate to achieve its objectives. The identified organizations included eight West African Francophone and eight East and Southern African Anglophone organizations. In addition, two organizations operating at the regional level were also identified. This is the group of organizations that form PARTAGE.

What is PARTAGE?

PARTAGE stands for Pan African Regional Technical Assistance Group. The word PARTAGE means "sharing" in French. The significance of PARTAGE was to form a partnership with African organizations and groups who could translate theory into practice on the ground and which could champion, take ownership, and ensure sustainability of programs in the area of FP/RH and HIV/AIDS in the region. The role of Advance Africa is to provide technical

assistance wherever possible and to transfer technical expertise and resources, thus building technical capacity and leadership within local organizations.

Advance Africa's major areas of activity

Advance Africa is currently actively involved in the following areas:

- Identification and promotion of best practices through literature review, surveys, mapping exercises, workshops, conferences, and various other kinds of technical meetings.
- Advance Africa is also seriously embarking on cultivating active collaboration with its PARTAGE partners to determine the future course of collaboration.
- Strategic mapping is Advance Africa's approach to assessment which involves identifying gaps and opportunities in on-going FP, RH and HIV/AIDS programs of given countries or regions in Africa and recommend corrective measures, derived from the Advance Africa Compendium of Best Practices. This has already been done in Senegal, Rwanda and soon in Uganda.
- There is also an on-going field support project in Zimbabwe where Advance Africa did a baseline study and started training community based distribution agents in Zimbabwe.

1.2: Review of Partage Members FP/RH Initiatives – Sharing Organizational Experiences and Activities To Date

1.2.1: The AIDS Support Organization (TASO)

Introduction

TASO was founded to contribute to a process of restoring hope and improving the quality of life of people and communities affected by HIV infection and disease. Clients who register with TASO do so voluntarily after knowing their HIV infection status.

What TASO offers:

1. One to one counseling, which empowers the infected and affected persons to make informed choices/decisions that improve their quality of life
2. Medical services for the treatment of opportunistic infections and other illnesses
3. Home care and palliative care services
4. Social support to the families of the infected
5. Community sensitization and awareness campaigns about HIV/AIDS to various populations including youth in schools
6. Capacity building of TASO staff and community-based organizations

Advocacy for FP/RH services in TASO

Since the mid-1990s, TASO has counseled its clients on the importance of FP and RH services as a strategy for:

- Preventing mother-to-child transmission of HIV
- Promoting good health of the mother before, during, and after child delivery
- Controlling the spread of HIV/AIDS and other sexually transmitted diseases

Information about FP/RH services is given to the clients during:

- Health education talks
- Counseling sessions both at the centers and homes
- Medical consultation sessions
- Community awareness campaigns

Contraceptive methods used by TASO clients

Of those reportedly using an FP device (only 34% of those who report to be sexually active):

- 70.3% use condom
- 15.1% use depo provera
- 10.6 % use oral contraceptives
- 3.2% use traditional methods
- 0.7% use IUD

If clients opt for a method/device, which is not available at TASO, referrals to other institutions are made. TASO advocates dual protection.

Challenges and barriers to FP in TASO

Cultural and religious barriers:

- According to some prevailing attitudes, some of the clients believe that FP/RH services encourage promiscuity
- Both the Muslim and Catholic faiths prohibit the use of artificial FP methods
- Cultural practices that place less value on the girl child means that families strive to have a boy child before seeking FP services

Barriers bred by ignorance:

- Some people believe that use of condoms can cause death if the condom dislodges from the male organ and goes into the female's body
- Clients tend to report for help when already in the advanced stages of AIDS illness

Main source of funding

- Danida
- CDC – through USAID
- European Union
- DfID
- CIDA
- Government of Uganda

1.2.2: Child Health and Development Centre – Makerere University

Introduction

The Child Health and Development Centre is staffed by 2–3 researchers from Makerere University, and its focal point is adolescent reproductive health (ARH). Its main activities involve:

- Assisting Ministries to do needs assessments and planning in the area of ARH
- Capacity building within communities

- Participating in monitoring and evaluation of national programs
- Conducting studies on ARH

Main sources of funding

- Generates up to a 1/3 of its budget through consultancies
- Raises funds through responding to needs by institutions that request and fund assessments
- Currently working on a project on nutrition in early childhood, which is funded by the World Bank

1.2.3: Population Secretariat

Introduction

The Population Secretariat is a semi-autonomous body involved in advocacy for appropriate legislation on RH/HIV/AIDS issues. It also provides coordination between government ministries and different actors such as NGOs and religious groups. The network does not provide services and is limited to coordination and evaluation of population health programs.

