Support for Analysis and Research in Africa

Submitted to
USAID, Bureau for Africa, Office of Sustainable Development
January 2002

Annual Report

Year 2 (FY 01)

SARA is funded by the U.S. Agency for International Development
(AFR/SD/HRD)

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

Annual Report
Project Year 2 (FY 01)

Submitted to
USAID, Bureau for Africa, Office of Sustainable Development

January 2002

SARA is funded by the U.S. Agency for International Development (AFR/SD/HRD)

The SARA Project is operated by the Academy for Educational Development with subcontractors Tulane University, JHPIEGO, Morehouse School of Medecine, and Population Reference Bureau. SARA is funded by the U.S. Agency for International Development (AFR/SD/HRD) under Contract number AOT-C-00-99-00237-00.

SARA

Support for Analysis and Research in Africa

Annual Report
Project Year 2 (FY01)

I. Introduction 1

II. Overview 3

III. Activities Affecting All AFR/SD Health and Human Resources Strategic Objectives 17

- A. Collaboration with African Institutions and Networks 17
- B. Dissemination and Advocacy Activities 25

IV. Activities in AFR/SD–SARA Analytic Areas 43

- A. Education (SO 18) 43
- B. Child Survival (SO 19) 50
- C. Infectious Diseases (SO 19) 62
- D. Nutrition (SO 19) 70
- E. Population/Reproductive Health/Maternal Health (SO 20) 80
- F. HIV/AIDS Prevention and Mitigation (SO 21) 95
- G. Cross-Cutting Issues 109
- H. Management 115

Appendix A—Subcontractors' Activities 119
Appendix B—List of Deliverables Over the Life of the Project 131
Appendix C—Dissemination/Publications List 141
Appendix D—Task Order Tracking List 151

Acronyms

ABIC	Africa Bureau Information Center
ACC/SCN	Administrative Committee on Coordination/Sub-Committee on Nutrition
ACI	Africa Consultants International
ACNM	American College of Nurse-Midwives
AED	Academy for Educational Development
AFR/SD	Bureau for Africa/Office of Sustainable Development (USAID)
AHILA	Association for Health Information and Librarians in Africa
AIR	American Institutes for Research
ALIVE	neonatal mortality reduction computer advocacy program
AMREF	African Medical and Research Foundation
APHA	American Public Health Association
ARI	acute respiratory infection
ASTMH	American Society of Tropical Medicine and Hygiene
AVSC	AVSC International, an international reproductive health care organization
BASICS	Basic Support for Institutionalizing Child Survival
BHR	Bureau for Humanitarian Response
CA	cooperating agency
CAFS	Center for African Family Studies (CEFA)
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
CEDHA	Center for Educational Development and Health Activities
CEFOREP	Centre de Formation et Recherche en Santé de la Reproduction

CERPOD	Center for Applied Research on Population and Development (Centre d'Etudes en Population et Developpement)
CERTI	Complex Emergency, Relief & Transition Initiative
CESAG	Centre Africain d'Etudes Supérieures en Administration et Gestion
CHANGE	Project for health policy reform
CHE	complex humanitarian emergencies
CIES	Comparative and International Education Society
COPE	Client-oriented provider-efficient
CORE	Consortium of 35 PVOs implementing child survival projects
CRHCS/ECSA	Commonwealth Regional Health Community Secretariat/East, Central, and Southern Africa
CTO	Cognizant Technical Officer
DDC	Division of Disease Control (WHO/AFRO)
DEC	Development Experience Clearinghouse (USAID's)
DfID	Department for International Development
DHS	Demographic and Health Survey
DJCC	Directors' Joint Consultative Committee
DOD	Department of Defense
DOTS	direct observed therapy short course
ECOMOG	Economic Community Monitoring Group (of ECOWAS)
ECOWAS	Economic Community of West African States
ECSA	East, Central, and Southern Africa
EOC	essential obstetric care
ERNWACA	Educational Research Network for West and Central Africa (Réseau ouest et centre africain de recherche en éducation (ROCARE))

ESA	East and southern Africa
ESAMI	East and Southern Africa Management Institute
ESARO	East and Southern Africa Regional Office (UNICEF)
FANta	Food and Nutrition Technical Assistance Project
FAO	United National Food and Agriculture Organization
FHA	Family Health and AIDS Project, West Africa (SFPS)
FHI	Family Health International
FP	family planning
FY	fiscal year
G/PHN	Global Bureau/Population, Health and Nutrition Center (USAID)
GHAI	Greater Horn of Africa Initiative
HANIG	HIV/AIDS New Indicators Group
HEARD	Health Economics and HIV/AIDS Research Division
HFHR	health financing and health reform
HHRAA	Health and Human Resources Analysis for Africa
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HKI	Helen Keller International
HORIZONS	Project for applied research and evaluation in AIDS
HRD	Human Resource Development
HS-HAG	Health Sector - HIV/AIDS Group
HSR	Health Systems Research Project
IAWG	Inter-Agency Working Group
ICASA	International Conference on AIDS and Sexually Transmitted Diseases in Africa

ICIPE	International Center on Insect Physiology and Ecology
ICM	International Confederation of Midwives
ID	infectious diseases
IDRC	International Development Research Center
IDC	Information Dissemination Center
IDS	integrated disease suveillance
IDSR	integrated disease suveillance and response
IMCI	Integrated Management of Childhood Illness
IMPACT	Implementing AIDS Prevention and Care Project
INASP	International Network for the Availability of Scientific Publications
IR	Intermediate Result
IT	information technology
IUATLD	International Union Against Tuberculosis and Lung Disease
IUNS	International Union of Nutritional Sciences
IWG	Implementation Working Group
ITN	insecticide-treated nets
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU	Johns Hopkins University
KEMRI	Kenya Medical Research Institute
LINKAGES	Breastfeeding, Complementary Feeding, and Maternal Nutrition Project
LSGA	limited scope grant agreement
LSHTM	London School of Health and Tropical Medicine
M&E	monitoring and evaluation

MAP	Men as Partners
MAQ	Maximizing Access and Quality
MCH	maternal and child health
MEASURE 2	USAID-funded projects focusing on research & evaluation in population & health
MNH	Maternal and Neonatal Health project
MIM	Multilateral Initiative on Malaria
MIP	malaria in pregnancy
MOH	Ministry of Health
MOST	The USAID Micronutrient Program
MPS	Making Pregnancy Safer initiative
MRTC	Malaria Reseach and Training Center
MSH	Management Sciences for Health
MTCT	mother-to-child transmission (of HIV)
NAP+	Network of African People Living with HIV/AIDS
NARESA	Network for AIDS Research in East and Southern Africa
NGO	nongovernmental organization
NHA	National Health Accounts
NIH	National Institutes for Health
NLM	National Library of Medecine
NMCP	National Malaria Control Program
OFDA	Office of Foreign Disaster Assistance
OIRH	Office of International and Refugee Health
ORS	Oral Rehydration Solution

OVC	orphans and vulnerable children
PAC	postabortion care
PASA	participating agency service agreement
PCS	Population Communication Services project
PHR	Partnerships for Health Reform
PHN	population, health, and nutrition
PHNI	Population, Health, and Nutrition Information project
PISE	Malian Education Sector Investment Program
PLWA	people living with AIDS
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission (of HIV)
PPT	pre-packaged therapy (for STDs)
PRB	Population Reference Bureau
PRIME	USAID-funded project focusing on strengthening the performance of pri mary health care providers
PROFILES	Nutrition advocacy computer program
PSI	Population Services International
PVO	private voluntary organization
QAP	Quality Assurance Project
R4	Results Review and Resource Request
RATN	Regional AIDS Training Network
RBM	Roll Back Malaria
RCQHC	Regional Centre for the Quality of Health Care
REDSO	Regional Economic Development Support Office

REDUCE	safe motherhood advocacy computer program
RESAR	Reproductive Health Research Network for West Africa
RH	reproductive health
RPM	Rational Pharmaceuticals Management Project
SA	South Africa
SAGO	Society for African Gynecologists and Obstetricians
SANA	Sustainable Approaches to Nutrition in Africa
SARA	Support for Analysis and Research in Africa
SD	Office of Sustainable Development (USAID Bureau for Africa)
SFPS	Family Health and AIDS Project, West Africa (FHA)
SIDA	Swedish International Development Agency
SNL	Saving Newborn Lives project
SO	Strategic Objective
SOGOB	Society for Gynecologists and Obstetricians of Burkina Faso
SOMA-Net	African Social Science for Medicine Network
SOW	scope of work
STD	sexually-transmitted disease
SWAA	Society for Women and AIDS in Africa
SWAp	sector-wide approach
TB	tuberculosis
TBA	traditional birth attendants
TMG	The Mitchell Group
TOT	training of trainers
UN	United Nations

UNAIDS	Joint United Nations programme on AIDS (Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA))
UEMOA	Union Economique et Monétaire Ouest Africaine
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States government
VCT	voluntary counseling and testing (for HIV)
WAHO	West African Health Organization
WARP	West Africa Regional Program (USAID)
WARO	West Africa Regional Office (BASICS project)
WCA	West and Central Africa
WHO	World Health Organization
WHO/AFRO	World Health Organization/Regional Office for Africa
ZEBS	Zambia Exclusive Breastfeeding Study
ZVITAMBO	Zimbabwe Vitamin A for Mothers and Babies Trial

I. Introduction

Support for Analysis and Research in Africa (SARA) II is pleased to submit this report for Project Year 2, which describes SARA's activities in support of the USAID Bureau for Africa Office of Sustainable Development. The report is organized as follows:

Introduction (Section I) is followed by an Overview (Section II) that briefly sketches highlights from the year's activities and future directions.

Section III deals with two major areas of cross cutting activities that touch on all analytic areas of AFR/SD/HRD-SARA: the expanding collaboration with African insitutions and issues of dissemination and advocacy. Section IV summarizes SARA's activities in each analytic area in this project year.

II. Overview

The SARA project has had an active and exciting year, despite budget constraints and the uncertainties of USAID reorganization. Sub-contracts with four African partners are now operational, and collaborative work is ongoing with several others. SARA's role in HIV/AIDS and PMTCT has been considerably strengthened, especially in East and southern Africa, due to intensified collaboration with African institutions and networks. Additional areas this year where SARA has played a new or stronger role include mobilizing private practitioners for child health, HIV and nutrition, the role of communities and NGOs in education, malaria and pregnancy, TB and women, and advocacy for the reduction of maternal mortality.

The SARA team has been reinforced this year with the additions of Youssef Tawfik, who is working 80 percent on child health issues, Antonia Wolff, the dissemination specialist, and, most recently in September 2001, Oscar Picazo, health financing and health reform specialist. Anne Inserra left SARA in mid-year, and monitoring and evaluation activities are now being handled by short-term consultants.

Sara Goals

SARA project goals are to:

- Assist AFR/SD to develop and manage its strategic objectives and results
- Increase the use of research and information through dissemination and advocacy in priority areas of AFR/SD concern
- Develop linkages with African institutions that foster capacity-building, and produce quality research, analysis, dissemination, and advocacy
- Implement activities in research, analysis, and dissemination, for which SARA has a comparative advantage and that complement the efforts of other projects and donors
- Develop and promote the use of generic tools/instruments to improve the practice of programs in health and education.

1. Assist AFR/SD to develop and manage its strategic objectives and results

The SARA team met with the strategic objective core teams on a much more regular basis this year. Some teams meet on a weekly basis, but all core teams met periodically during this fiscal year. The core teams shared information on activities,

discussed strategies, and developed scopes of work for AFR/SD-funded activities. In addition to the smooth functioning of the reproductive health and education core teams mentioned last year, the HIV/AIDS core team has grown and weekly meetings are now held. SARA HIV/AIDS advisor and dissemination and advocacy manager participate in most of these meetings regularly; the research manager and nutrition/MTCT advisor participate as necessary. These core teams help to allow SARA staff to be optimally used in their function of support to AFR/SD portfolio management.

Some key SARA support activities this year include:

- Contributing to and reviewing the Reproductive Health Portfolio Review
- Organizing consultative group meetings on MTCT, Advocacy, Child Health, etc.
- Providing technical support for the joint USAID/DfID review of IMCI
- Documenting AFR/SD results
- Conducting briefings to other USAID bureaus on maternal health and nutrition
- Strengthening AFR/SD monitoring and evaluation systems
- Providing technical support for AFR/SD evaluations of PROFILES and the SANA project
- Preparing the Report to Congress on MTCT
- Co-chairing the sub-group on monitoring capacity building that is part of the HIV/AIDS New Indicators Group
- Participating in numerous working groups, including Multisectoral AIDS, AIDS Communication

2. Increase the use of research and information through dissemination and advocacy in priority areas of AFR/SD concern

SARA dissemination staff have participated actively on the core teams this year. They are often involved in scopes of work discussions and try to ensure that dissemination and advocacy are built into an activity from the start.

The tracking system for key SARA documents remains a valuable resource for determining how documents are distributed and to whom. Of the 29,000 documents sent out this year, 93 percent were requested. SARA has not sent as many mass, unsolicited mailings as in previous years, due to budget constraints and the higher costs associated with mailings, however, the project started sending a quarterly publications update to USAID Washington and field offices, African and PVO partners. This list has grown to over 225 names.

SARA staff worked with numerous African institutions and USAID missions partners on dissemination and advocacy issues: CEFOREP, CRHCS and its country IDCs, ERNWACA, RCQHC, USAID/Zambia partners, and USAID/Namibia partners. This is helping to improve regional and local use of information on key issues such as maternal mortality (CEFOREP), HIV/AIDS and nutrition (CRHCS), HIV/AIDS and education (ERNWACA) and HIV/AIDS, malaria, and nutrition issues with USAID/Zambia partners.

SARA targeted a number of international and regional meetings as important to disseminate information through presentations, and making key documents available. Efforts this year include meetings on education (CIES, community schools, donor involvement), child survival and infectious diseases (IMCI, private practitioners), nutrition (MTCT, HIV and nutrition), reproductive health (REDUCE), and HIV/AIDS (MTCT, HIV and nutrition, strategy development).

Key activities in the area of dissemination and advocacy this year include:

- Developing and launching of a SARA web site, which houses full-text publications and complements the AFR/SD site which SARA also helped to launch this year
- Expanding SARA use of CD-ROMs, often in collaboration with partners, and dissemination of information on complex emergencies, HIV-related nutrition issues, and malaria and pregnancy
- Assisting USAID/Zambia in training its staff and counterparts in repackaging and dissemination of best practices—an activity that can be packaged in itself and transferred to others in the region
- Producing 23 documents for outside audiences, many in two languages, and disseminating approximately 29,000 documents, mostly to Africa.

3. Develop linkages with African institutions that foster capacity-building, as well as produce quality research, analysis, dissemination and advocacy

The following table lays out in summary the key areas of SARA collaboration with African institutions this year.

Technical Area	Institution/Network	Collaborative Activities
Education	ERNWACA	- Recruitment and support of the Network Director - Development of an ERNWACA action plan for institutional development and fundraising
	Ministry of Health, Mali	- Development of competency-based curriculum
Reproductive Health	CRHCS/ECSA	- Development of SOW for desk review of safe motherhood policies and models - Coordination with JHPIEGO/MNH for policy work on malaria and pregnancy - Promotion and follow-up of REDUCE
	Regional Centre for Quality of Health Care (RCQHC)	- Collaboration on malaria and pregnancy issues (with CRHCS) - Preparation of Women's Media Network
	CEFOREP	- Organization and follow-up of REDUCE workshop in Senegal - Development of advocacy brochure on emergency obstetric care - Planning of EOC policy monitoring and dissemination
	CERPOD	- Planning of RH activities under the SARA-CERPOD subcontract
	RESAR	- Finalizing of country studies on Male Involvement
	SAGO	- Support to SAGO biennial conference focus on EOC and male involvement in RH - Follow-up of impact of 2000 institutional development activities
HIV/AIDS	NARESA	- Joint planning to broaden NARESA activities in the ESA region

Technical Area	Institution/Network	Collaborative Activities
HIV/AIDS cont'd	CERPOD	- Development of HIV/AIDS component of SARA-CERPOD sub-contract, SOW for Coordinator, etc.
	CRHCS	- Recruitment and support of CRHCS HIV/AIDS coordinator - Development of ESA HIV/AIDS Strategy - Development of HIV/AIDS Task Force for ESA - Planning of assessments of impact of HIV/AIDS on the health sector - Planning for resource mobilization for HIV/AIDS activities in the region
	SWAA	- Financial and technical assistance with the 8th SWAA conference in Kampala with PMTCT focus
	WAHO	- Support for meeting in Africa to address HIV/AIDS and the armed forces in ECOWAS
	RATN	- Planning of regional meeting on training for PMTCT in ESA
	NAP+	- Support to NAP+ institutional development and workplan implementation
	ESAMI	- Linkages with CRHCS to promote training in policy analysis and monitoring with a focus on HIV/AIDS
	Health Systems Research Project	- Joint planning for assessments of the impact of HIV/AIDS and the Health Sector
Nutrition	WAHO	- Support for the annual regional meeting of Nutrition Focal Points in West Africa, focusing on maternal nutrition - Establishment of listserv for Focal Points
	CRHCS	- Revision of HIV/AIDS and nutrition advocacy brief, and follow-up evaluation questionnaire - Joint planning for updating of regional nutrition strategy - Joint development of workplan for SARA-CRHCS sub-contract - Presentation for CRHCS Ministers meeting on HIV and nutrition

Technical Area	Institution/Network	Collaborative Activities
Nutrition cont'd	Regional Centre for Quality of Health Care, Makerere Univ.	- Provision of PMTCT and HIV and nutrition materials for RCQHC training - Planning of regional workshop to develop nutrition guidelines for PLWA - Presentation developed on HIV and nutrition for RCQHC Nutrition Advisor
	ZVITAMBO Research Project, Zimbabwe	- Capacity building on HIV and nutrition issues - Technical support for analysis and presentation of research findings
Child Survival, Malaria and Infectious Diseases	MRTC	- Review of MRTC progress in implementing AFR/SD-funded activities, and recommendations for next steps
	International Center for Insect Physiology and Ecology (ICIPE)	- Discussions on collaboration to strengthen training for vector control interventions in Africa
	CEDHA	- Joint planning of an Expert Working Group to develop the protocol and tools for study on women's access to TB services
	HealthScope	- Implementation of study on women's access to TB services
	WHO/AFRO	- Organization and participation in Joint Review of IMCI in Africa - Collaboration on development of consultant briefing package on community IMCI - Support for African participation at the RBM Global Partners Meeting in Washington, DC - Dissemination of the review of the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa - Collaboration on study on women's access to TB services
Health Management and Economics	CESAG	- Ongoing discussions on the development of CESAG research activities on health reform issues
	ESAMI	- Planning of ESAMI role in training for health policy development and monitoring (with CRHCS and RATN)

Technical Area	Institution/Network	Collaborative Activities
Dissemination and Advocacy	CRHCS	- Joint planning of electronic networking in the region - Support for CRHCS dissemination assistant to attend workshop on policy communications - Support for country dissemination centers to attend the AHILA Conference with focus on HIV/AIDS
	CERPOD	- Finalization and production of the Self-Evaluation Guide to improve use of information at health centers
	CAFS	- Translation into French and printing of Empowering Communities—a guide for rapid appraisals
	CEFOREP	- Assistance with advocacy brochure on maternal mortality
	ERNWACA	- Presentation of findings on HIV/AIDS and education - Publication of transnational research studies
	NARESA	- Discussions on a strengthened NARESA role in information dissemination and networking
	RATN	- Discussion of potential collaboration on dissemination and advocacy issues
	RCQHC	- Support for RCQHC information coordinator to attend a policy communications workshop
	University of Natal—HEARD	- Dissemination of multisectoral AIDS Toolkits and AIDS Briefs
	WHO/AFRO	- Translation into French of AFRO/CDC laboratory methods manual
Other Cross-Cutting Issues	CRHCS	- Recommendations on strengthening health systems in ESA, following discussions at Directors Meeting
	WAHO	- Strategic planning for establishing WAHO's role in promoting public health in West Africa
	Health Systems Research / WHO/AFRO	- Finalization and utilization of the health systems research training modules
	CERPOD	- Production of the Self-Evaluation Guide for improving the use of health management information at the periphery level

4. Implement activities in research, analysis, and dissemination, for which SARA has a comparative advantage and that complement the efforts of other projects and donors

Child Survival

- A literature review on experiences and lessons learned in utilizing private practitioners for child health was completed this year, and generated considerable interest amongst donor partners.

- SARA staff gave technical assistance to the Ministry of Health in Uganda in presenting existing information on care-seeking behavior and private providers, and planning to involve stakeholders in developing a national strategy for involving the private sector in child health.

- SARA staff organized and participated in the joint USAID-DfID review of IMCI implementation in Africa. The review findings served as the basis of a set of discussions on future technical approaches and investment strategies.

- SARA contributed to the development of the ALIVE advocacy model to promote the reduction of neo-natal mortality. The Saving Newborn Lives Project was the main source of funding for this model, which is an outgrowth of the AFR/SD/AED/SARA REDUCE model.

Malaria

- SARA staff assisted USAID to conduct a participatory review of progress-to-date and identification of strategic directions for malaria activities for the next few years.

- SARA staff developed and disseminated advocacy materials on malaria and pregnancy this year, including the malaria and pregnancy brochure, which is now also in French and Portuguese.

- Technical assistance was provided for the review of MRTC activities funded by AFR/SD, and recommendations made for the dissemination of research findings on prophylaxis regimens for pregnant women.

- SARA assistance was given to plan the regional NGO/PVO workshop on malaria prevention and control, to be held in Nairobi in late 2001.

Nutrition

- SARA organized a consultative meeting for USAID and its nutrition partners on mother-to-child transmission of HIV/AIDS.

- *Prevention of Mother-to-child Transmission of HIV in Africa: Practical Guidance for Programs* was repackaged and widely distributed this year.

- SARA staff provided technical inputs to international consultations, and made several presentations at USAID, partner agencies, and international meetings on issues concerning HIV and infant feeding, and the nutrition of PLWA.

- A paper on the issues, risks, and challenges of early breastfeeding cessation by HIV-positive mothers in Africa was written to inform research and policy.

- Technical support was given to studies on HIV and breastfeeding in Zambia and Zimbabwe.

Reproductive Health and Maternal Mortality

- SARA staff and SARA/ACI Consultant Gary Engelberg worked intensively with CEFOREP to finalize and produce the advocacy brochure on maternal mortality, based on SARA-funded research in the region.

- SARA gave substantial technical support to the PRB-led initiative to establish a Women's Media Network in ESA to improve the coverage of key reproductive health issues.

- SARA fully supported the application of REDUCE in Senegal and provided technical assistance to WHO and AED in its application in Mozambique. Information is being gathered in Uganda, Senegal, and Mozambique on REDUCE use and impact.

- SARA has collaborated with other CA's in the preparation of several consultative and dissemination meetings, e.g., Conference on Postabortion Care in West Africa, Advance Africa meeting on sharing best practices, Maximizing Quality of Care Steering Committee.

Overview

HIV/AIDS Prevention and Mitigation

- SARA is collaborating with REDSO to strengthen regional activities for HIV/AIDS in ESA, e.g., CRHCS/ECSA recruited an HIV/AIDS Coordinator and focused regional meetings this year on developing a HIV/AIDS strategy for the region.

- SARA supported efforts to address HIV/AIDS in the armed forces in West Africa, by supporting WAHO in convening a regional meeting to discuss next steps.

- SARA supported PMTCT planning in ESA though support to SWAA and NARESA regional forums, and provision of technical guidance both from the medical and the nutritional viewpoints.

- SARA is promoting the active role of people living with AIDS in the ESA region, through a new sub-contract with the NAP+ Network.

- A literature review and analysis of the impact of HIV/AIDS on the health sector was drafted this year, and country assessments planned.

Infectious Diseases

- A working group was organized in Arusha to kick off the SARA-funded study on women's access to TB control services in Africa.

- Two African institutions—CEDHA in Arusha and HealthScope in Dar es Salaam—were engaged to carry out the planning and implementation of the study.

- The review of the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa was finalized and disseminated this year.

Education

- SARA coordinated with IDRC, Canada, and ERNWACA National Coordinators to organize the recruitment as well as financial and technical support of a new Network Coordinator, hired for a two-year period to work on network development and fund-raising.

- A literature review on community schools in Africa, including case studies and lessons learned, was completed this year.

- A five-country study of the role of NGOs in basic education in Africa was organized this year. Findings from four countries are currently being analyzed. In addition to an international Steering Committee, Advisory Groups were formed in each country, to ensure local input and future use of the information generated.

- SARA has given ongoing technical support to USAID/Mali and USAID/ Benin on their bilaterally-funded basic education programs.

- ERNWACA researchers from Togo, Ghana, and the Gambia, with SARA support, presented findings based on information gathered by several ERNWACA chapters on HIV/AIDS and education in West Africa.

Cross-cutting Issues

- SARA now has a Health Financing and Reform Advisor and has started to identify priority activities for FY 2002.

- A paper on the human resources crisis in the health sector in Africa has been drafted, discussed, and repackaged for broad dissemination among AFR/SD partners.

- A CD-ROM library on the management of disasters and complex humanitarian emergencies has been produced and disseminated.

- SARA staff worked with USAID/West Africa Regional Program staff to assist the newly established West African Health Organization (WAHO) in developing a participatory process to identify its niche in improving public health in the region.

5. Develop and promote the use of generic tools/instruments to improve the practice of programs in health and human resources

Using Data to Improve Service Delivery: A Self-Evaluation Approach

The French version of this CERPOD manual, designed to improve the use of information by health workers at the periphery, is currently at the printer. The English version should be available in early 2002. SARA staff and Anne LaFond from MEASURE 2 worked together on an initial, country-focused dissemination strategy for Francophone Africa.

Qualitative research for malaria

SARA supported Carol Baume to finalize a qualitative research manual for use by country malaria programs. Some co-funding has been leveraged through the BASICS project; BASICS is formatting the protocol and will cover some of the printing and dissemination costs.

REDUCE and ALIVE tools for advocacy

SARA staff handed off the scaling up of the REDUCE advocacy model on maternal mortality to a newly-constituted AED REDUCE/ALIVE Team. The model was tested by SARA in a first Francophone country this year—Senegal. CEFOREP was fully involved, and is assisting with follow-up, which is being carried out largely by the USAID bilateral reproductive health project. Funds have been leveraged from WHO/AFRO, who funded an application of REDUCE in Mozambique, carried out by the AED REDUCE/ALIVE Team, with some technical help from SARA staff. WHO/AFRO is planning to fund a further three applications next year in the African Making Pregnancy Safer Programme countries (Nigeria, Mauritania, Ethiopia).

The Saving Newborn Lives (SNL) project of Save the Children, U.S. funded the additional development of a separate model on neo-natal mortality, called ALIVE. This has already been used as a basis for SNL country analyses, and will be applied in country settings next year, usually in some combination with REDUCE.

MTCT qualitative research tool

Plans were made this year to develop generic tools that can be used by programs to prevent MTCT based on SARA experience in several southern African countries (South Africa, Zambia, Zimbabwe). Meetings were held with WHO and other African partners, including the University of Natal and the Africa Center (both in South Africa), to discuss producing a manual on formative research for adapting UN guidelines on HIV and infant feeding to the local context and developing and testing generic counseling materials for health workers who counsel mothers about feeding options. These materials are intended to address the widely expressed need for assistance on counseling and ways to better define with women/families which feeding options are safe and appropriate, taking into account the local and individual cirucmstances. The formative research tool and counseling materials will be produced in FY 02 with leveraged financial support from WHO.

Policy development, implementation, and monitoring manual

SARA staff worked with staff from CRHCS, RATN, and the Policy Project this year to plan a joint effort for monitoring of HIV/AIDS policy development and implementation in East and Southern Africa. The SARA policy development manual is not being finalized for the moment, since there is still some question

about its adequacy for target end-users. It will serve as basis for the joint RATN/ CRHCS/Policy/SARA effort, and experience with its use will guide future next steps.

III. Activities Affecting All AFR/SD Health and Human Resources Strategic Objectives

A. Collaboration with African Institutions and Networks

CAFS – Center for African Family Studies, Nairobi and Lome

SARA assisted CAFS in translating and printing the publication *Empowering Communities* in French, in collaboration with the Population Communications Services (PCS) Project. This publication is being disseminated by the CAFS office in Lome, and is being used primarily for CAFS trainings.

CAFS has continued to offer advocacy training courses without any continued support from SARA, building on CAFS/SARA work in 1998. This year they held a regional training in July for participants from five countries.

CEDHA – Center for Educational Development and Health Activities, Tanzania

SARA contracted the services of the Center for Educational Development and Health Activities (CEDHA) and worked closely with CEDHA staff to prepare and host an Expert Working Group meeting to discuss the protocol and tools for a pilot study of factors affecting women's access to TB diagnosis and treatment services. CEDHA successfully managed the facilitation and logistics of the Expert Working Group meeting.

CEFOREP – Center for Training and Research in Reproductive Health, Senegal

SARA worked quite closely with CEFOREP this year in the area of reducing maternal mortality. The new CEFOREP Director, Dr. Thidiane Ndoye, organized and participated technically in the REDUCE workshop for Senegal. He also followed up on the REDUCE/Senegal advocacy plan, and expressed interest in participating in applications in other countries. Dr. Ndoye is planning to take another job early next year, but other CEFOREP staff have expressed interest in following through to develop CEFOREP's advocacy and policy monitoring role in the region for reducing maternal mortality.

This year, CEFOREP, with assistance from SARA and Africa Consultants International (ACI) staff, developed an attractive advocacy brochure, *Donner La Vie et Rester en Vie,* to promote the prevention of maternal mortality through

essential obstetric care in Francophone West Africa. This document is based on the SARA-funded studies that were conducted by CEFOREP and SAGO in 1999.

CERPOD – Regional Center for Research in Population and Development, Mali

A sub-contract was finalized with CERPOD this year, to support activities in the areas of monitoring and evaluating HIV/AIDS, updating West African data on adolescent reproductive health, disseminating research findings, and building capacity for qualitative research in the region in priority health areas. Progress in implementation has been slow this year, however, partly due to uncertainties and shortages in CERPOD staffing.

SARA worked with CERPOD and MEASURE Evaluation to finalize *Using Data to Improve Service Delivery: A Self Evaluation Approach* this year. This document has been formatted and will be printed and disseminated in the first part of FY 2002. The English version is currently being finalized and will also be ready in the first or second quarter of 2002. This guide will help frontline health workers to use the data collected at the health facility to solve common problems in service delivery, and improve their response to community needs.

CESAG – Regional Center for Advanced Management Training, Senegal

SARA has not developed particular activities with CESAG this year, partly because of budget restrictions. Contact has been maintained through a visit by Suzanne Prysor-Jones in early 2001, e-mails, phone conversations, and discussions with CESAG partners in the U.S. Within the last couple of years, CESAG has developed considerably in the areas of health management and economics. The Health Management Department is now a Health Management Institute, and several additional staff members have been recruited, including two health economists and a statistician/researcher. The Institute is developing an important research portfolio, including work on motivation/incentive systems for health staff. CESAG relationships have been strengthened with MSH, MEASURE 2, and the World Bank Institute, especially for short courses on health economics, evaluation, and management issues.

CRHCS/ECSA – Commonwealth Regional Health Community Secretariat for East, Central, and Southern Africa, Tanzania

A substantial sub-contract was finalized this year with CRHCS/ECSA, after many consultations both with CRHCS and USAID/REDSO staff, to ensure complementarity with the REDSO grant to the same institution. Stephen Kinoti

coordinated this process, which involved SARA staff members in the areas of Nutrition, HIV/AIDS, Dissemination, Reproductive Health, management, and budgeting.

The contract includes activities to promote regional efforts in support of country programs in all the technical areas mentioned. This is to be done variously through regional consultative and consensus-building meetings, research and analysis activities, as well as information sharing and capacity building on key issues. Of particular note, SARA:

- Provided financial and technical support, shared with the REDSO grant, to establish a new post of HIV/AIDS coordinator at CRHCS. This post will become a CRHCS permanent staff position—as mandated by the ECSA country health ministers. Stephen Kinoti participated in recruiting Dr. Bannet Ndyanabangi to this post and has been working closely with him on a number of issues, since he started in July 2001.

- Assisted in preparing the agenda and facilitating sessions during the CRHCS annual meeting of Health Directors from its member states (DJCC). SARA staff participated in developing the CRHCS HIV/AIDS strategy, and related health reform issues.

- Strengthened the capacity of the CRHCS network of information dissemination centers (IDCs) through supporting focal persons to give presentations at a regional AHILA meeting, assisting with a proposal to strengthen electronic networking in the region, and providing technical support to the CRHCS dissemination staff.

- Is involving CRHCS in safe motherhood advocacy in the region, including helping the organization establish a role for monitoring how REDUCE is used in the region.

- Assisted in preparing and organizing key regional workshops and meetings, e.g., on pre-service training on HIV/AIDS, HIV/AIDS policy monitoring, strengthening health systems in the region (Directors meeting), sharing nutrition tools and approaches (Nutrition Focal Points meeting).

ERNWACA – Educational Research Network for West and Central Africa, Mali

A sub-contract was developed with ERNWACA this year to fund the regional coordinator's position based in Bamako, Mali, for a limited two-year period. This

has been undertaken with the understanding that intensive fund-raising will be carried out by ERNWACA during this period so that the network can sustain itself without USAID/SARA support. The SARA education advisor led the recruitment process in collaboration with the International Development Research Center (IDRC) in Canada.

Since the coordinator started in August 2001, communication has been frequent. SARA has given technical assistance for work planning and consolidating the network at country and regional levels.

SARA publications staff have been working hard to finalize the transnational studies that were prepared in the last fiscal year. The studies are now available in both English and French and will be published early next fiscal year. In addition, SARA assisted ERNWACA to gather and present data from three countries on the effects of HIV/AIDS on education. The presentations were made at the USAID-sponsored meeting in Accra, Ghana.

ESAMI – East and Southern Africa Management Institute, Tanzania

SARA has facilitated linkages between ESAMI, CRHCS/ECSA, and RATN, to promote improved training for health management in the region. For the first time a representative of ESAMI participated fully in the CRHCS Directors (DJCC) meeting, and in a special session to discuss future collaboration with RATN and CRHCS in training for policy analysis and monitoring.

Healthscope

SARA signed a sub-contract with HealthScope to develop protocol and tools, and to implement a pilot study of factors affecting women's access to TB diagnosis and treatment services in Tanzania. The pilot study is expected to be completed in early 2002. The Tanzanian team has shared the protocol and tools for the TB and gender study with program managers and other stakeholders in the region.

HEARD – Health Economics and AIDS Research Division, University of Natal, South Africa

SARA continued to work with HEARD this year on dissemination of the multisectoral AIDS Toolkits and AIDS Briefs. SARA has also made these materials available on the web site. Discussions were held with HEARD on possible collaboration with CRHCS/ECSA on assessing the impact of HIV/AIDS on the health sector in South Africa and elsewhere.

ICIPE – International Center for Insect Physiology and Ecology, Nairobi, Kenya

Dr. John Githure of ICIPE in Nairobi and Sambe Duale had preliminary discussions on ways that SARA and other partners can assist with strengthening training for vector control interventions in Africa. Dr. Gene Brantley of Environmental Health Project and Dr. John Beier of Tulane University School of Public Health and Tropical Medicine also participated in the discussion. A consultative meeting under the aegis of ICIPE is proposed for 2002 to build on recommendations from a WHO/AFRO-sponsored conference held in February 2001 in Harare on strengthening vector control interventions for malaria control in Africa.

MRTC – Malaria Research and Training Center, Bamako, Mali

Sambe Duale participated in the review of the Malaria Research and Training Center's (MRTC) progress in implementing AFR/SD-funded activities. Representatives of MRTC, NIH, USAID, WHO and the Malian national malaria control program (NMCP) met in July 2001 to review the activities and decide on next steps.

NAP+ – Regional Network of African People Living with AIDS, Kenya

SARA developed and signed a sub-contract to strengthen NAP+, a volunteer network, which is linking the different associations of people living with AIDS in Africa. The SARA funds support NAP+ linkages with strategic partners and human rights bodies, strengthen the NAP+ secretariat, and support specific activities in its work plan.

NARESA – Network of AIDS Researchers in East and Southern Africa, Kenya

Stephen Kinoti held discussions with the Network of AIDS Researchers in East and Southern Africa (NARESA) on strengthening its role in AIDS research, dissemination, and networking in the region. NARESA currently works in three countries (Kenya, Uganda, and Zambia), but is interested in widening its scope regionally, and strengthening its leadership role in HIV/AIDS research and analysis. SARA suggested that NARESA develop some grant proposals for which SARA could assist them in seeking funding.

Collaboration with African Institutions

RATN – Regional AIDS Training Network, Kenya

SARA held discussions with RATN this year, both in the U.S. and Kenya. Key themes included accelerating training on MTCT in Africa and policy development and monitoring for HIV/AIDS (with CRHCS/ECSA). RATN is preparing proposals on these themes, hoping to interest multiple partner agencies.

During a visit to RATN in July 2001, Stephen Kinoti helped develop the agenda and working documents for a regional meeting to develop consensus and action plans for training in prevention of mother-to-child transmission of HIV infection, to be held with SWAA in Kampala later in the year.

RCQHC – Regional Centre for Quality of Health Care, Makerere University, Uganda

SARA provided technical support to RCQHC this year on MTCT and HIV and nutrition issues. This included a) providing technical materials for their training and technical assistance programs; b) participating in planning the regional workshop to develop nutrition guidelines for people living with HIV/AIDS (held in November 2001); and c) developing a presentation for the HIV/AIDS advisor on nutrition and HIV.

SARA also supported the RCQHC information coordinator to attend the policy communication workshop offered in Kampala by Population Reference Bureau and Makerere Institute of Public Health.

RESAR – Reproductive Health Research Network for West and Central Africa

SARA staff worked with RESAR this year to edit and finalize reports from Benin, Cameroon, Niger, and Togo with findings from qualitative research on male involvement in family planning.

SAGO – Society of African Gynecologists and Obstetricians

SARA provided a modest contribution to SAGO for its bi-annual meeting in Ouagadougou in December of 2001. Over 700 gynecologists, obstetricians, midwives, social scientists and other public health professionals attended. The conference's main theme was essential obstetric care; its sub-theme was male involvement in reproductive health.

SWAA – Society for Women Against AIDS, Kenya

SARA provided financial and technical assistance to the 8th SWAA International Conference in Kampala, April 2001, which included a focus on prevention of maternal-to-child transmission of HIV/AIDS (PMTCT). Stephen Kinoti presented the role of regional institutions and networks in PMTCT, facilitated the PMTCT sessions, and contributed to the meeting reports and recommendations.

UWC – University of the Western Cape, South Africa

SARA provided technical assistance to the University of the Western Cape, Public Health Program last year to conduct, analyze, and disseminate findings of a formative research study on HIV and infant feeding. This year, UWC has built on this research and analysis experience to develop guidelines and counseling materials on HIV and infant feeding for the Western Cape Province, and they have advised UNICEF/SA and the National Government on this issue. They recently received funding from UNICEF and the Swedish Development Agency (SIDA) to conduct similar research in the Eastern Cape province. The research findings are used for developing local guidelines and counseling materials on infant feeding for MTCT programs.

WAHO – West African Health Organization, Burkina Faso

WAHO was formed from the merging of the Anglophone and Francophone West African Research Organizations, and became operational this year, with the recruitment of Dr. Joiner Kabba and Prof. Moussa Maiga, Director General and Deputy Director General, respectively. Technical staff are being recruited gradually. Suzanne Prysor-Jones and Sambe Duale joined Felix Awantang, from the USAID West African Regional Program (WARP) in Bobo Dioulasso for consultations with the newly-appointed senior staff, to discuss WAHO institutional development needs and technical areas for potential USAID support. A strategic planning process was defined and costed out during the week-long visit. Following this, SARA provided technical and financial support for WAHO to conduct some initial planning activities.

In the area of HIV/AIDS, Dr. Duale continued to assist WAHO to mobilize the U.S. Department of Defense LIFE Project, the Civil-Military Alliance, USAID, UNAIDS, and other stakeholders to support a proposal for addressing HIV/AIDS in ECOWAS militaries.