It is also used to channel funds into different RH programs in the country.

Main sources of funding

- Governments of Kenya, Tanzania, and Uganda
- European Union
- Rockefeller Foundation

1.2.4: Kenya Association of Professional Counselors (KAPC)

Introduction

KAPC is an NGO whose main activities involve providing both technical services and service delivery. Major activities include:

- Training programs in VCT, awarding certificates, diplomas and Masters degree levels in collaboration with Durham University. This involves training counselors from other African countries, such as Eritrea, Somalia, Zambia, and Uganda
- Research, in STDS, HIV/AIDS, and ARH
- Providing counseling services, in collaboration with service providers in schools and health centers, in three main cities in Kenya: Nairobi, Kisumu, and Mombasa
- Running the only VCT clinic for the youth in Kenya based in the suburb of Kariobangi
- Publishing a newsletter “Straight Talk “ on ARH which circulates in schools and colleges (30,000 copies) and through one of the daily national newspapers, the *East African Standard* (60,000 copies)
- Establishing up to 200 youth clubs in Nairobi, Nyanza, and central provinces of Kenya

Main source of funding

In the formative years, 1992–1995, KAPC was 100% donor dependent

From 1995–1998, KAPC started generating income through training and consulting

Since that time:

- 70% funding is internally generated
- Ford Foundation funds some projects
- UNICEF funds publications
- GSW (GTZ) funds establishment of youth clubs in schools

1.2.5: East and Southern Africa Management Institute (ESAMI)

Introduction

ESAMI is an inter-governmental organization of 10 member countries and operates in 16 countries in Africa. It has its own management school that offers Bachelor's as well as Master's programs in management.

ESAMI has two types of training programs: (1) an open program training calendar which is marketed in-house; and (2) specific training programs organized on demand by institutions in the region.

ESAMI also has a health division that deals with training programs in health related areas such as:

- Training of Trainers (TOT) in reproductive health
- Training in management for hospital administrators
- Training in health management and administration

Main sources of funding

ESAMI generates its own funds up to 95%, and currently member-government funds account for only 5% of total funding.

1.2.5: AIDS Information Center (AIC)

Introduction

AIC is a national NGO that operates under the principle "*Knowledge is Power.*" It was established to correct the inadequacies accompanying HIV testing at the time when people were being tested for HIV/AIDS without informed consent or counseling or under the cover of donating blood. Also, AIDS service organizations were not able to provide HIV testing to persons requesting AIDS care and support.

In response to the above inadequacies, the Government of Uganda, NGOs, and donors helped establish AIC in 1990.

Services offered

- Same day VCT for HIV and syphilis
- Management of STDs and minimal medical care of opportunistic infections
- TB information and preventive therapy
- Family planning services
- Adolescent sexual reproductive health services
- Referrals to other organizations/care centers

Family planning methods offered

- Oral contraceptives
- Depo provera
- Condoms and spermicides
- Referral for IUD insertion
- Norplant
- Voluntary surgical contraception

Main source of funding

USAID

Observed contraceptive prevalence rate at AIC

7.13% of AIC-registered clients in 2001 utilized FP services while Uganda's CPR in 2000, was:

32% using any method

18% using a modern method

Challenges/barriers to FP services at AIC

- Inconsistent supply of FP methods
- Inadequate personnel to provide services
- General low awareness and acceptance of modern FP in the country
- Myths and misconceptions
- Low male participation
- Religious prohibitions
- Socioeconomic, financial, and cultural barriers especially for young people

1.2.6: East Africa Reproductive Health Network (EARHN)

Introduction

This is an East African regional initiative incorporating 3 countries (Kenya, Uganda, and Tanzania). Its primary areas of activity/expertise are:

- Advocacy for RH including FP
- Promotion of FP/RH related initiatives
- Facilitation of technical exchanges in FP/RH

Challenges

- Inadequate human and financial resources dedicated to EARHN activities (the focal persons are part-time)
- It is primarily donor dependent
- Inadequate skills in advocacy and inability to attract increasing support and resources for FP at all levels
- Inadequate skills to define and document best practices in FP/RH
- Resource flows are not reliable
- Social-cultural sensitivities to FP/RH issues

Main sources of funding

- USAID/REDSO
- Pathfinder International
- South to South – Bangladesh
- Kenya, Uganda, Tanzania governments

2. TECHNICAL PRESENTATIONS

2.1: Using Best Practices to Improve Program Performance

Best practices are linked to PARTAGE as a working tool to help managers at all levels make strategic decisions.

Advance Africa Mandate for Best Practices

Central to the work of Advance Africa is to help Missions and in-country partners apply best practices, innovations, and lessons learned from other projects and countries, including those that integrate HIV/AIDS and FP/RH services and interventions. The main purpose of best practices was explained as a tool to help managers make strategic decisions at all levels of development and implementation as they work to improve program performance.

Advance Africa’s Compendium of Best Practices

The Compendium of Best Practices was explained as one of several working tools being developed by Advance Africa aimed at facilitating informed decision-making by program managers at all levels to address program barriers.

The Compendium of Best Practices is aimed at:

- Meeting the needs of the managers to improve program performance
- Helping managers to easily and rapidly find solutions to barriers that impede performance
- Helping managers assess the effectiveness and applicability of potential solutions

Through existing illustrations, Advance Africa’s approach to identifying and classifying different practices as “Innovations,” “State of the Art,” “Better Practices,” “Best Practices,” and “Principals” was explained in detail, pointing out that the main criteria was documented evidence of success and replicability. The more evidence to show that a practice has been applied successfully in different environments, the higher up on the pyramid the practice will be placed.

To determine the level of safety in applying a given practice, therefore, it is necessary to first examine the amount of documented evidence of its having been successfully implemented elsewhere, but also in how many different situations so as to determine its replicability.

The compendium therefore contributes to the process of knowledge management, minimizes subjectivity by bringing rigorous standards in this knowledge management, and brings ownership to the program manager who may use it as a tool to make strategic decisions.

2.2: Repositioning Family Planning in Sub-Saharan Africa

Mr. Daniel Kabira of USAID/Africa Bureau, presented substantial documented evidence to illustrate the unmet need in family planning in Africa to justify the efforts to address FP initiatives in the region. After reviewing current status of FP in sub-Saharan Africa, he discussed other key issues related to FP in the region.

He affirmed that in spite of the ravages of HIV/AIDS in the region, population growth continued to rise. For instance while the global population growth rate is 1.3% per year, in sub-Saharan Africa, the population growth is 2.7%. The average modern contraceptive prevalence rate in Africa is about 13%, which is very low compared to other regions of the world.

He illustrated the high maternal mortality rates in different countries in the region, whose main causes he cited as:

- Closely spaced births
- Complications during delivery
- Unsafe abortions
- Inadequate obstetrical care

He gave an example of Uganda where more women were victims of maternal mortality than of HIV/AIDS, even though the Uganda-based organizations wished to verify the figures that indicated this. He further pointed out that the shocking maternal mortality rates could be reduced by 20% or more through a more rigorous implementation of FP programs.

The challenges in family planning and reproductive health in sub-Saharan Africa are:

- Stagnant CPR
- Vertical programming versus the need for FP/HIV/AIDS/MCH integration
- Shifting donor resources from FP to HIV/AIDS

2.3: Management and Leadership Issues for Partage

Mr. Joseph Dwyer, Director of the Managing and Leading Program (M&L), Management Sciences for Health (MSH), explained the major role of MSH/M&L as that of enhancing Organizational Development, which involves helping organizations improve and serve their communities better through:

- Strategic planning
- Business planning
- Developing managers who lead
- Improving management systems by strengthening the following areas:
 - Human Resource management
 - Financial management and Accounting
 - Information Systems
 - Quality improvement
 - Program Planning and implementation
 - Logistics and Supplies

Explaining MSH's new tool, "Management and Organizational Sustainability," Mr. Dwyer emphasized the importance of integrating management and leadership elements to develop managers who lead, by integrating skills to form a stronger team. The schema below illustrates

the importance of integrating leadership and management elements/skills for a more efficient realization of organizational goals and objectives.