In the area of nutrition, SARA, SANA, and BASICS were active in involving WAHO in the regional networking that has been taking place over the last seven

years. WAHO responded to the challenge and took over the sponsorship of the annual Nutrition Focal Points Meeting this year, even though it has no staff positions dedicated to nutrition. SARA facilitated WAHO contacts with the other nutrition partners in the region, and provided technical and financial assistance for the organization of this years' meeting in Accra.

WHO/AFRO, Zimbabwe

SARA staff worked with WHO/AFRO on several technical issues this year. SARA discussed how to collaborate on nutrition and HIV/AIDS issues; participated in malaria and IMCI regional meetings; collaborated on the joint review of IMCI in Africa and on the community IMCI consultant briefing package; finalized the review of the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa; and is planning assessments of the impact of HIV/AIDS on the health sector with HSR. SARA staff, in collaboration with the AED REDUCE/ALIVE Team, are working closely with WHO/AFRO to implement REDUCE in Africa.

ZVITAMBO Project, Zimbabwe

Ellen Piwoz continued to build capacity for monitoring and evaluating the impact of counseling on infant feeding and HIV-related decisions, and for analyzing and disseminating results to research and policy audiences, at ZVITAMBO, which is now a nongovernmental organization providing technical assistance on MTCT prevention and research in Zimbabwe. Important research findings on factors influencing infant feeding decision-making by HIV-positive mothers and the impact of MTCT education and counseling on HIV risk behaviors were disseminated by ZVITAMBO staff, further influencing the dialogue about these issues in the country and internationally.

B. Dissemination and Advocacy

SARA Dissemination and Advocacy Staff

Renuka Bery	Dissemination and Advocacy Manager
Antonia Wolff	Dissemination Specialist
Karla Yoder	Publications Coordinator
Soe Lin Post	Computer Specialist
Rebecca Phenix	Meeting Coordinator/Program Associate for Publications

Introduction

Dissemination and advocacy activities picked up pace this year. The team continued using the results framework to define activities that focused on key strategic areas, including incorporating dissemination and advocacy strategies into AFR/SD strategic objectives, materials development and production, developing capacity in Africa to advocate, disseminate, and communicate electronically, and tracking and monitoring dissemination and advocacy activities. SARA continued to share its dissemination and advocacy expertise with other USAID projects and has continued to work with AFR/SD to integrate dissemination and advocacy into its investment contracts.

The dissemination team has gained strength over the past year so that dissemination activities can be handled by more than one person. At the end of the fiscal year, the computer specialist left SARA to attend graduate school, and we are recruiting to find a suitable replacement.

Support to AFR/SD Activity Managers in SOs 18-22

SARA dissemination team members have continued to meet with Africa Bureau strategic objective team members in both formal and informal ways. The core groups for each sector have functioned much more regularly this year. SARA's dissemination team members participate in core team meetings and thus keep abreast of the sector's activities and can offer sound dissemination advice on an on-going basis.

SARA continued to assist the reproductive health team to guide other Global Bureau projects receiving Africa Bureau funds in packaging material appropriately. Team members have assisted in the malaria planning meetings and have worked with different HIV/AIDS team members to meet information needs as they arise. In addition, SARA has represented the Africa Bureau on several working groups,

most notably, the PHNI web site development and the AIDS Communication Working Group convened by the Global Bureau HIV/AIDS team.

Rebecca Phenix, the meeting coordinator on the SARA dissemination team, assisted in organizing three consultative meetings this year. The first meeting was the SARA-organized Consultative Meeting on Advocacy held November 2, 2000, in the boardroom at the AED offices in Washington, DC. SARA dissemination staff organized the entire meeting: issuing invitations, setting the agenda, facilitating the meeting, and arranging meeting logistics. SARA produced a meeting report and distributed it to participants and other invitees. The second, a USAID/AFR/SD meeting on MTCT, was held at USAID on June 11, 2001. SARA staff organized the logistics for 45 people. The third meeting, a USAID Malaria Strategy meeting, was held September 7, 2001, at the PHNI offices in Washington, DC where SARA organized the logistics for 20 people and Ms. Phenix served as a recording secretary.

This year the Africa Bureau has tried to improve communication with its missions who often complain that they do not know what information the Africa Bureau is producing. To respond to this need, SARA has developed a quarterly publications list that is sent to missions. Any document funded by Africa Bureau and available during the quarter is placed on the list with instructions on how to order the publication.

In addition, several missions have come to the Africa Bureau with requests for different types of dissemination assistance. AFR/SD and SARA review these requests on a case-by-case basis to ensure that the request has regional significance. At the end of this fiscal year, SARA provided dissemination and repackaging capacity building assistance to the Zambia mission and its partners. In addition, SARA is reviewing a proposal from the Namibia mission to develop an AIDS web site competition. SARA has provided feedback on the original design which enabled the mission to revise its proposal to be more inclusive. In addition, SARA has identified ways that this activity could be developed as a regional one.

SARA has assisted AFR/SD in finalizing the material on the new AFR/SD web site and has worked with The Mitchell Group to ensure that full text material is available either on the AFR/SD site or linked appropriately to the SARA site. At the request of AFR/SD, Ms. Wolff provided feedback and guidance to the PHNI project on the design and development of the official G/PHN web site and how to link it with the AFR/SD web site.

Finally, SARA has assisted AFR/SD revise its cover attribution policy to ensure that USAID and AFR/SD are appropriately credited on all publications.

Joint Activities with African Partners

ACI

SARA staff worked with ACI and CEFOREP to finalize and produce the final report and a synthesis document on the emergency obstetric care research it conducted under SARA I. In addition, SARA supported the ACI documentalist, Ibrahima Bob, to attend the AHILA conference in Swaziland in December. Mr. Bob was elected the secretary general of AHILA and he single-handedly revitalized the AHILA listserv, making it a vital forum for African Health Information Specialists and Librarians to share experiences and ideas as well as a way to discuss needs. He has also traveled to the UK to speak at several conferences. Mr. Bob's assistant, Moustapha Diallo, visited SARA in early September to learn about the various systems that SARA has in place for dissemination.

CAFS

SARA assisted CAFS in translating and printing the publication *Empowering Communities* in French. This publication was disseminated by the CAFS office in Lome. They have been primarily used in trainings.

CAFS has continued to offer advocacy training courses without any continued support from SARA. They held a regional training in July for participants from five countries.

CEFOREP

SARA provided technical assistance to CEFOREP in disseminating the synthesis document on the essential obstetric care studies that were conducted under SARA I. This year, CEFOREP, with assistance from SARA/ACI, developed an advocacy brochure, *Donner La Vie et Rester en Vie,* to promote the prevention of maternal mortality through essential obstetric care. (See reproductive health section for more details.)

CERPOD

SARA worked with CERPOD and MEASURE Evaluation to finalize the Self-Evaluation Guide this year. This document has been formatted and will be printed and disseminated in the first part of FY 2002. The English version is currently being finalized and will also be ready in the first or second quarter of 2002. This guide will help frontline health workers to use the data collected at the health facility to

solve common problems in service delivery, and improve their response to community needs.

CRHCS

SARA supported CRHCS and some key information dissemination centers (IDCs) to attend the Association for Health Information and Librarians in Africa conference in Swaziland in December. The focus of the meeting was health information in the age of HIV/AIDS and CRHCS and its partner IDCs presented the IDC model as a way to improve collection and dissemination of HIV/AIDS information in African countries. These presentations were well received and quite a few of the IDC coordinators were elected to the AHILA board. This active participation in health information in Africa will assist the IDC coordinators gain greater recognition and help them contribute more effectively to increasing health information in the region. Nancy Kamau, the Kenya IDC coordinator, is studying in the U.S. at the National Library of Medicine. Fred Kalyowa, Uganda IDC coordinator, studied and taught a course in Sweden this year.

Given that CRHCS has not successfully raised enough funds to support an information dissemination coordinator, SARA is trying to strengthen the existing information personnel at CRHCS. To this end, through the SARA subcontract, CRHCS supported the information assistant to attend the policy communication workshop organized by Population Reference Bureau and Makerere Institute of Public Health. This two-week course was also attended by the information specialist from the Regional Centre for Quality of Health Care. SARA hopes that these two information specialists will now be able to coordinate some of their activities and work collaboratively.

SARA has been assisting CRHCS to develop a proposal for creating a vast electronic network of key health professionals in the fourteen member countries. The goal is to develop and nurture in-country networks of CRHCS affiliates to promote greater electronic connectivity and communication within the country to meet the health information needs of MOHs, policy makers, and program managers. This is described under the Connecting African Partners section.

ERNWACA

Karla Yoder, SARA publications coordinator, has been working diligently to finalize the transnational studies that were prepared in the last fiscal year. The studies are now available in both English and French and will be published early next fiscal year. Ms. Yoder also worked closely with the education advisor, Dr. Yolande Miller-Grandvaux, to recruit for a new ERNWACA regional coordinator. Ms.

Yoder posted the advertisement in numerous publications, collected the responses in a database, acknowledged applicants, drew up a short list of candidates, and conducted reference checks on the candidates interviewed. In addition, SARA assisted ERNWACA to gather and present data from three countries on HIV/AIDS effects on education. The presentations were made at the USAID-sponsored meeting in Accra, Ghana.

Network of AIDS Researchers in East and Southern Africa (NARESA)

SARA staff held discussions with the Network of AIDS Researchers in East and Southern Africa (NARESA) on strengthening its role in AIDS research, dissemination, and networking in the region. NARESA currently works in three countries (Kenya, Uganda, and Zambia), but is very interested in widening its scope regionally, and strengthening its leadership role in HIV/AIDS research and analysis. SARA suggested that NARESA develop some grant proposals for which SARA could assist them in seeking funding.

Regional AIDS Training Network

SARA has met with the executive director of RATN numerous times this year to discuss potential areas of coordination regarding dissemination and advocacy. Though we have waited for concept papers or proposals from them, they have not been forthcoming. As funding has been tight, we have not actively pursued the smaller activities, but have concentrated on the larger ones, such as the policy development and monitoring activity discussed in the HIV/AIDS section.

Regional Centre for Quality of Health Care

SARA has been discussing ways in which to strengthen the information coordinator at the Regional Centre. This year SARA provided support for the coordinator to attend the policy communication workshop offered in Kampala by Population Reference Bureau and Makerere Institute of Public Health. Mr. Ouma feels that he will be able to use the skills he learned to make better presentations, newsletters, brochures, and calendars. In addition, he will keep current with his new knowledge when communicating to policy makers, writing policy implications, and press releases, or when faced with a studio interview.

University of Natal/HEARD

SARA has provided dissemination guidance to HEARD throughout this year to disseminate the multisectoral AIDS Toolkits and AIDS Briefs. SARA has also made these materials available on the web site. SARA worked with HEARD on

developing the cover letter to accompany the materials. Most recently, SARA responded to a request to repackage the existing toolkits (developed by HEARD and other groups) into short summaries so groups in Africa know that these materials are available and how to use them.

Develop Dissemination and Repackaging Skills in Africa

Renuka Bery and Antonia Wolff designed and conducted a five-day workshop on dissemination and repackaging information for USAID/Zambia and its partners. The two-day dissemination workshop was attended by a group of 16 participants. The repackaging workshop, which focused on practical skills building, was attended by a core group of 12 participants. The participants found the topics relevant and interesting and felt that they left the workshop with a better understanding of the need for focused dissemination efforts as well as ways to repackage information into different relevant formats.

The dissemination workshop highlighted the need to identify target audiences and the most appropriate formats and channels in which to deliver information for those audiences. The group also discussed the challenges associated with dissemination and identified current dissemination opportunities that they could harness. The workshop also touched on some of USAID's key information dissemination needs, which focused on ways to disseminate information to the world and the U.S. Congress about Zambia's improved health outcomes resulting from USAID's contributions.

The repackaging workshop focused on identifying different formats that would be relevant to policy audiences, in particular. Participants practiced with exercises on eliminating jargon and identifying policy findings and implications. Then the participants read through and evaluated some success stories and practiced writing their own. They also learned about policy briefs/fact sheets and started to write one of their own. To break up the exercises, and at the request of the participants, SARA designed a layout session for the participants to think about how to present the material visually. The objective of the session was not to teach a new software, but to have participants think about the visual effects and different ways of grabbing people's attention with pictures, photographs, font styles, layout styles, pull quotes, colors, etc. The final session was learning about press releases and press events. Timing did not allow for the participants to complete a press release, but they did practice writing a hook and the first paragraph that had to answer questions of who, what, where, how, when, and why.

Participants from both workshops and USAID and project directors were invited to the closing session in which participants shared what they had learned and how they were planning to use what they had learned in the future.

Advocacy

Advocacy continues to be discussed and integrated into many AFR/SD activities throughout the various SOs. In particular this year, a number of advocacy materials were developed and used around particular topics—particularly malaria and pregnancy, community IMCI, and HIV and nutrition.

Consultative meeting on advocacy

SARA organized a consultative meeting on advocacy early in the fiscal year in Washington, DC targeted to a select group of people working on advocacy issues throughout the world. The meeting was held to follow up on an advocacy meeting held five years ago with the main purpose being to create a forum where participants could share ideas and experiences and discuss what has been learned in the past five years. The meeting participants shared how to get results from doing advocacy work; how to create and maintain advocacy networks; identified a number of resource constraints; how to maintain donor interest; and moving beyond training. Following this meeting, SARA also worked with a consultant, Valerie Miller, to assist the project in determining the next steps in deepening the influence of the SARA advocacy activities. Deepening advocacy activities takes abundant resources and SARA does not have excess resources to move forward on a particular advocacy issue at this time. However, SARA is working to develop relationships with existing advocacy organizations in Africa and will seek new ways engage in advocacy activities that are not as resource intensive.

Advocacy training

Under SARA I, we trained two African institutions, Centre for African Family Studies (CAFS) and Centre Africain d'Etudes Superieures en Administration et Gestion (CESAG), to train resouce persons in advocacy throughout Africa. These institutions are still offering advocacy training around the region although SARA no longer directly supports them other than providing our *Introduction to Advocacy* training guide.

SARA did not conduct any advocacy trainings this year, though the subcontract with CRHCS includes financing for the senior staff to be trained in advocacy. Originally SARA thought that CRHCS might join in the RCQHC advocacy training that CAFS was giving them in March, but it seems that this training did not take

place. SARA will work with both organizations to identify when such a joint training could take place.

Special issue advocacy in partnership with African institutions, other CAs, and USAID

SARA has been working in partnership with USAID and other organizations to advocate around specific issues. The specific advocacy activities are described under the technical areas of this report. In principle these issues are related to AFR/SD strategic objectives but need to be promoted in a number of different forums. Wherever possible and appropriate, SARA tries to involve African institutions in these special issue advocacy efforts. This year we have assisted the Malaria and Pregnancy Working Group as well as the HIV/AIDS team on a number of issues. SARA is generally working in partnership with USAID or other organizations, working groups, and donors to move these agendas forward. Because SARA is not an implementing project, we try to ensure that these advocacy efforts are linked with projects that are so that follow-up is possible and can yield sustained results.

Producing and disseminating advocacy materials on special issues

a) IMCI

SARA has produced a number of advocacy materials this year around specific issues. These include the brochure, *Saving Children's Lives: The Economic Rationale for IMCI*, that was developed for the Inter-Agency Working Group on IMCI and has been distributed widely to governments and other projects to use to advocate for greater commitment to IMCI programs in countries.

b) Malaria and Pregnancy

Lives at Risk: Malaria and Pregnancy is an advocacy brochure that SARA developed, designed, and produced in collaboration with the Malaria and Pregnancy Working Group. This brochure was translated into and produced in both French and Portuguese as well as English. Over 15,000 copies of these brochures have been disseminated to date. The overwhelming positive response for this brochure and the recognition that more information was needed, gave rise to the Malaria and Pregnancy press kit that SARA developed in collaboration with the working group and USAID. This set of materials has also been in high demand and will be reprinted and further distributed in the next year.

c) Maternal and Neonatal Mortality

The SARA computer specialist has been deeply involved in designing materials for the REDUCE and ALIVE advocacy models being developed by SARA. These ac-

tivities are described in the Reproductive Health and Child Survival sections of this report.

Production and Dissemination

This year was another full production year for the dissemination team. SARA produced 23 documents, 3 posters, and 42 trip reports, fulfilled over 1,900 requests, and disseminated over 29,000 documents around the world, mostly in Africa. The publications ranged from practical manuals to research papers and brochures. Again, much of the design, formatting, and editing was accomplished in-house and documents were translated as appropriate. SARA also reprinted several of its popular publications this year, including *Qualitative Research for Improved Health Programs, Training Manual for Making a Difference to Policies and Programs,* and *HIV/AIDS and Nutrition*.

SARA continues to use a targeted dissemination strategy that is developed for each product in collaboration with the technical advisors. The dissemination manager also works with AFR/SD and SARA advisors to develop other related products, such as e-notes, and appropriate announcements.

A regular production meeting ensures that the dissemination team is proactive and able to meet and prioritize the multiple demands in an efficient and effective manner. Additionally, since dissemination work sometimes seems intangible, SARA produces a monthly report of the dissemination team's major activities, which helps to inform both the SARA project staff and AFR/SD team of the various tasks undertaken, status of publications, etc.

Tracking publications and monitoring their use

SARA's dissemination and tracking systems remain fully operational and useful. Statistics can be synthesized from the tracking system to help determine where the products go, when, how many, whether requested, etc. SARA's database now has the ability to track dissemination of electronic documents, in addition to hard copy, as the project hopes to increase the number of publications disseminated electronically. Some statistics on hard-copy mailings are compiled at the end of this section of the annual report.

Assessing the use of information is a challenging and time consuming endeavor that has not been well developed in the dissemination community. SARA has a strategy for monitoring document use, which includes reviewing the tracking system data collected, reviewing requests for and letters about the publication, and following-up with users who have requested more than 20 copies of the publication. This year,

Dissemination and Advocacy

SARA began assessing the use of *A Time to Act* and *Making a Difference to Policies and Programs: A Guide for Researchers* but this process has taken longer than expected. In addition to this more formal analysis of use, SARA continues to track documents and to use "requests" as a proxy indicator for use. See attached tables.

Electronic Communication

SARA continues to use a variety of electronic resources to disseminate information in the U.S., Africa, and elsewhere. This year marked a heightened use of electronic dissemination in terms of electronic mailings, web site development, CD-ROM production, listserv development, and exploration of teleconferencing. SARA learned from other projects' experiences in disseminating electronically, particularly the Horizons project.

Web site

SARA dissemination staff worked extensively with Subhi Mehdi and TMG staff to launch the new AFR/SD web site. SARA worked with AFR/SD team leaders to finalize the content to meet both the technical and logistical needs. SARA was involved throughout the year to make adjustments. The AFR/SD web site was finalized and launched during this fiscal year.

For much of this fiscal year, the SARA staff constructed a new project web site for the SARA project. This site follows a similar structure to the AFR/SD site and highlights the activities in which SARA is involved. In addition, the SARA site houses all the available SARA full-text publications as well as the AFR/SD publications list; users from the AFR/SD site are directed to the SARA site to view these documents. In April, the first draft of the SARA web site was completed, and from May until August, revisions were made. In August the web site was launched (http://www.aed.org/sara). Users can navigate from the home page to technical areas, AFR/SD, AED, African partners, publications, and contacts. All new SARA publications are formatted in PDF, and are available for viewing and downloading at the new site at: (http://www.aed.org/sara/sara_pubs.htm).

In September, *HIV/AIDS and Nutrition* and *Prevention of Mother-to-Child Transmission of HIV in Africa*, two SARA publications, were featured on the front page of AED's web site, in the What's New section.

SARA will work with ABIC to redirect visitors to the old HHRAA site. This will take place in early FY 2002 as it is necessary to ensure that all publications are available on the SARA or AFR/SD site before closing the HHRAA site.

Connecting African partners

SARA has been working with CRHCS to create an electronic network of its focal points in each of the 14 member states. This network would help to streamline CRHCS's work and provide better communication within countries, among countries, and between CRHCS and its member countries on critical issues of health in the region. To date, CRHCS has not been able to mobilize the funds necessary for a full time information person to jumpstart this networking strategy, nor has the Leland Initiative had the resources to support the full electronic capacity needed to connect all the focal points (approximately 10-14 per country). However, under the new subcontract with SARA, CRHCS will work to implement the parts of this strategy that are possible and SARA will continue to assist CRHCS to identify sources of funding to expand the effort over time.