Leading	Managing
Scanning Outcome: Overview of trends and internal environment	Planning Outcome: Defined results, assigned resources and an operational plan
Focusing Outcome: Clearly understood mission, strategy and priorities used to direct work	Organizing Outcome: Functional structures, systems and processes for efficient operations
Aligning/Mobilizing Outcome: Plans that support the organizational strategy and adequate resources	Implementing Outcome: Activities are carried out in an efficient, effective way
Inspiring Outcome: Commitment at all levels to the Organizations mission and learning	Monitoring/Evaluation Outcome: Information about the status of achievement and results, ongoing learning knowledge

Through a participatory exercise, participants tried to identify their strongest and weakest capabilities in the areas outlined above. Most people found they had different abilities in both management and leadership areas. Just by doing a self-examination, some people found they had skills in areas in which they never thought they had before.

Barriers

Some leaders tend to think that they should have all of the answers instead of involving other people on their team who may be better in specific areas than the leaders themselves. A strong leader is one that ensures that everybody gets involved.

3. Development of Concept Proposals for Small Grants to Implement Interventions Aimed at Repositioning FP Within the Context of RH and HIV/AIDS

After brainstorming on why it is necessary to write a concept paper, Kabibi Rwegasira took participants through a step-by-step process of developing a concept paper for funding. The following guidelines were recommended for this specific proposal, while explaining that different donors may require different types of formats:

Introduction

Describe your agency/organization highlighting:

- History
- Mission
- Organizational structure
- Major areas of interest

- Programs
- Special expertise

Context

In this area, the following were emphasized:

- Problem area: Identify a particular problem/need/challenge
- Environment: Enabling or constraining?
- Relevance of subject: In relation to the project (FP)
- Target groups: Show affected groups

All the above should be backed by documented evidence.

Selected Intervention

The question here was, “What intervention can be undertaken successfully that exist within the country/organization?” Give reasons for selecting the intervention, explain linkage with organizational objectives and identify level of practice/intervention by assessing the risks/chances of success.

Using the Problem Solving Approach

Use the Problem Solving Approach to select the intervention, especially if the selected intervention is within an ongoing program. Start by identifying program needs and gaps, identify barriers to implementation, and identify potential “practices” that could be used to address barriers. Reevaluate and make a final selection of “best practice” for implementation.

Intervention – objectives

Clarify goals and objectives. Goals are general, but objectives are specific and measurable. Outline expected outcomes as well as possible barriers to implementation and proposed ways to overcome them.

Intervention – methodology

Describe specific activities for implementation, giving a time frame and staffing for each activity.

Outline the rationale for choosing the specific methodology.

Evaluation Plan

This should be incorporated right at the time of planning. Identify indicators for monitoring and evaluation. State indicators for both process and final outcome. Set the time frame for evaluation – pre-implementation, mid-term review and end-term review.

Budget

Identify required resources and include all the costs including, consultants, volunteers, and direct and indirect costs. Be specific and do not put such items as “miscellaneous” or “contingencies”. Make a budget work sheet and write a narrative to explain the budget sheet. Lastly, check figures to ensure accuracy.

Conclusion

You need to convince the donor as to why you need the funding, and why your organization is best suited to carry out the proposed intervention. The importance of in built sustainability mechanisms by streamlining intervention in established programs and systems or providing for continued future funds.

3.1: Group work

After this discussion – Each organization’s participants set out to work on their draft concept paper using the above as guideline for a grant of up to US\$5,000.00.

4: Discussion of Draft Concept Proposals

4.1: East & Southern Africa Management Institute (ESAMI)

Need

Currently there are no training programs on Family Planning within the training modules at ESAMI.