Antonia Wolff discussed the idea of CRHCS initiating, facilitating, and managing a listserv with the IDCs that would identify information gaps within the regional and national networks, assess the IDCs ability to participate, and involve the IDCs in setting the agenda for the next IDC meeting in late 2002.

Renuka Bery and Antonia Wolff have met with Mr. Chetley of the Exchange project, a new learning and networking initiative supported by DfID, to discuss ways that SARA might be able to work together with Exchange, particularly in relation to African partners.

Listserv

Throughout the year, the SARA project has engaged in various activities that promote the use of listservs. SARA worked closely with SANA field representative, Kinday Samba Ndure, to assist her in thinking through and developing a listserv for the Nutrition Focal Points in West Africa. In June, Antonia Wolff, Renu Bery, and Dorcas Lwanga met with Cheik Sidibe, the regional IT coordinator for Helen Keller International for West Africa. They discussed a number of activities in which HKI is involved and found numerous overlapping areas of interest. SARA identified the potential links and overlapping areas of interest and put SANA, FANta, and LINKAGES in touch with HKI so that they can build on existing activities and synergies rather than recreate parallel systems to disseminate information and network among themselves. A small task force is planned to ensure that efforts are coordinated, particularly during the launching of the listserv at the September Focal Points meeting in Ghana.

Dissemination and Advocacy

Innovative communication strategies

Web site competition
SARA responded to a proposal from USAID/Namibia to assist them in developing a web site competition with youth around the issue of HIV/AIDS. SARA responded to the mission by proposing to expand the scope from an in-country activity to something that could have regional relevance and be replicated by other countries. Namibia could serve as the initial test country, and SARA would bring a representative of an African institution in the region to participate in the planning process with the intent of replicating this activity in other countries in the region.

SARA also proposed expanding the scope of the activity within Namibia to take advantage of the new skills that all the participants will gain. Thus, following the competition, each participating school will have a core group of students and teachers who are knowledgeable about HIV/AIDS and could serve as "ambassadors" to other schools and to out-of school youth to share their knowledge and to improve the knowledge of HIV/AIDS among young people in the region.

Teleconferencing
The SARA project has very recently explored communicating using teleconferencing as this technology is available through AED and the limitations on travel may warrant this type of communication. SARA staff participated in a teleconference on Universal Access to Health Information in Africa and Latin America sponsored by INASP, Exchange, and Interactive Health Network—all in the UK. The presentations and discussions revolved around the following themes: strengthening local production and dissemination, strengthening libraries and information services, connectivity, portals and gateways, and creating an enabling environment. Renuka Bery learned about several interesting initiatives that may be useful for SARA to explore further as possible mechanisms for collaboration as well as potential resources and partners in Africa.

Quarterly publications mailing distribution
To address the mission's concern with information overload, where they indicated that they receive too many publications, the SARA project initiated a quarterly electronic publications list in January. This list is disseminated to keep USAID missions and other partners informed of AFR/SD's activities in the health and basic education sectors. The distribution list is comprised of mission staff, desk officers, PHN and HRD officers, regional partners, and other CAs. The first distribution went to approximately 150 people. Since then, the quarterly publications list has generated over 25 responses and has grown to over 225 people. The list is updated every quarter in order to keep up with changes in personnel, transfers, etc.

CD-ROM development

The SARA project has been exploring ways to expand the use and dissemination of CD-ROMs. All of SARA's publications were archived as PDF files and put onto a CD-ROM, which is available for dissemination or by request. SARA's publications have been included in CD-ROMs produced and/or disseminated by other CAs. For example, two SARA publications, *HIV/AIDS and Nutrition* and *Prevention of Mother-to-Child Transmission of HIV in Africa,* were put onto a CD-ROM, produced by HIV InSite and distributed at the Global Strategies for Prevention of MTCT of HIV meeting in Kampala, Uganda.

The Malaria and Pregnancy Brochure was put on CD-ROM by the Maternal and Neonatal Health Project and distributed at the Global Health Council Conference. A powerpoint presentation, entitled Saving Newborn Lives: Application of the ALIVE Model, was also produced on CD-ROM.

In addition, seven SARA publications were put onto a CD-ROM (by AED's Center for Nutrition) and distributed at the IUNS meeting in Vienna in August. These publications included: *Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa; HIV and Infant Feeding; HIV/AIDS and Nutrition; Prevention of Mother-to-Child Transmission (MTCT) of HIV in Africa; Best Practices and Lessons Learned for Community Nutrition Programs in Africa; Nutrition Briefs;* and *Monitoring and Evaluation of Nutrition and Nutrition-related Programmes*.

Working with U.S. and European Groups

Members of the SARA dissemination team gave support and guidance on dissemination, communication, and advocacy issues to a number of U.S. and European groups. While most of the support is described under the technical areas in which the support was given, below is a list of the groups that the dissemination team supported.

- AIDS Communication Working Group
- BASICS
- Centers for Disease Control and Prevention (CDC)
- Exchange
- Hellen Keller International
- Horizons
- Leland Initiative
- Malaria and Pregnancy Working Group
- Maternal and Neonatal Health (MNH) Project
- MEASURE Evaluation Project
- NGO Networks for Health

Dissemination and Advocacy

- Population, Health and Nutrition Information (PHNI) Project
- Population Services International (PSI)
- PVO Working Group on HIV/AIDS
- SatelLife
- Synergy

Information Dissemination
Annual Summary
October 2000 - September 2001

Technical Assistance

- **3** TDYs related to dissemination and advocacy
- **20** dissemination and advocacy advisory meetings with CAs
- **4** presentations
- **18** DC-based meetings on D&A

Electronic Update

- Most downloaded web-based documents from HHRAA web site:
  - *22 Policy Questions*
  - *HIV and Infant Feeding*
  - *Qualitative Research for Improved Health Programs*
  - *Health and Family Planning Indicators (Vol. 1)*
  - *Introduction to Advocacy*
- *Introduction to Advocacy* is 11th most downloaded document from the DEC
- **934** new names/organizations added to database
- AFR/SD and SARA web sites launched

Publications—Final

- **23** publications
- **8** documents translated
- **3** posters
- **42** trip reports
- **15** covers created in-house
- **7** reprints
- **3** e-notes developed

Publications in Production

- **7** in production

Distribution

- **29,993** documents sent
- **27,940** documents were requests [93% of total distribution]
- **46%** of these documents were sent to Africa

SARA

CHART ONE.
TRACKING OF KEY PUBLICATIONS
(oct.2000-sept.2001)

Publication	Total Disseminated	Copies Requested (% of Total)	# of Requests	# of Requests for 20 Copies or More	# of African Countries Reached	Full Text On Website	Other Information
HIV/AIDS & Nutrition	4135	3864 / 99.4%	162	45	20	aed.org/sara	Also in French; adapted for Reprolearn CDROM Tutorial Modules
Lives at Risk: Pregnancy & Malaria	8215	8193 / 99.7%	148	73	22	aed.org/sara	Also in French & Portuguese
Making a Difference: To Policies & Programs	325	324 / 99.7%	39	9	11	aed.org/sara	Also in French; adapted by Agriculture Sector
Introduction to Advocacy	319	319 / 100%	62	5	12	aed.org/sara	Also in French
Improving Comm. Case Mngmt. of Child Malaria	1063	741 / 69.8%	118	18	26	aed.org/sara	Also in French
Best Practices & Lessons Learned for Sustainable Community Nutrition Prog.	1115	1114 / 99.9%	66	15	11	aed.org/sara	Also in French; CD-ROM by AED - Nutrition Center

SARA

CHART TWO.
AUDIENCE TRACKING OF KEY PUBLICATIONS
(oct.2000-sept.2001)

Publication	Total Disseminated	Africa						Other					
		African Organizations	University Training Schools	Ministry	USAID/AFR	Donors/CAs/AFR	USAID/WDC	Donor/CAs Non-AFR	Univ., Non-AFR	Cont./Workshops Non-AFR	Other		
HIV/AIDS & Nutrition	4135	520	20	513	23	736	69	1686	68	500	0		
Lives at Risk: Pregnancy & Malaria	8215	1302	125	128	204	530	68	3637	886	100	1235		
Making a Difference: To Policies & Programs	325	4	12	53	0	13	0	173	4	0	66		
Introduction to Advocacy	319	175	12	4	0	5	0	43	4	0	76		
Improving Comm. Case Mngmt. of Child Malaria	1063	268	93	162	46	225	19	129	33	1	87		
Best Practices & Lessons Learned for Sustainable Community Nutrition Prog.	1115	869	14	3	0	49	0	86	1	0	93		

* A large percentage of the documents listed in the "other" categories are actually designed for use in Africa via conferences, workshops, and travelers who agree to take large shipments of documents to distribute.

IV. Activities in AFR/SD-SARA Analytic Areas

A. Education (Strategic Objective 18)

SARA Advisors

Yolande Miller-Grandvaux, Education Advisor, AED
Karla Yoder, Publications Coordinator, AED

Results Package: Basic Education

SARA activities support the following AFR/SD intermediate results for improving provider performance:

IR 1:	Disseminate and promote knowledge and guidance on policies, strategies, approaches, methods and tools for increased sustainability, efficiency and equity in the provision of basic education services
IR 2:	Extend and strengthen enabling environment to promote improved education sector policies, programs and strategies
IR 18.1:	Reform support and policy formation Systems management and sector support Delivery of instructional services Design of equity enhancing policies, programs and strategies
IR 18.2:	Collaboration between agencies and African decision makers Capacity of regional institutions

Technical Support to AFR/SD

Support to program monitoring and strategic planning

Dr. Yolande Miller-Grandvaux's work in supporting AFR/SD is folded into the education team's agenda and plans. She provided continuous technical support for education program design, monitoring, and review. This included assistance to the AFR/SD team during the R4 as well as the program reviews, specifically for the country programs of Benin, Mali, and Senegal. Dr. Miller-Grandvaux also assisted in developing a powerpoint presentation of the SD/education program for the R4 wrap up in June 2001. At the end of December 2000 and beginning of 2001, the education team embarked on a new strategic process aimed at redefining its goals, approaches, areas of intervention, and internal organization, to reflect current changes and needs in the African education context. A new vision and scope for

the education strategic framework emerged out of that effort; Dr. Miller-Grandvaux's experience and knowledge of alternative education models, such as community schools, helped expand the vision's scope by adding alternative education delivery systems to the traditional formal primary education focus of the framework.

Support to Mali and Benin country programs

The SARA education advisor has worked closely with the USAID/Mali education program since her arrival and that level of effort increased with the launching of a new phase of the Malian education reform. In October 2000, the World Bank and the Malian Ministry of Education developed a $45 million Education Sector Investment Program (PISE). The design of the program included all donors and a final review was conducted at the World Bank headquarters in Washington, DC over three weeks. Yolande Miller-Grandvaux joined the working groups in virtual collaboration with the USAID education team in Bamako. The PISE was finalized and implementation started in early 2001. The cost-efficient, virtual collaboration was successful and resulted in excellent stakeholders and donor coordination—a key prerequisite to the success of such a large sectoral program.

On-going virtual collaboration and visits with the Mali education program by SARA's education advisor enabled the SD education team to offer steady and well-informed technical support to all aspects of the program, from teacher training to curriculum development, and HIV/AIDS and education policy. The education advisor also provided on-going technical support to the education part of the new country strategic plan.

Dr. Miller-Grandvaux also provided support to the Basic Education Team in Benin. In November 2000, she and other members of the AFR/SD/Education team assisted the mission in Cotonou to develop communication strategies related to the nationwide expansion of the curriculum and to review the relevance and quality of the teachers' guides and workbooks. Dr. Miller-Grandvaux and another team member also conducted a short review of the progress of the education program.

Support to Basic Education Exchange

The SD/Education team will hold its biannual basic education exchange in April 2002. The SARA education advisor is part of the organizing committee that oversees the goals, objectives, methodologies, and content of the exchange as well as its implementation. USAID missions' requests and needs were solicited, collected, and discussed and the exchange design is currently emerging.

Issues Identification

A literature review of community schools in Africa

As alternative education systems are developing throughout Africa in response to the government's weak capacity to respond to demand in education, it has become increasingly important to review what alternative models are being designed and implemented. Yolande Miller-Grandvaux and Karla Yoder conducted a literature review of community schools in Africa. The study includes a review of definitions, strengths and weaknesses of the community schools, and case studies. It also presents a comprehensive matrix of community school programs in Africa by country. The review will be completed in October 2001.

Costing of community schools in Africa

The SARA education advisor collaborated with an AFR/SD fellow to start a study on cost and financing of community schools in Africa. The scope of work was discussed at length, developed, and vetted by AFR/SD and USAID missions. Preliminary data were collected in Mali and Zambia. Unfortunately the research fellow left and the second phase of the study, planned for the end of 2001, has been delayed.

Research and Analysis

Examining the role of NGOs in basic education

As part of the AFR/SD analytic agenda, the SARA education advisor has been coordinating a multi-country study on the new role of nongovernmental organizations (NGOs) in basic education in Africa, with case studies being carried out in Mali, Guinea, Ethiopia, and Malawi. Implementation started in early 2001 in collaboration with the American Institutes for Research (AIR), which is co-funding the research in Ethiopia and Malawi.

Yolande Miller-Grandvaux established a Washington-based advisory group for the study in January 2001 with representatives from USAID, the World Bank, UNESCO, the UNESCO collective consultation on NGOs, AED, and World Education. During its first meeting the group provided feedback on the scope and content of the study and identified strategies on how to use and disseminate the results.

Two U.S.-based consultants—SARA consultant Michel Welmond and AIR consultant Joy Wolf—were identified to carry out the research in collaboration with

a national researcher in each country. The data were collected in Mali, Guinea, Ethiopia, and Malawi by the teams from January to July 2001. In Mali and Guinea a study advisory group was established to provide national ownership to the study as well as input into disseminating and using the results. In Mali, the advisory group was organized by the Mali chapter of the Educational Research Network for West and Central Africa (ERNWACA) and in Guinea by the Ministry of Education. In both Mali and Guinea, the study was praised for ensuring that the national beneficiaries of the research get involved in the process at the beginning rather than the end, as is usually the case. Malawi and Ethiopia are in the process of setting up advisory groups and completing the national case studies.

Yolande Miller-Grandvaux traveled to Mali in April 2001 to help establish the advisory group and to assist the researcher in finalizing the research tools and conducting some interviews. She has been in close contact with USAID missions in Ethiopia and Malawi and has assisted them in establishing advisory groups.

The final product will consist of a comparative analysis of the roles of NGOs in four African countries and four stand-alone national case studies. These documents should be ready by the end of 2001. The U.S.-based advisory group will review the studies, discuss the issues, and develop a dissemination strategy to share the results in the institutions that are represented, i.e., World Bank, UNESCO, World Education, and USAID. A consultative meeting of NGO representatives, donors, and researchers will be subsequently organized in Washington, DC to discuss the findings and their use. A panel focused on the same study will also be held at the Basic Education Exchange in April 2002. National researchers and advisory groups in their respective countries will present the study findings and how to use them in various forums. It is expected that, through these participatory dissemination mechanisms, NGOs, governments, and donors will be better equipped to analyze the issues and better informed to manage their NGO-implemented programs. It is also expected that new partnerships with civil society representatives, NGOs, donors, and government officials will be forged to promote common education agendas.

Review of life skills curricula in Africa

A synthesis of evaluations of life skills curricula related to HIV/AIDS in Africa started in mid 2001 and is coordinated by the SARA education advisor. Africa Consultants International in Dakar, Senegal is the implementing agency. It includes an inventory of all life skills curricula developed to date as well as an evaluation of the programs and recommendations. The study is scheduled to be completed at the end of 2001.

Dissemination and Advocacy

Presentations on alternative education models

The Comparative and International Education Society (CIES) annual conference is the main venue for disseminating findings within the international education stakeholders' community. Every year the SARA education advisor has presented papers and provided opportunities for African partners to participate in these international dialogues. At the March 2001 CIES conference, Dr. Miller-Grandvaux presented a paper, in collaboration with an AFR/SD team member, Talaat Moreau, on the issue of education in countries in crisis. A powerpoint presentation was prepared and shown and lively discussions ensued. Yolande Miller-Grandvaux also organized and chaired a five-member panel to present differing aspects of community schools programs and issues. The panelists were from USAID Mali, World Education Mali, Research Triangle Institute, and the World Bank.

As part of her work on the role of NGOs in basic education, Yolande Miller-Grandvaux attended a workshop in Ethiopia on alternative education models in November 2000. The workshop, organized by ActionAid, brought together international and national NGOs to share experiences and lessons learned on their alternative education programs. The meeting confirmed the need for a study on the changing role that NGOs have been playing in the field of education. Dr. Miller-Grandvaux presented the Mali community school program to the workshop participants.

HIV/AIDS and education in West Africa

The SARA project supported the active participation of ERNWACA at the Senior Expert Conference on HIV/AIDS and Education in ECOWAS countries, which was held in Elmina, Ghana, in March 2001. The network was chosen by UNESCO to present a regional research perspective on HIV/AIDS and education. ERNWACA chapters were also selected to be conference rapporteurs. Chapters throughout West Africa mobilized to gather data on HIV/AIDS in their respective countries. The data were then compiled and presented at the conference. SARA supported the participation and travel of the Togo, Ghana, and Gambia chapters at the conference, which Dr. Miller-Grandvaux attended. She took that opportunity to review ERNWACA work plans, to discuss the regional coordinator position, and to explore the possibilities of re-starting a Nigeria chapter. Dr. Miller-Grandvaux also assisted the UNESCO conference leadership to draft the final report and recommendations.

Education

Capacity Building and Collaboration with African Institutions

Support to competency-based curriculum development

Yolande Miller-Grandvaux went to Mali in July-August 2001 to guide the curriculum development process of the USAID/Mali education program. The new competency-based curriculum is one of the most complex technical endeavors ever undertaken by the Malian Ministry of Education. It is based on the successful integration of life skills, knowledge content, and multi-disciplinary skills into a curriculum that will ensure the "production" of a child with creative thinking, problem solving, and culturally relevant skills to lead a successful and healthy life. The strengths and challenges of this process were identified and discussed as were a number of short-term and long-term strategies to address them.

Support to the Educational Research Network for West and Central Africa (ERNWACA)

The issue of leadership of ERNWACA was a perennial problem that found its solution in mid-2001. The AFR/SD/Education team supported the idea that the SARA project should recruit and fund the regional coordinator's position based in Bamako, Mali, for a limited two-year period. This has been undertaken with the understanding that intensive fundraising will be carried out by ERNWACA during this period so that the network may be able to sustain itself without USAID/SARA support.

The SARA education advisor led the recruitment process with the assistance of Karla Yoder and Joe Coblentz. Dr. Miller-Grandvaux ensured on-going coordination with ERNWACA's other main donor, International Development Research Center (IDRC), in Canada. Yolande Miller-Grandvaux attended a meeting in Ottawa, Canada, in November 2000 to discuss the future and needs of ERNWACA and the expected level of involvement of donors in the network. Participants at the meeting included IDRC's education officer, director for West Africa, and the ex-ERNWACA regional coordinator who is now deputy director of Economic Organization of Africa. The meeting resulted in sharing funding, responsibilities, and tasks for recruiting and supporting the coordinator. The position was advertised in all national newspapers in West and Central Africa and on over 50 websites. While hundreds of applicants submitted their resumes, four were selected and interviewed in Bamako in April 2001. The interviews and selection were led by the SARA education advisor along with three ERNWACA national coordinators from Ivory Coast, Ghana, and Togo, the IDRC representative, and the SARA operations director. The selection of the regional

coordinator was unanimous; Kathryn Toure from Ivory Coast was offered the position and joined ERNWACA in August 2001.

While in Mali in July 2001, Yolande Miller-Grandvaux visited Ms. Toure, who was in Bamako, to review the status of the education network and to identify the multifaceted strategies that will reinforce the capacity of ERNWACA chapters throughout West Africa. The beginnings of an action plan for the first 6 months were discussed. It will focus on:

- fundraising through diversifying the current pool of donors to include foundations and the private sector;
- improving communication and advocacy strategies so that the network may be better known;
- establishing a legal framework and regulations and an institutional base by forming a board of directors and scientific committee;
- promoting a small grants programs so that chapters can improve quality and creativity of research by competing for funds;
- strengthening national chapters, diversifying staffing, and supporting the creation of new chapters such as Nigeria. ERNWACA now promises to become a dynamic network for educators in over 10 countries.