Intervention

Integrate/ mainstream FP into existing training programs at ESAMI by developing training modules on FP.

Objective

To provide FP training for primary health care (PHC) managers.

Methodology (to be indicated in final proposal)

Expected Results

Primary health care managers with knowledge of FP so as to be able integrate it within the existing HIV/AIDS prevention programs.

Budget assumptions

ESAMI will use the existing infrastructure thus meeting some of the costs for the proposed intervention; the US\$5,000.00 can be used to cater for an extra day’s fees in training.

Comment: Advance Africa will help ESAMI with samples of “practices” that ESAMI may choose from for implementation.

4.2: Kenya Association for Professional Counselors (KAPC)

Need

Young people have no or very little information on FP issues.

Intervention

- Publish and disseminate a special issue of “*Straight talk*” to establish just how much knowledge young people have on FP.

- Find out knowledge, beliefs, and values and identify gaps using existing data (pre-survey of knowledge).

Methodology

- Use magazine (Straight Talk) and clubs to create awareness in adolescents on FP issues.
- Train teachers in schools / colleges to run discussions on FP with adolescents.
- Use of post intervention questionnaires to evaluate the impact.
- Presentation at an annual conference to disseminate findings

Expected Results

Increased adolescent knowledge of FP

Budget: (to be provided with final proposal)

4.3: The AIDS Support Organization (TASO)

Need

It has been observed that the majority of the clients visiting TASO do not use the FP services offered. In order to improve demand for these services, TASO needs first to find out why its clients do not use the available services.

Intervention

Carry out a survey try to establish why FP services offered are not used by TASO clients.

Methodology

- Group discussions.
- Questionnaires,
- One to one questions and answers from clients, providers, and community based workers.
- Get Research Assistants / consultants and staff based in various TASO centers to get information / fill in questionnaires.

Objectives

- To obtain information as to why clients do not use FP services in TASO.
- To obtain enough information to guide future corrective action
- To increase the number of clients using FP services, using the information collected.

Expected Results

Increase number of clients using FP services at TASO.

Budget: (to be provided after all recourses are determined)

4.4: Child Health and Development Center – Makerere University

Need

There is need to include FP information in Family Life Courses in schools since the information on FP currently included is not adequate.

Intervention

Carry out a survey in two administrative districts of Uganda to establish how much information on FP is currently included in the teaching curriculum.

Objectives

Using the obtained from the survey, influence policy to include more elements of FP in the education curriculum

Methodology

Carry out a survey in two districts, using the District administrative structure.

Expected Results

More / adequate FP information included in Family Life Education curriculum.

Budget: (to be supplied after determining required resources)

4.5: AIDS Information Center (AIC)

Need

Only 7% of the clients coming to AIC use the services offered by the Center. 93% of the clients do not seem to be aware that FP services are offered. There is a need to increase access to FP services by VCT clientele as well as by the general community.

Intervention

Reorganize service centers and mobilize management to facilitate access to FP services by clients.

Objective

Increase and improve FP service provision in VCT clinics

Methodology

- Train service providers to meet new need
- Introduce new methods of family planning, e.g.: IUD, Norplant.
- Increase inter-referral links and generally improve the FP services in the centers

Expected results

Increase number of clients utilizing the FP services in VCT clinics.

Budget: (to be provided)

4.6: East African Reproductive Health Network/Population Secretariat (EARHN)

Need

There is a need to put FP on the national agenda

Intervention

Conduct Advocacy to increase awareness of and support for FP issues by Political and Administrative leaders

Objectives

- To raise political / civic and administration support for FP in Uganda.
- To change the attitude of political / civic / administration in favor of FP.

Methodology

- Collect information from existing data, literature and from other countries then hold workshops to link FP with HIV/AIDS prevention
- Organize workshops for civic leaders, administration leaders and political leaders so as to make a difference in their attitudes towards FP.
- Adapt Uganda's HIV/AIDS prevention model to promote FP

Indicators for M&E

- The number of political figures to incorporate importance of FP in their speeches and during public functions.
- The number of politicians willing to be good will ambassadors of FP in their constituencies and districts.
- Measure interest of workshop attendees

Justification for choice of methodology

Ugandan has a very successful model for HIV/AIDS prevention, which can be adapted to suite FP and can also be used in other countries.