B. Child Survival (Strategic Objective 19)

SARA Advisors

Sambe Duale, Senior Research Manager, Tulane University
Suzanne Prysor-Jones, Project Director, AED
Youssef Tawfik, Child Survival Specialist, AED
Renuka Bery, Dissemination and Advocacy Manager, AED
Antonia Wolff, Dissemination Specialist, AED

Improving Provider Performance

SARA activities support the following AFR/SD intermediate results for improving provider performance:

IR 1: Approaches developed to scale up IMCI
IR 2: Approaches developed to integrate quality improvement/problem-solving approaches into national systems for child health
IR 3: Increased African capacity at regional, sub-regional, and national levels to give technical assistance for child health
IR 4: Approaches developed to improve pre-service training for child health at facility, community, and home-care levels.

Technical support to AFR/SD Child Survival Team

Drs. Prysor-Jones and Tawfik have been meeting more regularly with AFR/SD staff on child survival this year. This has enabled the team to move forward more effectively with several AFR/SD agenda items.

The SARA project developed a draft paper, *Vision and Strategy for Child Health Programs—USAID, AFR/SD*, at the request of AFR/SD. The paper describes AFR/SD support to activities by UNICEF, WHO/AFRO, CORE, BASICS, SARA, Roll Back Malaria, and CDC. It summarizes important results in relation to provider performance, home and community management of child health, and malaria control. The paper also identifies issues to consider to augment the impact of future child health programs.

Other technical support activities this year included:

- Preparing drafts of AFR/SD results for improving provider performance and community child health
- Preparing and participating in the DfID/USAID Joint Review of IMCI in Africa (see below)
- Participating in the WHO/AFRO Task Force meeting in Harare (see below)
- Participating in various coordination meetings with partners (World Bank, BASICS, RPM+, QAP).

Issues Identification

The role of private practitioners in child health

SARA prepared a literature review titled *Utilizing the potential of formal and informal private practitioners in child survival*. This paper puts into focus the role and potential of private practitioners in child survival. Private practitioners of various types treat a large proportion of sick children, yet are largely ignored in national child survival programs. The paper discusses the quality of child health care provided by private practitioners in comparison to public sector workers, the perceptions of the community about private services, possible channels for reaching formal and informal private practitioners, and strategies to improve the quality of their clinical care.

The paper concludes that most interventions to improve the quality of child health services offered by private practitioners have only been tested on a small scale; few been adequately documented or evaluated. Interventions that only address practitioners' knowledge are unlikely to succeed. Yet, realistic interventions that focus on improving a limited number of key practices, consider the multiple factors influencing practitioners' practices, use local entities that are trusted by the targeted practitioners, and treat practitioners as health "partners," are more likely to succeed. Investment in child survival programs needs to consider the sources of care used by caretakers of sick children, not just public facilities. National health policies should allow for interventions that improve the quality of practice of both formal and informal private practitioners. Further testing of pilot interventions to improve the effectiveness of private practitioners' case management of childhood illness should be conducted. Interventions should be conducted with sustainability and large-scale implementation in mind.

In addition, this paper offers guidance for designing effective strategies, at a national scale, to maximize child survival by improving the ability of private

practitioners to provide effective treatment, counseling, and referral of sick children.

Engaging the private sector in child survival programs

SARA is collaborating with the World Bank in its efforts to involve the different private sector elements in improving child health services, including contracting out, commercial marketing, drug sales, private practitioners, etc. The Bank is establishing an interagency working group on private participation on child health, which will include WHO and USAID, to promote dialogue and interventions in this area. The group is collaboratively producing a package of modules to assist WB task managers and other decision makers to design programs to involve the private sector in child health. On the strength of the paper on private practitioners (see above) the Bank requested SARA to develop a framework to introduce the package of modules *Working with the Private Sector for Child Health*. Hugh Waters, a SARA consultant from Johns Hopkins University School of Public Health, is working on this "umbrella" framework. The paper will be discussed and completed in late 2001. It assesses the current importance—and potential—of the private sector in contributing to child health. The paper begins with a framework for analyzing the contribution of the private sector to child health care. Based on the work of Mosley and Chen (1984) and the Word Bank's Poverty Reduction Strategy Framework, the paper provides a basis for assessing the potential contribution of different private sector components in a given setting or country, and ultimately planning and carrying out interventions to work with the private sector to improve child health.

Beginning at the household level, the framework identifies the components of the private sector that can influence child health outcomes and are potential collaborators in public-private partnerships.

The framework identifies strategies to work with the private sector to improve child health, such as:

- Contracting service delivery to private sector organizations, to improve on or avoid the limitations of the public sector
- Regulating private practitioners and setting standards
- Providing public financial support to the private sector for child health
- Establishing non-financial incentives for improving service delivery
- Socially marketing child health products, e.g., ORS and ITN
- Fortifying food, e.g., Vitamin A.

Strengthening collaboration between IMCI and RBM

SARA project staff have participated in several joint IMCI/RBM meetings this year, including the annual IMCI/RBM Task Force Meeting in Harare (September 2000), and Community IMCI Expansion Meeting in Jinja, Uganda (January 2001)—to move forward the collaboration between IMCI and Roll Back Malaria. Joint work plans now exist for community activities of IMCI and RBM in a number of countries, e.g., Uganda and Tanzania.

Research and Analysis

Joint Review of IMCI Strategy in Africa

Youssef Tawfik organized and participated in a joint USAID-DfID review of IMCI implementation in Africa. The review team included eight experts representing USAID, DfID, UNICEF, and WHO. SARA also supported Clara Olaya, a Francophone communications specialist. The exercise included interviews with USAID and DfID staff, a desk review of data and program documentation, and country visits to look at implementation in Uganda, Malawi, and Mali. Results were presented to USAID, DfID, and WHO/AFRO. A comprehensive report with specific recommendations for donors, UNICEF and WHO regional offices, and country programs is being discussed and finalized. The review contributes to the on-going debate on how to increase the effectiveness of IMCI in the field, and will hopefully influence USAID and DfID investment plans for child health. Recommendations related to improving provider performance include:

- Continued investment is needed to improve health worker skills. But new efficient training methods need to be considered to expand IMCI successfully. These cheaper, more sustainable training methods include shorter courses, pre-service training, and a greater emphasis on focused support/supervision. WHO and UNICEF should continue and accelerate work to develop alternative materials and tools for skill development and support countries in adapting them for their own use.

- The major constraints to scaling-up of IMCI and other interventions are in the health system. These must be addressed through deliberate action that focuses on the operational requirements of family health interventions, including IMCI. The constraints include staff shortages, drug supply difficulties, ineffective and irregular supervision, and persistent problems with referral. These problems are often compounded by a weakness of district management. Increased attention must be paid to mobilizing country resources for systems strengthening.

- An underlying constraint to effective health care delivery, including IMCI, is that national health systems are facing a critical shortage of human resources at all levels (caused mainly by retrenchment required by structural adjustment programmes, by HIV/AIDS losses, or by losses to the private sector), and many staff are unmotivated due to a poor working environment. It is recommended that funding partners should support concerted national strategies for human resources strengthening across programmes, including and beyond IMCI. The strategies should include the use of private sector human resources.

- Partners should support measures in the district to improve and sustain the quality of health worker performance through innovative approaches to support/supervision. Methods might include radio communication, developing and introducing internal supervision and monitoring processes in health facilities, and increasing the capacity of health workers to identify and solve problems in their own working environment (e.g., Client Oriented Provider Efficient, COPE).

- IMCI will be able to make an impact on child mortality only if sustainable resources are made available for essential drugs and health systems support. WHO and UNICEF should assist countries to explore practical ways of ensuring drugs are accessible close to the community, such as cost sharing, drug revolving funds, and community health funds with closer community involvement in the use and management of the health facilities. Suitable safeguards are essential for those who cannot contribute.

- In most countries formal and informal private health care providers deliver a substantial proportion of first contact heath care. National health authorities need to ensure the quality of this care and its complementarity with IMCI, so that it reinforces public sector efforts. Partners may support them in exploring and implementing suitable ways of doing this.

- Health workers in facilities serving communities that are implementing community IMCI may require new skills to enable them to support the community activities. These may include the use of outreach, community mobilization on specific health issues, and providing referral services and support for community health workers. WHO and UNICEF, in collaboration with other partners such as NGOs, may assist countries to develop and introduce the tools needed to provide the necessary skills.

Analysis and strategies to improve the role of private practitioners in Uganda

Dr. Tawfik assisted the Ministry of Health in Uganda to conduct a situation analysis of private practitioners' role in child health, and develop an outline for a national strategy to include them in IMCI/child health efforts. The report *Utilizing the potential of formal and informal private practitioners in child survival in Uganda—Situation analysis and outline for developing a national strategy* was developed and disseminated within Uganda. Important results include:

- The Integrated Management of Childhood Illness (IMCI) has been selected as the main strategy to reduce under-five mortality, but has focused on improving case management at public health facilities, while caretakers overwhelmingly prefer to seek care for their sick children from a range of formal and informal private practitioners. Analysis of careseeking behavior in Uganda shows that 47 percent of children with fever and 52 percent of children with cough are taken to private or NGO sources of care. The source of medications obtained at household level for fever, diarrhea, cough, and intestinal worms were private, for-profit, in 73 percent of cases. On the quality of care side, treatment given in private health facilities was found to be quite poor, with only 19 percent of simple malaria cases treated according to national guidelines, 5.7 percent for simple diarrhea, and 36 percent for pneumonia.

- The sources of outside home care for children with fever, acute respiratory infection (ARI), and diarrhea are mainly private clinics, drug shops, ordinary shopkeepers, and pharmacies. While laws to regulate private practitioners exist, the capacity of the government regulating councils and authorities are limited. About 65 percent of private practitioners are not registered. Even when registered, drug shops and private clinics are often operated by unqualified staff. The quality of case management offered by private practitioners for childhood illness is poor, however, the public's perception of private practitioners' services is favorable.

- Reaching private practitioners with messages and interventions is challenging, especially the informal practitioners in remote rural areas. Identified channels to contact private practitioners include: professional associations, nongovernmental organizations (NGOs), community-based organizations (CBOs), district health teams, pharmaceutical companies, drug distribution networks, and mass media.

- A number of interventions are ongoing or planned in Uganda aimed at improving the quality of care given by private practitioners; however, these are limited in scope and are not part of an overall strategy. The situation analysis has identified important information gaps that need to be filled to help develop a national strategy with a policy component and a field intervention component.

Through the Commonwealth Regional Health Community Secretariat in Arusha (CRHCS), SARA is supporting the services of Dr. Rosette Kesande to work with the MOH to refine and vet the strategy with stakeholders. The plan is that after the CRHCS/SARA support, Dr. Kesande will be supported through bilateral funds, so that she can continue to work with the short-staffed MOH to implement the interventions selected by the stakeholder consensus.

Scaling up assessments and strategies to increase the role of private practitioners

The Uganda initiative to include private practitioners in IMCI/child health is a model that can benefit other countries. SARA will assist the MOH in Uganda to disseminate the initial situation analysis in the region, and to document the process of strategy development.

WHO/Geneva is also interested in the Uganda situation analysis and strategy development methodology, and is working with Dr. Tawfik to see how this can be applied to other countries. SARA is also hoping to engage World Bank task managers in this initiative, within the framework to engage the private sector more broadly in child heath, mentioned above.

Promoting the use of quality improvement methods to IMCI services in health facilities

SARA continued to communicate with EngenderHealth (AVSC) on developing COPE for child health. SARA organized a consultation in Washington, DC to review the baseline surveys from the Guinea and Kenya field tests, and to discuss strategies for scaling up quality improvement methods in Africa. Participants included USAID, Quality Assurance Project, BASICS, SARA, and EngenderHealth. The evaluation of the Kenya and Guinea field tests was completed this year and data analysis and dissemination will take place during FY 2002.

Discussions on how to scale up the use of COPE to improve IMCI in health facilities were held in Harare with WHO/AFRO and BASICS/West Africa regional

office (WARO). Consensus was reached that a first step should be to incorporate COPE elements into the IMCI post-training, follow-up visits and, as part of this, to orient district supervisors in how to support self-assessment/local problem-solving processes. BASICS/WARO plans to test this approach in countries where they are involved with IMCI, possibly starting with Senegal. Dr. Suzanne Prysor-Jones worked with BASICS/WARO team during a visit this year to develop an implementation plan for this activity.

Dr. Tawfik, in collaboration with Quality Assurance Project and BASICS, published an article in BioMed Central Journal in July 2001, *Evaluating Niger's experience in strengthening supervision, improving availability of child survival drugs through cost recovery, and initiating training for IMCI.* (www.biomedcentral.com)

Dissemination and Advocacy

Documenting innovative approaches for IMCI training—Uganda

The SARA project has hired a consultant (Ken Heise) to document innovative approaches for IMCI training in Uganda. These approaches include contracting out health worker training and a short six-day training course. The MOH has scaled-up IMCI training by contracting the services of trainers from the Makerere University medical school. In addition, Uganda is testing a short, and hence less expensive, training course to potentially replace the 11-day training course traditionally used for IMCI training. SARA will document the contribution of these approaches to scaling up IMCI implementation and reducing the cost of IMCI.

Advocacy for the reduction of neo-natal mortality

On the strength of the REDUCE advocacy model developed by the SARA project, Save the Children's Saving Newborn Lives project contracted with AED to develop a separate advocacy tool focusing on the human and economic consequences of neo-natal mortality. SARA staff assisted with this product, which was largely developed by Dr. Elisabeth Sommerfelt, based on the work she had been doing on REDUCE as a SARA consultant. Some of the new models developed are being incorporated into REDUCE, making it possible to "mix and match," depending on each country's advocacy needs.

Capacity Building and Collaboration with African Institutions

SARA project staff have participated in a number of meetings, including a meeting in Harare, Zimbabwe, (September 2000) and Jinja, Uganda (January 2001), to strengthen the collaboration between IMCI and Roll Back Malaria. This effort

resulted in joint work plans for community activities of IMCI and RBM in a number of countries, e.g. Uganda.

Results Package: Household and community approaches to child health

SARA activities support the following AFR/SD intermediate results for household and community approaches to child health:

IR 1: Individual and community behavior change approaches for child and maternal health developed
IR 2: Approaches developed for improving the availability at community level of critical supplies for child and maternal health
IR 3: Increased African capacity to provide technical support for planning, implementation, evaluation, and monitoring of behavior change/community programs, qualitative research, and materials development

Technical Support to AFR/SD

In addition to regular meetings with AFR/SD staff, activities this year have included:

- Preparing drafts of AFR/SD results for household and community child health
- Representing AFR/SD in meetings of the inter-agency working group for community IMCI
- Participating in the USAID working group to define how best to coordinate the USAID inputs into community child health/c-IMCI
- Developing the scope of work for the community component of the DfID/USAID review
- Fielding a communications specialist for the DfID/USAID review team.

Issues Identification

Joint USAID-DfID review of community IMCI

The joint USAID-DfID review of IMCI (see above) gave special attention to community approaches for child health within the context of IMCI. To assure adequate coverage of communications issues and their link to community

interventions, the SARA project hired Dr. Clara Olaya to join the review team. The review included field visits to six districts in three countries (Uganda, Mali, and Malawi) and meetings of stakeholders including NGOs, district health staff, and community members, in addition to national level personnel. Important recommendations related to community IMCI include:

- Drawing on country experiences, WHO and UNICEF should develop a clear, practical description of what the community component of IMCI comprises, how it links with the other components, and its relationship to other community health and development activities.

- Community IMCI should be deliberate in making full use of the range of public and private sector resources available to the community. It should strengthen whatever community development structures, processes, and channels for information and supplies exist in the community.

- As a part of the support for community IMCI, partners should invest in developing and implementing comprehensive communications strategies in countries, which should focus on the mother/caretaker and use the full range of suitable, available channels. Resources will be needed to build the capacity of the appropriate ministries and institutions in countries. Partners should also enable WHO/AFRO and UNICEF/ESARO to support countries and build local capacities in this field through the development of a pool of consultants.

- Countries should move systematically to develop and scale up community IMCI in a way that maximizes sustainability, within constraints of human and financial resources, e.g., by building on all potential resources from government, NGO, and private sectors.

- NGOs are playing an important part in developing, implementing, and scaling-up IMCI in countries, particularly the family and community activities. Countries, and partners that provide support to NGOs, should encourage their full involvement, but ensure that IMCI activities carried out by NGOs:

  - Are consistent with national guidelines
  - Are more likely to be sustained
  - Are fully coordinated under the leadership of the district technical and political system
  - Use monitoring tools that are consistent with national procedures
  - Increase the capacity of local structures and NGOs/CBOs.

Improving access and use of essential drugs at the community level

Suzanne Prysor-Jones and Youssef Tawfik held meetings this year with Michael Gabra from the Rational Pharmaceutical Management Project and Camille Saade from BASICS, and developed recommendations for AFR/SD support for improving the availability of essential drugs at the community level.

Youssef Tawfik is partnering with the Rational Pharmaceutical Management (RPM plus) and BASICS projects to develop a simple tool to investigate the availability of essential child survival drugs and their use at the community level, with a view to identifying strategies for improvement. The tool has two components: one targets child caretakers at the household level, and investigates health care-seeking patterns and the sources of child care selected by families. The other addresses drug outlets, such as pharmacies, drugs sellers, and shopkeepers in the community. The tool will be field tested in Zambia, funded by the RPM+ project. The tool will then be implemented in Senegal. The tool will enable decision makers at the district level to identify problems with health care seeking, the availability of essential drugs, and compliance with recommended drugs. It will guide users in identifying practical solutions to improve drug availability and use at community level.

Formative research on household practices for neo-natal care

SARA consultant, Nancy Nachbar, from AED's Center for Applied Behavioral and Evaluation Research, is working with WHO/AFRO's Division of Reproductive Health to develop tools and approaches for conducting a qualitative assessment of care-seeking behavior and newborn care practices at the home and community levels. WHO/AFRO has conducted quantitative facility-based assessments in eight African countries, and is eager to support complementary qualitative research to influence the design of maternal and child survival interventions in five countries over the next two years.

SARA is coordinating this effort with newborn specialists at the Saving Newborn Lives and BASICS projects. Dr. Andrew Kosia from WHO/AFRO and Dr. Nachbar spent four days working with SARA in September developing a concept paper and meeting with technical partners in Washington, DC.

Dissemination and Advocacy

Powerpoint presentation on community child health approaches

Based on an AFR/SD request, the SARA project developed a powerpoint presentation *Household and Community Approaches: Achieving Maximum Impact on Child*

Survival. The presentation offers the scientific basis for investing in household and community approaches for child survival, examples of cost-effective interventions to reduce childhood mortality, and the elements of child health community programming. The presentation can be used to advocate for inviting more donors to contribute to community child health programs.

Capacity Building and Collaboration with African Institutions

Consultant training package on community child health approaches

SARA, in collaboration with WHO, UNICEF, and BASICS, is developing a training package for regional consultants on community IMCI. The objective of the package is to prepare a cadre of regional consultants who are capable of providing effective technical assistance to national child health programs to develop a community IMCI strategy. The package helps develop practical strategies that consider the actual constraints in the country and build on available community activities and structures. A draft of the package has been developed and plans are underway to test it.

BASICS/West Africa Regional Office (WARO)

Dr. Suzanne Prysor-Jones assisted BASICS/WARO to develop a strategy for community child health activities that is addressing Africa Bureau concerns, particularly the scaling up of successful child health interventions.

CRHCS/ECSA – Commonwealth Regional Health Community Secreatariat for East, Central, and Southern Africa, Tanzania

The SARA project has hired Dr. Rose Kesande, a local Ugandan consultant, through CRHCS, to assist in developing a strategy to include private practitioners in child survival programs in Uganda. The Uganda experience will be the basis for developing a regional strategy.

WHO/AFRO

Dr. Suzanne Prysor-Jones corresponded with WHO/AFRO, particularly Dr. Remi Sogunro, to assist in developing a strategy for scaling up community IMCI. The SARA project collaborated with WHO/AFRO in conducting the joint DfID-USAID review of IMCI and results discussions on implications for future IMCI strategy.

C. Infectious Diseases (Strategic Objective 19)

Technical Area: Malaria

SARA activities support the following AFR/SD intermediate results for malaria:

IR 19.2: Improving the enabling environment to design, manage, and evaluate malaria control programs
IR 19.3: Improving policies, strategies and approaches for child survival and maternal health

Technical Support to AFR/SD Malaria Activities

Core team meetings

Dr. Sambe Duale, Dr. Youssef Tawfik, Renuka Bery and/or Antonia Wolff attended AFR/SD ID core team meetings. SARA staff also assisted AFR/SD colleagues in preparing the infectious disease portfolio review for this year.

Dr. Sambe Duale, SARA senior research manager, joined USAID and WHO/AFRO colleagues for side meetings during the Global RBM Partners' Conference hosted by the World Bank, April 18-19, 2001. He also attended briefing meetings and provided inputs to assist with setting up a mechanism for common reporting by WHO/AFRO on Division of Disease Control (DDC) activities to USAID and other donor agencies/partners.

Developing new strategic directions for USAID malaria activities in Africa

Dr. Suzanne Prysor-Jones, SARA project director, and Dr. Duale have been assisting USAID colleagues to review and establish strategic directions for USAID malaria activities in Africa in the coming years. A retreat on September 7, 2001, was a first step to establish strategic directions to guide the allocation of USAID resources for malaria prevention and control in Africa in the context of the goals set at the African Summit on Roll Back Malaria in Abuja, Nigeria, April 25, 2000. At the Summit, the African leaders resolved to initiate appropriate and sustainable action to strengthen the health systems to ensure that by the year 2005:

- At least 60 percent of those suffering from malaria have prompt access to, and are able to correctly use, affordable and appropriate treatment within 24 hours of the onset of symptoms.

- At least 60 percent of those at risk for malaria, particularly children under five years of age and pregnant women, benefit from the most suitable combination of personal and community protective measures such as insecticide treated mosquito nets and other accessible and affordable interventions to prevent infection and suffering.

- At least 60 percent of all pregnant women, who are at risk for malaria, especially those in their first pregnancies, have access to chemoprophylaxis or presumptive intermittent treatment.

Dissemination and Advocacy

Support for initiatives to prevent malaria in pregnancy in Africa

Renuka Bery, SARA dissemination and advocacy manager, or Antonia Wolff, SARA dissemination specialist, Caroline Blair, SARA reproductive health advisor, and Dr. Duale participated in meetings of the AFR/SD-sponsored malaria in pregnancy (MIP) network. The MIP network is coordinated by Ms. Penny Altman of the JHU School of Public Health. The malaria and pregnancy advocacy brochure that SARA produced was widely disseminated in collaboration with the MIP network. More than 10,000 copies of the brochure have been distributed so far and more will be printed in FY 02. The brochure is also available in French and Portuguese.

SARA also developed a press kit on malaria and pregnancy and translated it into French. The press kit was disseminated at targeted meetings, including the UNICEF-sponsored conference of First Ladies of West and Central African countries on the reduction of maternal mortality. This tool has been well received and will be reprinted in FY 02.

SARA staff provided technical and logistical support for developing materials and presentations for a special session on malaria and pregnancy sponsored by AFR/SD/HRD and CDC during the Global Health Council Annual Conference, held May 30 - June 1, 2001.

The ASTMH journal supplement on the burden of malaria

The Multilateral Initiative on Malaria (MIM) and the NIH Foundation cosponsored the publication of a supplement to the *American Journal of Tropical Medicine and Hygiene* titled "The Intolerable Burden of Malaria: A New Look at the Numbers." The supplement derives from a symposium with the same name held in December 1999 at the Annual Meeting of the American Society of Tropical Medicine and Hygiene and was published in early 2001. The issue includes 11 papers that look at the medical, epidemiologic, and economic toll taken by malaria with a fresh perspective. The guest editor of the supplement is Joel Breman, M.D., of the Fogarty International Center and Senior Scientific Advisor to MIM. The SARA project purchased and disseminated 100 copies of the supplement to program managers and USAID PHN staff in Africa.

Capacity Building and Collaboration with African Institutions

Support for the RBM Global partners' meeting

SARA staff organized travel arrangements for eight African participants from Nigeria, D.R. Congo, Uganda, Senegal, Tanzania, and Ghana to attend the RBM Global Partners' Meeting in Washington, DC, hosted by the World Bank in April 2001.

International Center for Insect Physiology and Ecology (ICIPE)

Mr. John Githure of ICIPE in Nairobi and Dr. Duale had preliminary discussions on ways that SARA and other partners can assist with strengthening training for vector control interventions in Africa. Dr. Gene Brantley of Environmental Health Project and Dr. John Beier of the Tulane University School of Public Health and Tropical Medicine also participated. A consultative meeting under the aegis of ICIPE is planned for 2002 to discuss the way forward. The meeting is to build on recommendations from a WHO/AFRO-sponsored conference held in February 2001 in Harare on strengthening vector control interventions for malaria control in Africa.

Malaria Research and Training Center (MRTC)

Dr. Duale joined Dr. Elizabeth Higgs of the National Institute of Health to review the Malaria Research and Training Center's (MRTC) progress in implementing AFR/SD-funded activities. Representatives of MRTC, NIH, USAID, WHO, and the Malian national malaria control program (NMCP) met in July 2001 to review the activities and decide on next steps.

The review centered on the seven results identified in the MRTC work plan finalized in May 2000:

Result 1: Strong partnership established between MRTC and NMCP in support of malaria prevention and control;
Result 2: Improved monitoring of anti-malarial resistance to inform drug policies in Mali;
Result 3: Improved recognition and management of malaria illness among children under five years of age;
Result 4: Simplified anti-malarial prophylactic regimen for pregnant women evaluated;
Result 5: Improved monitoring of insecticide resistance to inform policies on insecticide-treated mosquito nets;
Result 6: Enhanced use of environmental information system (GIS) to support decision-making;
Result 7: Preparedness and response mechanisms developed in malaria epidemic-prone regions of Mali.

MRTC has made progress on all the seven results, especially in building a partnership with the NMCP, monitoring anti-malarial drug and insecticide resistance, and studying the simplified anti-malarial prophylaxis regimen for pregnant women.

CORE workshop for PVOs on malaria prevention and control in Africa

Malaria is a significant public health problem for millions of infants and women all over Africa. Therefore, the PVO development community has identified malaria prevention and control as a priority. The CORE Group, a consortium of 35 PVOs implementing child survival projects, is planning a workshop for field staff to provide state-of-the-art technical updates as a basis for improved malaria programming. The overall goal is to catalyze the NGO contribution to the global Roll Back Malaria (RBM) effort to halve the world malaria burden by the year 2010. At AFR/SD's request, Dr. Duale is assisting the CORE malaria working group to plan this regional NGO/PVO workshop on malaria prevention and control in Africa, which will be held in Nairobi, November 26–December 1, 2001. Dr. Duale will also organize the component of the workshop on malaria in pregnancy.

Technical Area: Tuberculosis and Integrated Disease Surveillance and Response (IDSR)

SARA activities support the following AFR/SD intermediate results:

IR 19.2: Improving the enabling environment to design, manage, and evaluate TB control programs
IR 19.3: Improving policies, strategies and approaches to prevention and control of TB and other infectious diseases

Technical Support for the Management of the AFR/SD TB and IDSR Activities

AFR/SD ID core team

Dr. Duale, Dr. Youssef Tawfik, and Renuka Bery and/or Antonia Wolff have attended a number of AFR/SD core team meetings on infectious diseases. SARA staff also assisted AFR/SD colleagues in preparing the infectious disease portfolio review.

Support for the WHO/AFRO program for integrated disease surveillance and response systems in Africa

Dr. Duale participated in conference calls and electronic exchanges to discuss the implementation of the IDSR program in African countries with the support of WHO/AFRO, CDC, USAID, and other partners. Dr. Duale also provided input to colleagues at AFR/SD/HRD and WHO/AFRO to prepare the IDS Task Force meeting held in May 2001 in Harare, Zimbabwe.

Research and Analysis

Pilot study of women's access to TB control services in Africa

In consultation with Dr. Cornelia Davis of AFR/SD/HRD, Dr. Nyarko of WHO/AFRO, and Dr. Egwaga of the Tanzanian National Tuberculosis Programme, SARA enlisted the services of Dr. Justin Nguma of HealthScope, a Tanzanian public health consulting firm, to lead a pilot study of women's access to TB control services in Africa.

To initiate the study process, Dr. Sambe Duale joined a group of TB program managers, social scientists, and health experts from Tanzania, Kenya, Zambia, and the United States for a working group meeting held at CEDHA, Arusha, Tanzania, January 31–February 3, 2001. The objectives of the working group meeting were to:

- Discuss available information on factors affecting TB diagnosis and treatment among African women of reproductive age;
- Review a draft protocol and tools for a pilot study on factors affecting access and use of TB diagnosis and treatment services by African women in East Africa; and
- Develop a plan of action to implement a pilot study in Tanzania and to disseminate the study findings to program managers and policy makers.

SARA supported Dr. Justin Nguma of HealthScope and Dr. Eliud Wandwalo of the Tanzania TB control program to participate in the second workshop on gender and TB organized by the Nordic School of Public Health in Goteborg, Sweden. They used lessons learned from the workshop to finalize the protocol and tools for a pilot study on women and TB in Tanzania. The Tanzania study team has initiated data collection. The data collection, collation, and analysis will be completed in FY 2002.

Dissemination and Advocacy

Collection of gender-related tuberculosis materials

Ms. Pamela Opdyke of Tulane assisted Dr. Duale in collecting gender-related TB publications and tools from WHO/TDR and other sources. The materials were given to the expert working group as background documents to guide the pilot study on TB and gender.

The final protocol and tools for the pilot study on women and TB developed by the Tanzania team was shared with program managers from Kenya, Uganda, and Zambia and also with other interested parties, such as WHO/AFRO, USAID, and SOMA-Net.

TB sdvocacy brief

Dr. Duale reviewed and commented on a TB advocacy brief prepared by Dr. Cornelia Davis of AFR/SD. The brief was produced by ABIC. SARA assisted with dissemination to program managers and members of various African health networks.

Infectious Diseases (TB)

USAID cable on preparedness and response to meningitis epidemic outbreaks

Dr. Duale joined AFR/SD and OFDA colleagues to draft a cable for Africa-wide distribution about preparedness and response to meningitis epidemic outbreaks. Dr. Duale and AFR/SD and OFDA colleagues also discussed potential areas of collaboration between OFDA and the WHO/AFRO program on epidemic preparedness and response.

Dr. Duale participated in meetings, conference calls, and electronic exchanges with AFR/SD colleagues to discuss a number of transition and epidemic issues in countries such as Liberia, Guinea, and D.R. Congo.

Report of the review of WHO/AFRO program on epidemic preparedness and response

Dr. Duale worked on finalizing the report documenting the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa. The review was conducted by Dr. Marc Debay, a SARA consultant, and Dr. Duale for WHO/AFRO and USAID/AFR/SD. A summary report was produced and widely disseminated to sensitize various audiences to the joint work of WHO/AFRO, CDC, and USAID in this area.

Laboratory manual for cholera and dysentery control—French version

Antonia Wolff led the effort to finalize the French translation of the laboratory manual. She collaborated with Mary Harvey of AFR/SD and Brad Kay of WHO/AFRO to follow-up on the revised French version of the manual. This is now being formatted and will be published in early FY 2002. A dissemination strategy and tracking system is being developed to assess the usefulness of this publication.

Capacity Building and Collaboration with African Institutions

SARA contracted the services of the Center for Educational Development and Health Activities (CEDHA) to host an Expert Working Group meeting, January 31–February 3, 2001, in Arusha, Tanzania, to discuss the protocol and tools for a pilot study of factors affecting women's access to TB diagnosis and treatment services. CEDHA successfully managed the facilitation and logistics of the Expert Working Group meeting.

SARA has signed a sub-contract with HealthScope to implement the pilot study in Tanzania. The pilot study should be completed in early in 2002. The Tanzanian

team has shared the protocol and tools for the TB and gender study with program managers and other stakeholders in the region.

D. Nutrition (Strategic Objective 19)

Improving Provider Performance

SARA activities support the following AFR/SD intermediate results for improving provider performance:

NR 1: Increased African commitment to addressing nutrition-related problems
NR 2: Strengthened African regional and national capacity to plan, manage, implement, and evaluate nutrition-related policies and programs
NR 3: Increased number and quality of nutrition-related activities integrated into USAID bilateral and regional programs
NR 4: Increased joint planning and programming with USAID partners and other donors on nutrition-related activities
NR 5: Existing and new approaches to improve nutrition-related behaviors and practices at the population level developed, evaluated, and disseminated

Technical support to AFR/SD and Collaborating Agencies

SARA provided technical support to AFR/SD this year in managing the nutrition results package. This support included: 1) organizing two nutrition core group meetings (January and July); 2) organizing one consultative meeting on mother-to-child transmission of HIV (in June 2001); 3) supporting the development of the Nutrition R4 for AFR/SD (presented in June 2001); 4) providing technical support on two evaluations of AFR/SD supported-work on PROFILES (NR1) and the SANA Project (NR2); and 5) providing technical support to collaborating agencies involved in nutrition and MTCT.

Nutrition core group meetings

SARA nutrition advisor, Dr. Ellen Piwoz, and nutrition specialist, Ms. Dorcas Lwanga, helped AFR/SD to organize an expanded nutrition core group in January 2001. The purpose of the meeting was to review progress in regional and country nutrition programs and to discuss constraints and priorities to shape the future AFR/SD investments. Representatives from various USAID cooperating agencies and projects (BASICS, LINKAGES, MOST, Macro, SARA, FANta, and SANA), USAID Bureaus (Global Bureau, BHR, and REDSO), and a representative from the World Bank participated in the meeting.

Several conclusions and recommendations emerged from this meeting. These include:

- AFR/SD should move forward more rapidly on PMTCT and nutritional care and support programs for people living with HIV/AIDS in Africa.
- AFR/SD should intensify its support for breastfeeding promotion programs.
- Work with African partnerships should continue to be strengthened and supported.
- Information dissemination and advocacy using DHS data, PROFILES, and other tools should continue. However, experience and lessons on successful approaches and experiences, particularly with respect to PROFILES, should be documented. Much of SARA's nutrition work in FY 01 was guided by these recommendations.

A second core group meeting was held in July 2001. The purpose of this meeting was to share experiences of the agriculture team working on nutrition activities. These included work on HIV/AIDS and nutrition; nutrition survey work in Nigeria; and strengthening linkages between nutrition, agriculture, and gender programs.

Consultative meeting on mother-to-child transmission of HIV

SARA nutrition advisor, Dr. Ellen Piwoz, and nutrition specialist, Ms. Dorcas Lwanga, assisted AFR/SD to organize a one-day consultative meeting on MTCT. Participants in the meeting included USAID collaborating agencies and projects (IMPACT, LINKAGES, HORIZONS, CHANGE, FANta, the Futures Group, PSI, PRIME, MNH, and Pathfinder), USAID Bureaus (Regional, Global, BHR), and representatives from the Centers for Disease Control and Prevention (CDC). The main goal of the meeting was to have a shared understanding of AFR/SD's operational approach and core interventions for preventing MTCT in Africa, and to identify collaboration agencies' possible roles in the future expansion and scaling up of MTCT prevention programs in Africa.

SARA and other collaborating agencies briefly presented their PMTCT work in Africa. Recommendations from the meeting included the need for better coordination between organizations working on similar activities (e.g., computer-based modeling) and in the same countries (e.g., in Zambia), as well as greater efforts to increase mission interest in PMTCT programming. The latter is necessary to insure that USAID helps to meet UNGASS goals of a 20 percent reduction in MTCT by 2005 and a 50 percent reduction by 2010. Following the meeting, SARA updated the AFR/SD PMTCT strategy for Africa. This strategy was repackaged for general audiences (non-USAID), produced, and distributed.

Nutrition

Nutrition R4 preparation

The SARA nutrition team assisted AFR/SD to prepare this year's results reporting. Some of the key results this year included:

- 10 countries trained in PROFILES with extensive follow-up advocacy in Burkina Faso, Ethiopia, Ghana, Kenya, Madagascar, Mali, South Africa, Tanzania, and Togo,

- 192 Africans participated in nutrition-related leadership and capacity development activities offered by AFR/SD African partners

- 15 USAID mission and regional programs currently include nutrition-related activities

- USAID CA projects are working together in Benin, Ethiopia, Ghana, Madagascar, Uganda, Zambia, and regionally in West Africa and the GHAI

- Lessons learned and promising practices related to community nutrition, MTCT, nutrition care and support for PLWHA, and breastfeeding/infant feeding were disseminated through regional meetings, networks, and initiatives in Africa

- New approaches for behavior-change related to MTCT, infant and maternal nutrition were implemented in large-scale programs in Benin, Ghana, Madagascar, Malawi, Senegal, Zambia, and Zimbabwe.

Evaluations of AFR/SD-supported work in nutrition

SARA assisted AFR/SD in evaluating two major nutrition initiatives, PROFILES and nutrition advocacy in Africa, and the Sustainable Approaches to Nutrition in Africa project. The purpose of the PROFILES evaluation is to document lessons learned and impact of PROFILES-related training and advocacy on nutrition policies, programs, and capacity in Africa. This internal evaluation is being led by PROFILES coordinators and implementers in Africa (LINKAGES, SARA, SANA, BASICS, WAHO, and the Commonwealth Regional Health Community Secretariat). To date, more than 50 key informants from African regional and national institutions and other PROFILES collaborators have been interviewed. The final report of the evaluation is due in November 2001.

SARA also provided support for the external evaluation of AED's Sustainable Approaches to Nutrition in Africa (SANA) project. SANA is a six-year cooperative

agreement that has worked closely with SARA to achieve AFR/SD nutrition results. The external evaluation was conducted by Dr. Milla McLachlan of the World Bank and Dr. Mohammed Ag Bendesh of Helen Keller Worldwide (West Africa). SARA was a member of the SANA evaluation advisory board, and has provided guidance in the analysis and interpretation of evaluation results. A draft report on the evaluation was submitted in August 2001, and a final version is expected in November 2001.

Technical support to other collaborating agencies

SARA consultant, Elizabeth Preble, provided technical assistance to G/PHN and the Synergy project in preparing the Report to Congress on MTCT. This report summarized USAID activities and accomplishments in programs to prevent mother-to-child transmission of HIV. The report was produced and widely disseminated by Synergy and USAID to Congress and other interested users.

SARA nutrition specialist, Dorcas Lwanga, provided technical assistance to the FANta project on HIV and nutrition. This assistance included review and input into the FANta guide, *Nutrition Care and Support of People Living with HIV/AIDS*. SARA also assisted FANta in preparing a paper and presentation on nutrition for women living with HIV/AIDS in West Africa. This material was distributed at the FANta-supported technical update session of the annual West Africa Nutrition Focal Points meeting.

Dr. Ellen Piwoz and Ms. Dorcas Lwanga worked with JHPIEGO Reproductive Health Training Program to develop nutrition Reprolearn® tutorials on "*Clinical Care of Women with HIV Living in Limited-Resource Settings*." Two modules on nutrition issues were developed: an overview of HIV/AIDS and nutrition and recommendations for nutrition care and support by Dr. Piwoz and Ms. Lwanga, respectively. The tutorials will be delivered via the worldwide web and on interactive CD-ROM, and they will be available for use in group-based courses or for individual self-paced learning. The target audiences for the tutorials are physicians, faculty, and health care trainers in East and southern Africa. Next year, there are plans to work on tutorials about anemia and mother-to-child transmission of HIV.

Issues Identification

HIV and infant feeding

SARA has provided continuous support to AFR/SD on issues related to implementing programs to prevent HIV transmission through breastfeeding.

Nutrition

Following the January 2001 nutrition core group meeting, SARA and LINKAGES prepared a summary paper on recommendations for AFR/SD support on breastfeeding and HIV. These recommendations included:

- **Communications & advocacy:** AFR should support the development and implementation of country and regional MTCT and infant feeding communications and advocacy strategies.

- **Policy review & implementation:** AFR should support policy review, reform, and enforcement related to HIV and infant feeding, and to the code.