Expected Results

- Increased support for FP by political and civil leaders
- Integration of FP in HIV/AIDS programs
- Documentation of lessons learned

Budget: (to be supplied later)

4.7: Discussion of the problems related to implementing FP

From the ensuing discussions, the following general points were raised with regard to implementing FP programs:

1. In Uganda, it was not easy to advocate for FP because there is not as much political support for it as there is for containment of the spread of HIV/AIDS prevention. On the other hand it was suggested that implementing FP is not as difficult as implementing HIV/AIDS programs since FP did not go with any social stigma, as does HIV/AIDS
2. FP is still largely controversial due to cultural and religious beliefs

3. Currently political commitment is more on HIV/AIDS; FP is not on the agenda of most politicians in the region.
4. FP is not seen as having any impact on the HIV/AIDS situation which is seen as a national emergency in many countries in the region

To overcome the above obstacles, it was suggested that importance be placed on the development of the FP message and how it is delivered so as to be acceptable.

5. Next Steps

Concept Papers

1. Concept proposals were to be no more than 10 pages and organization brochures and other information could be attached.
2. They should be submitted by May 6th 2002, electronically to both Nairobi and Washington, and hard copy only to Nairobi.
3. It was not possible at that point to say the exact date when Advance Africa would give a response to PARTAGE organizations but it was estimated to be by the end of May so organizations should start to think of implementing their chosen interventions before July.
4. It was estimated that most implementations would be done within six months of commencement, and not later than March 2003.
5. It was agreed that the group get together again in one year's time (April 2003) to assess progress/results of implementations.
6. The guidelines for the funding would be incorporated in the letters of offer.
7. The participants were informed that once the funds were given, the organizations were to give an implementation plan as soon as possible.

The Future of PARTAGE

The following elements were cited as the major benefits of the PARTAGE partnership:

1. Networking and information sharing
2. Technical assistance from Advance Africa but also south-south technical assistance provision by PARTAGE members to each other.
3. Donor / and inter-organizational linkages.

Recommendations

- a) It was generally agreed that there was need to include additional partners from the region so as to diversify sharing of experiences. However, the general consensus was that this should be done when the current partners have agreed on concrete decisions concerning the nature of future collaboration.
- b) To improve communication and enhance information sharing participants recommended publication of newsletter to disseminate some of the projects done by member organizations.
- c) It was recommended that an operational framework to serve as a guide on the various areas of operation be established. For instance, would collaboration be limited to FP? All the partners should have an input in the determining elements of the operational framework.

6. Closing Remarks

From Kabibi C. Rwegasira, Advance Africa

Kabibi thanked participants for having responded to a hasty invitation and promised that future communications would be more timely given that now we had more accurate contact information on each other. She expressed her satisfaction at the outcome of the workshop in relation to its objectives.

The partners had:

- i. Established initial contacts
- ii. Shared information and work experiences
- iii. Information regarding Advance Africa's Compendium of Best Practices was disseminated and a disc of the compendium distributed to members for their use
- iv. The importance of repositioning FP in the context of HIV/AIDS was discussed and outlines of draft proposals to implement FP interventions had been done.

From Peter Kiuluku of ESAMI

A participant representative was called upon to give feedback about the workshop on behalf of the others and Mr. Peter Kiuluku of ESAMI volunteered to do so. He was happy to say that the meeting was very productive and it had started a road towards a more meaningful partnership. He said the participants appreciated the small grant of US\$5,000.00 and said that the true meaning was in the gesture.

Official closing remarks from – Dr. Alloys Ilinigumugambo, Assistant Director, CAFS on behalf of Dr. Pape Syr, Director of CAFS

Dr. Alloys Ilinigumugambo thanked all participants for their attendance of the workshop and encouraged the aspect of learning from each other. He said that we should all share Best Practices, information, experience and expertise with each other and also with other organizations. He was particularly glad that the idea of PARTAGE was actually taking off both here in Anglophone member countries and West African member countries.