- **Program implementation:** AFR should support the scaling up of existing programs that integrate infant feeding counseling and support into MTCT programs, or into programs to provide care and support for HIV-infected women. In addition, existing programs should develop tools and materials that will facilitate expansion and/or replication to other countries/sites. AFR should support study tours of successful programs as a form of South-South technical assistance and information sharing on promising practices. AFR emphatically should NOT reduce its support for appropriate breastfeeding and complementary feeding in Africa because of HIV/AIDS. Rather it should intensify its support for these interventions, which promote child survival, while insuring that HIV and MTCT issues are addressed appropriately within these programs.

- **Capacity development:** AFR should support efforts to train adequate numbers of people who can counsel women on infant feeding in the context of HIV.

- **Operations and applied research:** AFR should support operations/applied research on the costs and impacts of programs to counsel and support women on infant feeding in the context of HIV, and to promote partner and community involvement in MTCT/infant feeding decision-making and support.

In the spirit of increasing joint planning and programming (NR 3), SARA also provided technical inputs to UNICEF and WHO to identify and support activities to improve research and counseling on HIV and infant feeding. SARA nutrition advisor, Dr. Ellen Piwoz, participated in a UNICEF regional consultation on HIV and infant feeding counseling held in Nairobi in October 2000, where she presented AFR/SD supported analysis on early breastfeeding cessation for HIV-positive mothers. She also participated in the WHO technical consultation to update recommendations on the use of anti-retroviral drugs and infant feeding

recommendations for preventing MTCT, also held in October 2000. In September 2001, Dr. Piwoz met with WHO/Geneva to discuss plans for developing a manual on formative research for adapting guidelines on HIV and infant feeding locally and for designing tools to counsel on infant feeding options. These tools will be developed in FY 02.

Nutrition care and support for people living with HIV/AIDS

SARA has also provided leadership and support to AFR/SD on nutrition issues for people living with HIV/AIDS. Following the publication and dissemination of the review on HIV/AIDS and nutrition, Dr. Piwoz gave a series of presentations at USAID, the World Bank, and PVO technical and programming meetings on this issue. SARA has also provided technical inputs to other agencies trying to understand how to incorporate nutrition into HIV/AIDS programming.

In January 2001, Dr. Piwoz and Ms. Lwanga participated in a two-day meeting hosted by International Food Policy Research Institute and DfID on HIV/AIDS, nutrition and food security, and rural livelihoods. The purpose of the meeting was to determine how government policies in the area of food security, nutrition, agriculture and the environment should be altered to better meet the needs of the poor within the context of the HIV/AIDS pandemic, and to identify research priorities. Dr. Piwoz reviewed the report developed as a result of the meeting. This report was presented at the ACC/SCN symposium on HIV/AIDS and nutrition held in Nairobi, Kenya, in April 2001. SARA staff participated in the symposium, and assisted SCN to develop a statement for action on HIV and nutrition, and prepare the final symposium report.

Research and Analysis

SARA has continued to support research and analysis on HIV, PMTCT, infant feeding, and nutrition related issues.

Technical support to the ZVITAMBO Trial

SARA nutrition advisor, Ellen Piwoz, has continued to serve as a co-investigator on the ZVITAMBO infant feeding counseling study. ZVITAMBO is a clinical trial to assess whether vitamin A, given within 96 hours of delivery to mothers and babies, can reduce infant mortality, HIV transmission through breastfeeding, and incident HIV infection in postnatal women. In September 1999, ZVITAMBO began providing systematic counseling and support to all study mothers on HIV issues, including infant feeding counseling. The counseling intervention, which was partially funded by the LINKAGES project, includes monitoring and evaluation to

determine its impact on women's knowledge about MTCT, and their decisions related to HIV testing, disclosure, and infant feeding.

This year, Dr. Piwoz provided technical assistance to ZVITAMBO to analyze data on the impact of counseling and education on knowledge of HIV transmission, MTCT, and infant feeding. Three papers have been written this year documenting the program and its impact. These include:

- A paper describing the impact of the counseling and education program on mother's knowledge of HIV, MTCT, and risk reduction practices. This paper is now being reviewed for publication in a peer-review journal. The findings will be presented at the annual meeting of the American Public Health Association.

- A paper describing the impact of the education and counseling program on mothers' HIV testing and disclosure practices; their concern about risk; and their infant feeding and safe sex practices. This paper was presented in a poster session at the Uganda Global Strategies Conference (September 2001). It will be revised and submitted for publication in FY 02.

- A paper describing factors influencing feeding decisions by HIV-positive mothers. This paper was presented in a poster session at the Uganda Global Strategies Conference (September 2001). It will be revised and submitted for publication in FY 02.

Technical support to the Zambia Exclusive Breastfeeding Study

Dr. Ellen Piwoz has been providing technical support to the Zambia Exclusive Breastfeeding Study (ZEBS) to formulate a training curriculum, counseling materials, and evaluation tools on exclusive breastfeeding and early weaning by HIV-positive mothers. This study is being funded by NIH, and implemented by Boston University, Columbia University, the Lusaka District Health Management Team, and the University Teaching Hospital. In FY 01, Dr. Piwoz participated in a protocol workshop for the study, designed counseling tools for the intervention, and developed and helped to implement the training of nurse counselors on the study. This intervention and study has been informed by the AFR/SD paper on *Early Breastfeeding Cessation as an Option for Reducing Post-Natal Transmission of HIV in Africa*. The study will compare HIV-free survival, morbidity, and growth of infants who are exclusively breastfed and weaned at four months with those who continued breastfeeding beyond this age period. The study began enrolling subjects in May 2001 and it will follow 1,200 HIV-positive women and infants for two years.

Other technical support for research

In March 2001, Dr. Ellen Piwoz participated in a NIH-funded research meeting on HIV care and support in Africa. The meeting was held in Botswana and included participants from all over Africa, the U.S., and Europe. Dr. Piwoz made a presentation on research priorities for HIV and nutrition and participated in working group discussions to formulate recommendations for future research and African capacity development.

In June 2001, Dr. Piwoz visited the Africa Center and University of Natal, Durban, South Africa to participate in a workshop sponsored by WHO to share information on experience in the Zambia and Zimbabwe studies, and to discuss experience with early weaning interventions.

Dissemination and Advocacy

Nutrition Briefs: Multisectoral involvement in nutrition

SARA nutrition specialist, Ms. Dorcas Lwanga, finalized the revision of the Nutrition Brief on HIV/AIDS and Nutrition. The brief was developed in collaboration with the CRHCS food and nutrition coordinator, Ms. Boitshepo Giyose, for a meeting of East, Central, and southern Africa Nutrition Focal Points to be held in FY 02. The briefs have been in great demand, and have been disseminated widely at various meetings in Africa, as well as in the U.S. and Europe.

The HIV and nutrition brief was adapted for West Africa and translated into French. The West Africa version of the brief was disseminated at the West Africa Nutrition Focal Point meeting, held in Accra, Ghana, in September 2001. Ms. Lwanga is working on the West Africa adaptation of the other nutrition briefs in the series. These will be finalized and translated in FY 02.

Early breastfeeding cessation

SARA completed work on its issues paper titled *Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa: Issues, Risks, and Challenges.* This paper reviews the literature and provides guidance on the risks and challenges for implementing this practice in resource poor settings. The paper was written to inform research and policy, which was rushing to recommend this practice before proper analysis of its risks and benefits. The paper will be distributed in limited quantities only because of its specialized nature. The target audience is research and policy organizations that are examining this option for their program guidelines.

Nutrition

Mother-to-Child Transmission: Practical Guidance for Programs

SARA completed work on this repackaged paper based on the AFR/SD strategy. The paper was produced and disseminated in June 2001. It has been translated to French and will be widely disseminated in Africa.

Presentations on HIV and nutrition issues

SARA nutrition advisor, Dr. Ellen Piwoz, has been involved in a wide array of information dissemination activities this year. She has been invited to present information on a range of AFR-supported initiatives including:

- HIV/AIDS and nutrition at the Regional Meeting on Food Fortification by Small Scale Hammer Millers in Harare, Zimbabwe (November 2000)
- HIV/AIDS and nutrition at the World Bank, Washington, DC (January 2001)
- HIV/AIDS and nutrition in Africa to USAID, Washington, DC (February 2001)
- Research priorities for HIV/AIDS and nutrition at the NIH regional meeting on HIV Care and Support in Gaborone, Botswana (March 2000)
- Challenges of early breastfeeding cessation and its potential impacts on infants and HIV-positive mothers in Nairobi (October 2000) and South Africa (June 2001)
- HIV and nutrition care and support at the International Union of Nutritional Sciences in Vienna, Austria (August 2001).

Dorcas Lwanga and Dr. Ellen Piwoz were also invited to present information on nutrition care and support of women living with HIV/AIDS in West Africa at the West Africa Nutrition Focal Point meeting in Accra, Ghana (September 2001). However, due to events of September 11, 2001, neither could travel to Ghana for the meeting. This presentation was given for SARA by Dr. Robert Mwadime, nutrition and child survival advisor, Regional Center for Quality of Health Care.

Support for the use of PROFILES in Africa

SARA has continued to be supportive of nutrition advocacy and PROFILES work in East, southern, and West Africa. SARA nutrition specialist, Ms. Dorcas Lwanga, and SANA regional advisors, Debbie Gachuhi and Kinday Sambe Ndure, participated in several meetings to plan and implement the evaluation of PROFILES in Africa. In addition, Lwanga, Gachuhi, and Ndure assisted in conducting and analyzing key informant interviews. The final report of the evaluation will be completed in November 2001.

Developing a listserv for Nutrition Focal Points in West Africa

SARA staff are assisting SANA to develop a listserv for the Nutrition Focal Points in West Africa. When SARA dissemination staff met with the West Africa IT representative for Helen Keller International (HKI) they learned that HKI already supported a listserv. Although SARA/SANA has tried to coordinate with HKI to ensure that efforts were not being duplicated, they have been unresponsive, so efforts will continue to develop an active Focal Points listserv in the next fiscal year.

Capacity Building and Collaboration with African Institutions

SARA, in collaboration with SANA, has continued work initiated under SARA I for building the capacity for nutrition within African institutions. The major partners this year have included:

- **CRHCS**: collaborations include: a) conducting nutrition advocacy and revising the HIV/AIDS and Nutrition Brief; b) providing technical support to prepare a proposal for a regional meeting to update their nutrition strategy in light of HIV/AIDS issues; c) assisting Ms. Boitshepo Giyose, CRHCS food and nutrition coordinator, to develop a work plan for the work under the SARA-CRHCS subcontract; d) developing a questionnaire to evaluate the use of the Nutrition Briefs in the East, Central and southern Africa region. The evaluation is currently in progress and a report on the results is expected in December 2001.

- **WAHO** and **West Africa Nutrition Focal Point Network**: SARA provided technical and financial assistance to organize and implement the 6th annual meeting of nutrition focal points in Accra. Dr. Ellen Piwoz and Ms. Dorcas Lwanga prepared a presentation for the technical update on nutrition care and support of women living with HIV/AIDS in West Africa.

- **ZVITAMBO**: Dr. Piwoz continued to build capacity for monitoring and evaluating the impact of counseling on infant feeding and HIV-related decisions, and for analyzing and disseminating results to research and policy audiences.

- **RATN**: SARA held discussions on how to move forward and accelerate training on MTCT in Africa.

- **Regional Centre for Quality of Health Care** (Makerere University): SARA provided technical support on MTCT and HIV and nutrition issues.

E. Population/Reproductive Health/Maternal Health (Strategic Objective 20)

SARA Advisors

Caroline Blair, Reproductive Health Advisor, Population Reference Bureau (PRB)
Renuka Bery, Dissemination and Advocacy Manager, AED
Antonia Wolff, Dissemination Specialist, AED
Rhonda Smith, PRB/SARA Consultant

Improving Provider Performance

SARA activities support the following AFR/SD intermediate results:

IR 20.1: Improved policies and strategies to expand reproductive health programs promoted
IR 20.2: Enabling environment to design, implement, and evaluate reproductive health programs improved

Technical Support to AFR/SD Reproductive Health (SO 20) Team

The SARA membership of the reproductive health (RH) core team changed somewhat this year. Caroline Blair remained in the role of Reproductive Health Advisor, and Rhonda Smith of PRB continued to participate in RH core team activities. While Renuka Bery continued to provide limited, focused, support to the RH team, Antonia Wolff, SARA's new dissemination specialist, became a very active and sustained member of the team.

The core team continued to meet regularly and frequently, and the working relationship between SARA and AFR/SD and its cooperating agencies (CAs) was strengthened. SARA staff worked closely with AFR/SD to review the results packages and implement activities dedicated to achieving these results for both RH and maternal health. The SARA core team members also assisted AFR/SD managers in working with other CAs in developing and refining activities funded by AFR/SD. This work included negotiating scopes of work for newly funded activities, helping to orient and/or mentor new AFR/SD core team members, guiding dissemination strategies, participating in evaluations, obtaining regular progress reports, and providing input to the development of a briefing packet on

AFR/SD-funded RH activities. The portfolio review that had started late in year one of the project was completed. SARA played an important role managing the portfolio review process, including working with the consultant on developing and translating survey instruments, preparing a powerpoint presentation summarizing the findings, reviewing the draft report, and copy-editing the final report. The SARA team participated in the USAID annual review process, that included assisting in developing a powerpoint presentation and briefing book, answering mid-term review questions, and providing other technical support, as needed. The RH advisor also drafted answers to questions posed by Congress on the content of certain population programs.

During FY 2001, the SARA reproductive health advisor played a lead role in finalizing the sub-contracts (and scopes of work) with JHPIEGO and CERPOD, developing the annual work plan and budget for key-subcontractor PRB, and finalizing the sub-contract and SOW for the Commonwealth Regional Health Community Secretariat. Overall, in the area of reproductive health, activities this year focused on finalizing administrative mechanisms that had been started during year one with sub-contractors and African institutions, the portfolio review, and working with partners to move forward with activity implementation.

The SARA team took part in numerous meetings, workshops, and lessons learned sessions on topics related to the AFR/SD results packages. Examples include sessions on new developments in antenatal care, issues in maternal mortality measurement, the inter-agency working group on male gender's male involvement sub-committee, and many others. Such participation ensures that the SARA team and the RH core team is current on best practices and facilitates identification of follow-up activities, including dissemination and advocacy.

Issues Identification

Reproductive Health Portfolio Review

The Reproductive Health Portfolio Review was a major activity in FY 2001. The SARA team worked with consultant Susan Adamchak to develop interview guides and questionnaires, provided background information on SARA and AFR/SD activities, and reviewed several versions of the report. The SARA team also undertook a literature review and prepared an annotated bibliography in preparation for the portfolio review. This annotated bibliography is currently being finalized for publication, limited distribution, and posting on the AFR/SD and SARA web sites.

Interestingly enough, the portfolio review did not recommend any new technical areas or suggest any changes to the overall AFR/SD RH strategic objective and results framework. The main recommendations of the report included maintaining the current results packages with strategic allocation of resources to newly emerging issues. It was also recommended that key strategies derived from the SARA literature review be reviewed and used to update the activities carried out by AFR/SD within each results package.

The portfolio review report, in which the SARA team played a crucial role, was a major source of information in last year's RH R4 process and it was used to answer mid-term review questions. The annotated bibliography and summary of best practices that was prepared by the SARA team as input to the portfolio review, was shared with the Advance Africa project to assist in its development of a best practices compendium. The bibliography and summary have also been shared with a consultant who is currently editing reports of four country studies (Benin, Cameroon, Niger, Togo) on how to promote male involvement in RH in those countries. The report is currently being finalized for publication and posting on the AFR/SD web site.

Strategic guidance on activities related to the need for continued population/RH assistance in an age of HIV/AIDS

As the HIV/AIDS situation in Africa continues to enjoy increased attention and funding, it is important ensure that other RH issues, such as family planning, are not crowded out. Particularly in West Africa, contraceptive prevalence rates remain extremely low in most countries and maternal mortality and morbidity rates remain unacceptably high. In order to keep family planning and maternal health on USAID's and African countries' policy agendas, this year, SARA provided technical support to Advance Africa and the Policy project in preparing scopes of work that included issues analysis and dissemination plans to ensure that non-HIV/AIDS RH issues continue to get the attention they deserve. SARA will provide additional support in the review and dissemination process.

Improving the quality of care for reproductive health in Francophone Africa

The USAID-led maximizing access and quality of care initiative (MAQ) continues to be active and SARA's RH advisor, Caroline Blair, participated in both the MAQ steering committee and the Francophone MAQ subcommittee. Dialogue with AFR/SD and the Francophone subcommittee to define potential future support to the MAQ process was started during the year. A possible area of support might include organizing regional meetings of high level policy makers and programmers on RH topical issues of increasing interest and importance to Francophone West

Africa. These meetings would be organized in collaboration with SFPS/FHA/ WARP and its partner CAs. JHPIEGO, FHI, and Intrah/PRIME are all involved in both MAQ and in RH issues in West Africa, making this proposed collaboration a good fit. One issue, which the Francophone MAQ steering committee has identified as one needing discussion in the region, is the state of the art on the integration of HIV/AIDS and FP. A first regional technical meeting on dual protection has now been scheduled for early 2002.

Postabortion care initiative in Francophone Africa

Caroline Blair also participated in the Washington-based partners meetings on the West African postabortion care initiative and provided strategic guidance in developing the scope of work for JHPIEGO's role in the initiative as a SARA subcontractor. Ms. Blair also worked with CEFOREP, the institution hosting the conference, to define its role and provide support that included discussions on a program of work. Discussions continue regarding follow-up work to the conference that will strengthen CEFOREP's capacity to take a leadership role in the region in promoting best practices in postabortion care, including using PAC as an entry point for other RH services.

This initiative is modelled after similar work done in East Africa that resulted in increased attention being paid to postabortion care in that region. The initiative brings together a consortium of international and regional agencies including CEFOREP, Intrah/PRIME, JHPIEGO (as a SARA sub-contractor), EngenderHealth, SARA, Population Council, Advance Africa, and Family Care International. The goal of the initiative is to promote increased access to and quality of postabortion care services in Francophone Africa.

The focal activity of this initiative is a regional four-day conference on PAC to be held February 25-28, 2002, in Dakar, Senegal. The conference will disseminate the pioneering PAC work in Burkina Faso, Guinea, and Senegal to introduce services at the national level and scale up to regional hospitals and in Ghana where services have been decentralized to the primary care level. Disseminating these experiences will provide an opportunity for wider replication in various countries in the region. The overall goal of this conference is to establish and develop accessible and sustainable quality PAC services in the region. As part of the conference, participating country delegations will be requested to prepare country action plans while international donors will be invited to assist in designing and implementing the conference. It is hoped that regional committees and resource persons will bridge the gap between countries in the area of PAC.

Research and Analysis

Support to AFR/SD-funded male involvement activities

Last year, SARA RH advisor, Caroline Blair, worked with the Reproductive Health Research Network (RESAR) to develop and finalize a qualitative research protocol on male involvement in FP. This year, data were collected in the participating countries (Benin, Cameroon, Niger, and Togo) and draft reports were prepared. SARA is now assisting to finalize and edit the reports. Among the major findings of the studies is that, in the four countries, little understanding exists of the important role men can play to promote reproductive health. Men are largely viewed as potential sources of financial support for medical care but the full potential of their involvement is not widely recognized. Once the reports are finalized, SARA will work with RESAR to disseminate the findings to promote improved policies and programs focused on men.

This year, the curriculum for service providers designed to guide the delivery of RH services to men was translated into French and used in Guinea. SARA will work with EngenderHealth to disseminate the Guinea evaluation findings so they may inform policies and programs in the region. As a result of activities supported by AFR/SD in Uganda that received technical support from SARA, EngenderHealth has secured additional funding for MAP work from various sources.

The role of traditional birth attendants in safe motherhood programs

This year, SARA provided support to the American College of Nurse Midwives (ACNM) to finalize a meta-analysis of the impact of TBAs on maternal health outcomes. This meta-analysis will contribute to the ongoing debate on the role that traditional birth attendants can play in reducing maternal mortality and improving pregnancy outcomes by finalizing a review of published and unpublished literature spanning three decades. From an original search of over 1,000 documents, 63 studies were selected based on the following criteria:

- Examines differences in knowledge, attitudes, and practices of trained and untrained TBAs;
- Examines whether, and to what extent, trained and untrained TBAs differentially impact on maternal and neonatal mortality; and
- Explores the influence of sample characteristics on observed effects.