Dr. Alloys said that the participating organizations should assist Advance Africa to nurture the idea of PARTAGE and to help promote FP services in Sub-Saharan Africa. On behalf of the advance Africa Consortium, Dr. Alloys thanked all for agreeing to be members of PARTAGE and officially closed the meeting at 1.30p.m.

APPENDIX 1: AGENDA

DAY ONE: FRIDAY 19TH APRIL 2002:

Morning Session:

- Facilitator:** Kabibi C. Rwegasira, **Senior Technical Advisor for Education, Advance Africa**
- Moderator:** Barbara L. Tobin, **Director of Country Programs, Management and Leadership Program, MSH**
- Rapporteurs:** Angela Mutamba, **Program Assistant, Advance Africa**
Esther Kiragu, **Administrative Assistant, Advance Africa**
- 9:00a.m – 9:15a.m.** **Welcome and Introductory Remarks**
Kabibi C. Rwegasira, **Senior Technical Advisor for Education, Advance Africa**
- Self-introductions by Participants**
PARTAGE members and other participants
- 9:15a.m – 9:30a.m** **Introduction of Advance Africa and Concept of PARTAGE**
Tape of Issakha Diallo, **Director, Advance Africa**
Kabibi C. Rwegasira, **Senior Technical Advisor for Education, Advance Africa**
- 9:30a.m – 10:15a.m** **Review of PARTAGE Members' FP/RH Initiatives**
Sharing of organizational FP/RH experiences and activities to date.
PARTAGE organization members.
- 10:15a.m – 10:45a.m** **Coffee break**
- 10:45a.m – 11:30a.m** **Review of PARTAGE Members' FP/RH Initiatives**
Sharing of organizational FP/RH experiences and activities to date.
PARTAGE organization members
- 11:30a.m – 12:15p.m** **Using Best Practices to Improve Program Performance**
Susan Veras, **Technical Officer, Advance Africa**
- 12:15p.m – 12:45p.m.** **Repositioning Family Planning in Sub-Saharan Africa**
Daniel Kabira, **Senior Research Advisor, Africa Bureau, USAID**
- 12:45p.m – 1:45p.m** **Lunch**

Afternoon Session:

Facilitator: Susan Veras, **Technical Officer, Advance Africa**

Moderator: Daniel Kabira, **Senior Research Advisor, Africa Bureau, USAID**

Rapporteurs: Angela Mutamba, **Program Assistant, Advance Africa**
Esther Kiragu, **Administrative Assistant, Advance Africa**

1:45p.m – 2:30p.m **Management and Leadership Issues for PARTAGE**
Barbara L. Tobin, **Director of Country Programs, Management and Leadership Program, MSH**
Joseph Dwyer, **Director, Management and Leadership Program, MSH**

2:30p.m – 3:00p.m **Discussion of Development of Concept Papers to Reposition FP within the Context of RH and HIV/AIDS**
Kabibi C. Rwegasira, **Senior Technical Advisor for Education, Advance Africa**

3:00p.m – 3:30p.m **Tea break**

Facilitators: Kabibi C. Rwegasira / Susan Veras /
Barbara L. Tobin / Joseph Dwyer

3:30p.m – 5:30p.m **Development of Concept Papers on Repositioning FP in the Context of RH and HIV/AIDS by each PARTAGE Organization**
Work in PARTAGE Organization groups
(Group work after the close of the session to finalize proposals)

Morning Session:

Facilitator: Kabibi Rwegasira, **Senior Technical Advisor for Education, Advance Africa**

Moderator: Joseph Dwyer, **Activity Director, Management and Leadership Development, MSH**

Rapporteurs: Angela Mutamba, **Program Assistant, Advance Africa**
Esther Kiragu, **Administrative Assistant, Advance Africa**

9:00a.m – 10:00a.m **Finalization of Draft Concept Papers. (Facilitators will be on hand for consultation)**

10:00a.m – 10:30a.m **Coffee break**

10:30a.m – 12:00 noon **Discussion of draft proposals (15 minutes per organization)**
Kabibi C. Rwegasira / Susan Veras, **Advance Africa**

12:00 noon – 1:00p.m **Next Steps**
Kabibi C. Rwegasira, **Senior Technical Advisor on Education, Advance Africa**

Official Closing:

Summary of Major Decisions.

Remarks from Participant representative

Closing remarks: Dr. Pape Syr Diagne, **Director, Center for African Family Studies (CAFS).**

1.00 pm–2.00 pm **Lunch and Farewells!**

APPENDIX 2: LIST OF PARTICIPANTS

PARTICIPANTS	DESIGNATION / ORGANIZATION	TELEPHONE	E-MAIL ADDRESS
Mrs. Kabibi Rwegasira	Senior Technical Advisor on Education, Advance Africa, Nairobi, Kenya	254 2 712551	ckabibi@advanceafrica.or.ke
Ms. Susan Veras	Technical Officer, Advance Africa, Washington, USA	+703 310 3455	sveras@advanceafrica.org
Dr. Francis Kizito	Medical Liaison Officer, The AIDS Support Organization, Kampala, Uganda	256 41 567637 256 77 767637	tasodata@imul.com
Sr. Mary Janet Mbazira	The AIDS Support Organization, Kampala, Uganda	256 41 567637 256 775616669	tasodata@imul.com
Mr. Peter Kiuluku	Eastem and South Africa Management Institute, Arusha, Tanzania	255 27 2508384	Pkiuluku@esamihq.ac.tz
Mr. Elias Gikundi	Kenya Association of Professional Counselors, Nairobi, Kenya	254 2 796283 254 2 786310	nairobi@KAPC.or.ke
Ms. Cecilia Rachier	Asst. Exec. Director, Kenya Association of Professional Counselors, Nairobi, Kenya	254 2 796283 254 2 786310	nairobi@KAPC.or.ke
Dr. Angela Akol	East Africa Reproductive Health Network, Kampala, Uganda	256 1342292 256 41 343378	popsec@imul.com Angela_Akol@yahoo.com
Ms. Maria Nakabito	East Africa Reproductive Health Network, Kampala, Uganda	256 41342292 256 77 670020	popsec@imul.com nakabiitom@yahoo.com
Dr. Jessica Jitta	Director, Child Health & Department Centre - Makerere University, Kampala, Uganda		jitta@chdc-muk.com
Mr. John Arube Wani	Child Health & Department Centre - Makerere University, Kampala, Uganda	256 41 541684 256 41 531677	arube@chdc-mik.com
Ms. Jane Batte	AIDS Information Center, Kampala, Uganda	256 41 231528	batte@iucg.org battej@yahoo.com
Ms. Barbara Tobin	Director of Country Programs, Management & Leadership Program, Management Sciences for Health, Boston, USA	+617 524 7766	btobin@msh.org
Mr. Daniel Kabira	Senior Research Advisor, USAID, Africa Bureau, Washington, USA	+202 2190521	dkabira@afr-sd.org
Mr. Ian Askew	Senior Associate Frontier in RH, Population Council, Nairobi Kenya	254 2 713480 / 81	iaskew@popcouncil.or.ke
Mr. Joseph Dwyer	Director, Management & Leadership Program, Management Sciences for Health, Boston, USA	+617 524 7766	jdwyer@msh.org
Miss Esther Kiragu	Administrative Assistant, Advance Africa, Nairobi, Kenya	254 2 712551	ekiragu@advanceafrica.or.ke
Miss Angela Mutamba	Program Assistant, Advance Africa, Nairobi, Kenya	254 2 712551	Amutamba@advanceafrica.or.ke
Ms. Kallen Tumuhairwe	Training, Counselling & IEC Coordinator, AIDS Information Center, Kampala, Uganda	256 41 231528	kellen@aicug.org
Dr. Hitamana Lukanika	Executive Director, AIDS Information Center, Kampala, Uganda	256 41 231528	informationdesk@aicug.org
Mr. Baker Dugga Maggwa	Regional Director, Family Health International, Nairobi, Kenya	254 2 713911	bmaggwa@fhi.or.ke