The meta-analysis will also describe the quality of and gaps in the evaluation literature.

Policy makers currently struggle to make informed decisions about safe motherhood interventions in their countries. The TBA meta-analysis is the most complete and comprehensive review of TBA training compiled to date and can serve as a resource in making decisions about the use of TBAs as a safe motherhood intervention in country programs. The TBA meta-analysis will also serve to inform researchers about gaps in our knowledge that need to be addressed in future research.

Preliminary findings are being compiled for a presentation at the APHA meeting in October 2001. SARA support will also allow ACNM to share the findings at a Washington-based meeting at which future dissemination and research needs will be discussed.

The preliminary results of the analysis suggest that:

- TBA training improves TBA 'knowledge' of maternal and child health (MCH). This was computed from 28 studies, 32 data sets, 362 unique outcomes, and a weighted pooled sample of 3,406 subjects in the treatment and 3,698 subjects in the comparison groups.

- Several findings are relevant to the debate that TBA training can/cannot contribute to a reduction in maternal mortality.
  - Training has a moderate effect on TBA 'knowledge' of maternal risks-problems for referral, but only a small effect on management of maternal problems.
  - A lack of research exists on whether increases in women's knowledge of maternal risk problems lead to increased referrals and subsequent management of these problems.
  - This is consistent with the finding that only 3 percent of programs describe curriculum content covering first aid or management of maternal problems.

- The effects are not uniform between TBAs and their clients, nor are they uniform across MCH content areas, and many content areas do not have data.

- We know little about the intervention, TBA training, due to insufficient reporting, making it impossible to assess which elements of programs lead to better outcomes.

- The quality of the studies was often lacking in methodological rigor. Nonetheless, the final results may be used to inform policy decisions about future

TBA training and evaluation research needs. The findings may be important in light of the recent programmatic shift to skilled attendance at delivery—a distant reality for some.

Two by-products of this meta-analysis are a taxonomy of studies on TBA training spanning three decades and an extensive electronic bibliographic database of the TBA literature.

Dissemination and Advocacy

The REDUCE model

To raise awareness of the high costs of inadequate attention to the problem, AFR/SD supported the SARA project in developing a safe motherhood advocacy and policy development tool called REDUCE. REDUCE uses local team-building and data-based models to estimate the consequences of poor maternal health and care on maternal and infant deaths, disabilities, and productivity. This year, SARA led the process of organizing REDUCE applications in Senegal and Mozambique and planning for a Nigeria workshop. As the REDUCE initiative evolved, SARA RH advisor, Caroline Blair, also worked with the AED Center for Policy and Capacity Building to document lessons learned in the field on how to maximize the results achieved in workshops and how to ensure follow-up and use of the model following the workshop.

In order to "market" REDUCE, SARA gave at least 16 presentations to various partners including Save the Children, the World Bank, the International Confederation of Midwives, WHO, UNICEF, and others. As a result of this work, WHO has requested that REDUCE applications be developed in those countries where its Making Pregnancy Safer (MPS) initiative is active, and has provided partial funding for the development of applications in Mozambique (August 2001) and Nigeria (November 2001). Additional applications in Mauritania and Ethiopia will likely be supported by WHO/AFRO next year.

SARA RH advisor also co-presented preliminary experiences with REDUCE to the Global Health Council Meeting in June 2001 and to the SAGO Conference in Burkina Faso in December 2000.

As mentioned earlier in the report, Caroline Blair worked with CEFOREP (Center for Training and Research in Reproductive Health) and other Senegalese partners to develop a country application of the REDUCE model in April 2001. Participants in the workshop included members of the Ministry of Health, UNICEF, UNFPA, and USAID. In May, the Senegal team presented REDUCE/Senegal to about 100

journalists during UNICEF's First Ladies Forum in Bamako. REDUCE/Senegal was fully funded by the SARA project, being the first test application in Francophone Africa.

The USAID bilateral MCH and Family Planning project in Senegal uses the REDUCE presentation for district-level advocacy. In July and August, the Senegal REDUCE team held four district advocacy events, attended by a total of 310 local officials, opinion leaders, and members of the local media. These events stimulated lively discussions and debate as well as features on maternal health on national and regional radio stations and in daily newspapers.

In August 2001, the Ministry of Health in Mozambique, with technical support from the SARA project and the AED REDUCE/ALIVE team and funding from WHO's African Regional Office, organized a workshop to develop a REDUCE model for Mozambique, one of WHO's focus countries. The President of Mozambique extended his greetings to participants on the first day of the workshop. At the end of the two-week process, the Minister and Deputy Director of Health and other senior officials attended the presentation developed by the workshop participants. The presentation was fine-tuned for delivery at a national safe motherhood meeting that was held in October.

As a follow on to the Uganda country application (reported last year), the Uganda team is expected to present its REDUCE application to the CRHCS annual meeting of 14 Ministers of Health taking place in Tanzania in October 2001. CRHCS is also, with SARA support, planning to conduct interviews with members of the Uganda application team to determine how the model has been used since the August 2000 workshop and to make recommendations for future follow up and support. This assessment will provide important lessons to the initiative, beyond the Uganda experience. SARA also funded consultant Hugh Waters to undertake additional analysis of maternal cost issues related to the Uganda REDUCE model. This analysis will strengthen the advocacy messages contained in the original presentation by providing additional evidence of the returns gained from investing in maternal health. Next year, this analysis is expected to be fed back and used to update the Uganda presentation.

The REDUCE model has now been applied in Anglophone, Francophone, and Lusophone countries in Africa. Discussions are underway to conduct the first Asian workshop in Vietnam. This workshop would combine REDUCE with ALIVE, a data-based advocacy model on neonatal health developed by AED with funding from Save the Children's Saving Newborn Lives project.

In light of the interest that REDUCE has generated, plans are also underway to develop a monitoring system to document how REDUCE has been used and to define what further support the initiative might warrant. These efforts are being undertaken in partnership with African regional institutions, including CRHCS and CEFOREP.

Promoting better policies and increased attention to malaria in pregnancy

Of particular note this year was the involvement of the RH advisor and the dissemination specialist on the malaria and pregnancy working group. The SARA team developed and disseminated a briefing packet on the policy implications of new research on malaria in pregnancy intended for non-technical audiences. This included identifying a consultant to draft briefing sheets, setting up an expert committee comprised of USAID, the Centers for Disease Control and Prevention (CDC), and SARA to identify the most relevant research findings, overseeing the development of the briefing packet, and working with SARA's publications staff to translate and finalize the packet. SARA also participated in the CA group that provided USAID support to the UNICEF/West African First Ladies' Forum on Reducing Maternal Mortality and through this participation ensured press coverage of the forum from several countries in the region. In support of this ongoing work, additional funds have been allocated by AFR/SD to advocate for updated policies on malaria and pregnancy in Africa. SARA continues to work with other CAs to ensure that African institutions (such as CRHCS) are included in this advocacy process and to assist AFR/SD and its CAs with work planning, SOW development, and activity implementation.

Promoting essential obstetric care (EOC) in Francophone Africa

This year, SARA continued to support CEFOREP and SAGO in disseminating their findings and in related advocacy work. In partnership with ACI, CEFOREP finalized and published a user-friendly advocacy document for safe motherhood in West Africa, *La Prevention de la Mortalite Maternelle par les Soins Obstetricaux d'Urgence: Donner la Vie et Rester en Vie*. This document is based on the technical/scientific report (produced and reported on last year) of the findings of a four-country assessment of promising models of maternal mortality reduction (*Prevenir la Mortalite Maternelle par les Soins Obstetricaux d'Urgence)*. This document will form the basis for on-going maternal health advocacy work that CEFOREP will continue to undertake in the region. SARA assisted CEFOREP to develop a dissemination plan; over 1,000 copies of the report have been distributed throughout the region and plans are underway to undertake additional advocacy. More details on SARA's support to CEFOREP can be found in the section on capacity building below. Next year, follow up will be undertaken to track the use of these advocacy

materials by country advocacy teams and to identify possible ways to use the materials to further the advocacy process.

Support for dissemination of female condom research findings and field experiences

Ms. Blair and SARA dissemination specialist Antonia Wolff provided technical support to FHI in reviewing the fact sheets on female condom programming that summarize the latest research, field experiences, and cost information. The SARA team also provided strategic guidance to FHI in organizing a series of dissemination activities for key programmers and policy makers to promote evidence-based programming and decision-making in the region. The fact sheets were posted to FHI's web site, and were distributed at the Reproductive Health Priorities Conference in South Africa. A satellite workshop on the female condom will take place at the ICASA conference in Burkina Faso in December 2001, and the fact sheets will be distributed at this forum. A significant amount of research on the acceptability and relative cost-effectiveness of the female condom has been undertaken and USAID, UNAIDS, WHO, and others have published research summaries, planning and programming guides, and numerous informational materials. Nonetheless, many program planners (including USAID mission staff), health policy makers, women's advocates, and medical professionals based in Africa do not feel confident and knowledgeable about what role the female condom could or should play in their country programs, or how to program for its integration. SARA is helping to organize a Washington-based CA's meeting on the female condom scheduled for December 2001; the fact sheets will serve as key resources for that meeting.

Antonia Wolff is also assisting FHI to identify opportunities to link with African institutions and meetings already being planned to promote evidence-based programming and expanded discussions on the female condom in Africa. This ongoing FHI dissemination work will better equip planners to assess whether and how female condoms have a place in their programs. Providing simple, concise, up-to-date, and accessible information on the female condom to target audiences will do this.

Support for involving African journalists in reproductive health advocacy

The SARA project continued to support the PRB-led initiative to improve the coverage of RH in Africa by working with journalists. This year, Caroline Blair traveled to South Africa and Uganda to assist in establishing a women's RH media network. This network is modeled on the media work done in West Africa. SARA and Measure Communication co-funded this planning visit, and Ms. Blair, at the

request of AFR/SD and the USAID missions in the proposed network countries, took the lead in developing linkages with other CAs working with the media at country-level. These linkages were made not only in the two countries visited by Ms. Blair but in the three other countries (Kenya, Tanzania, and Malawi) that will be included in the network. A list of journalists was developed and invitations to join the network were issued. Ms. Blair assisted in selecting a location and tentative date for the first meeting in consultation with USAID missions and colleagues from the Measure Communication project. Ms. Blair was instrumental in engaging the Regional Center for the Quality of Health Care in Uganda to host the event.

This AFR/SD-funded media work was initiated by SARA. Activities this year also included working with senior African journalists and policy makers through seminars at which topical RH issues were discussed. In May, the Mali chapter held a workshop on HIV/AIDS and youth. The USAID mission actively participated in this event. The journalists continued to network regularly to increase the number and quality of media products that appear in the region. As mentioned elsewhere in this report, journalists from the networks set up by PRB covered the Maternal Mortality Forum in Bamako and produced written and broadcast features on this issue.

The use and effectiveness of pre-packaged STD kits

The lessons learned and best practices emanating from PSI's field experience in the social marketing of pre-packaged therapy (PPT) of STD kits were documented this year by PSI. The SARA team reviewed and provided dissemination guidance to PSI in developing the final user-friendly publication, *Sexually Transmitted Infections in Sub-Saharan Africa: The Use and Effectiveness of Treatment Kits*. This document has since been used to develop PPT interventions in other countries both within and outside the Africa region. The SARA team also extensively reviewed another feasibility study on the use of pre-packaged STD therapy in Nigeria. This document was used as a discussion guide within PSI to determine whether PPT was an appropriate strategy for its Nigeria program.

Women's NGO networking

SARA dissemination staff, Ms. Bery and Ms. Wolff, worked closely with two communications coordinators from NGO Networks to design a dissemination strategy for a profile paper, *Women's NGO Networks in Nigeria*. This publication described women's networks in Nigeria working around reproductive health and reproductive rights.

Capacity Building and Collaboration with African Institutions

Support to CERPOD for analysis and training

Caroline Blair has taken the lead on negotiating and preparing the overall agreement for CERPOD's new program of activities and Sambe Duale continues to work on HIV/AIDS issues with the CERPOD team. The RH activities that CERPOD will undertake are (1) updating information on adolescent RH in the region by conducting an in-depth analysis of new DHS data from the region, (2) designing and disseminating a wall chart or brochure that presents the new analysis in a user-friendly form, and (3) designing and conducting a course on qualitative research techniques targeted to RH professionals in Francophone Africa. The SOW for CERPOD will span 18 months.

For various reasons, the finalization of this sub-contract for CERPOD took longer than expected, and a first advance was only made toward the end of the fiscal year. A first planning meeting was held (SARA/ACI visited CERPOD late in the year). CERPOD is now looking to identify a long term HIV/AIDS consultant, and will attend an upcoming UNAIDS/MEASURE Evaluation technical update meeting on issues in HIV/AIDS monitoring and evaluation. CERPOD has also made contact with the London School of Hygiene and Tropical Medicine, which will co-fund the development of the qualitative research techniques course, to discuss plans for curriculum development and logistics for the first course. LSHTM has also expressed interest in providing additional funding to CERPOD for qualitative research on adolescent RH that will complement the quantitative analysis that CERPOD will conduct. SARA RH advisor, Caroline Blair, expects to follow this activity closely now that funds are in place and visit CERPOD early in 2002.

Support to CRHCS for RH issues analysis, discussion, and dissemination

This year, the sub-contract with CRHCS was signed and a first advance made; reproductive health activities planned with CRHCS include compiling, repackaging, and disseminating information on the state-of-the-art in safe motherhood and malaria in pregnancy programming. Ms. Blair visited CRHCS and worked with the family and RH advisor, Dr. Ominde Achola, to finalize the SOW for a consultant to begin the safe motherhood policies and models desk review and propose a timetable for all RH work. SARA will also be working with the MNH program (which received additional AFR/SD funding for advocacy on malaria in pregnancy) to ensure coordination with CRHCS's work. This will include a review of where each CRHCS member country is with regard to malaria in pregnancy policy development and implementation, and supporting speakers on malaria in pregnancy

at CRHCS meetings, such as meetings of the RH Steering committee. Discussions have also begun on developing an appropriate agenda for this meeting.

This year, CRHCS has also begun to develop a tool to monitor how the REDUCE model, with which it is familiar, has been used in Uganda, and will develop recommendations for promoting the use of REDUCE among its member countries. A presentation of REDUCE has been included on the agenda for the October 2001 Ministers of Health meeting. CRHCS should continue to be involved in regional REDUCE training efforts and in expanding the use of the advocacy model in the region.

SAGO institutional development

SARA provided a modest contribution to the Society for African Gynaecologists and Obstetricians (SAGO) for its bi-annual meeting in Ouagadougou in December 2001 attended by over 700 gynaecologists, obstetricians, midwives, social scientists, and other public health professionals. This year the conference's main theme was essential obstetric care; its sub-theme was male involvement in reproductive health.

Professor Samba Diarra of Cote d'Ivoire highlighted the critical state of maternal health in the region and called members to action during the opening address. He equated the number of annual maternal deaths to an airplane crashing every four hours for one year, with all of the passengers being women, most of them young. His address also pointed out the following:

- The urgent need for more and better solutions to adolescent reproductive health problems;
- The high toll unskilled abortion takes on African women;
- The need to prevent and treat sexually transmitted disease;
- The need to prevent neonatal deaths.

The emphasis given to unsafe abortion in the opening address demonstrates the increasing attention health professionals in the region are paying to this previously taboo issue. In fact, it appears that health professionals are recognizing abortion as an issue whose time has come. SAGO's president appealed to the membership to take a stand on the issue: he called for universal access to postabortion care, access to abortion where legal, and a change in provider attitudes. Several papers on unsafe abortion were included in the program and a full morning session on abortion-related issues, held on day two of the conference, was very well attended, and provoked stimulating discussion on best courses of action. Although the issue of abortion is bound to raise controversy for the foreseeable future, the willingness

to discuss the issue and the strong opinions expressed in favor of expanding services are a positive sign. This interest bodes well for SARA and USAID in order to promote improved maternal health services, postabortion care, and family planning, and helps to support the SAGO resolutions on improving EOC in the region.

Significant attention was also paid to community mobilization and the need for better advocacy to improve women's health. Other plenary sessions touched on the role SAGO should play in creating greater linkages with policy makers, with the need for the use of maternal death audits as a crucial tool in involving health practitioners in social mobilization, and the need for programs that change providers' attitudes toward women.

Since the December meeting, SAGO published the first issue of its journal and is beginning the review of articles submitted for the next issue. It has adopted changes to its constitution and internal regulations and has put new measures into effect to generate additional revenues. These changes were made based on discussions held last year at a meeting that had received SARA support.

SAGO has chosen two themes for its 2002 conference—unsafe abortion and how to reduce the incidence and case fatality rates due to maternal haemorrhage—both of interest to SARA and AFR/SD. Because the SAGO conference attracts key policy makers, program managers, and clinicians from the Francophone African region, these themes can have a major influence on the region's research agenda and on what topics receive further policy attention.

CEFOREP

This year, Caroline Blair visited CEFOREP twice (once for REDUCE and once prior to the SAGO conference), and provided continued support to CEFOREP and SAGO in the dissemination of their findings and in related advocacy work on EOC. The technical report on the study findings, *Prevenir la Mortalite Maternelle par les Soins Obstetricaux d'Urgence,* mentioned earlier in this report (see section on Promoting Essential Obstetric Care in Francophone Africa) was published early this fiscal year, and a user-friendly version of the same document (*La Prevention de la Mortalite Maternelle par les Soins Obstetricaux d'Urgence: Donner la Vie et Rester en Vie*) was developed, reviewed by a team including SARA, CEFOREP, Intrah/PRIME, and ACI, printed and disseminated. This brochure will form the basis for ongoing maternal health advocacy work that CEFOREP will continue to undertake in the region. Over 1,000 copies of the report have been distributed by CEFOREP throughout the region and plans are underway to undertake additional advocacy.

ACI is currently documenting the dissemination process and SARA will work with CEFOREP to discuss follow-up advocacy activities.

SARA has also started discussions regarding future support to CEFOREP for continued activities related to EOC and other RH advocacy work. In December 2001, SARA/JHPIEGO will, in partnership with CEFOREP, disseminate the finalized appropriate norms and standards in EOC for the West Africa region. CEFOREP will also host the regional postabortion care conference scheduled for February 2002 in Dakar. It is expected that CEFOREP will also become more active in regional policy monitoring. Unfortunately, however, staff changes at the institution have delayed the process of proposal development. CEFOREP has also supported the USAID/Senegal mission's bilateral project by helping to develop advocacy plans, and involving these partners in ongoing advocacy for improved EOC by including them in the REDUCE application workshop. As a result of these linkages, REDUCE is now being used regularly in Senegal to conduct advocacy.

RCQHC

The Regional Center for Quality of Health Care (RCQHC), SARA's key counterpart in field-testing the REDUCE model in Anglophone Africa, has shown interest in being a regional training resource to expand the use of the REDUCE advocacy model. Discussions are ongoing with AFR/SD to define a strategy that will allow this partnership to continue growing.

RCQHC will also be a partner in the malaria and pregnancy work mentioned earlier in this report. The center has received support from AFR/SD through MNH, and SARA will assist with program and SOW development to promote improved policies and practices in the region. SARA will work to link CRHCS and RCQHC in this effort and will coordinate this work with REDSO.

Caroline Blair also helped to involve RCQHC in the Women's Media Network activity (see section on dissemination and advocacy). The center will host the first regional workshop of the women's RH media network next year.

F. HIV/AIDS Prevention and Mitigation (Strategic Objective 21)

SARA HIV/AIDS Advisors

Stephen N. Kinoti, Senior HIV/AIDS Advisor, AED
Sambe Duale, Senior Research Manager, Tulane University
Ellen Piwoz, Nutrition and MTCT Advisor, AED
Renuka Bery, Dissemination and Advocacy Manager, AED

SARA activities support the following AFR/SD intermediate results.

IR 21.1: Improved strategies and models
IR 21.2: Increased African commitment
IR 21.3: Increased African regional and national capacity to plan, manage and implement improved HIV/AIDS programs
IR 21.4: Enhanced coordination of partners to support HIV/AIDS programs in Africa

Technical Support to AFR/SD HIV/AIDS Team

AFR/SD HIV/AIDS team meetings

Stephen Kinoti, SARA HIV/AIDS advisor, and Renuka Bery, SARA dissemination and advocacy manager, participated in the weekly AFR/SD HIV/AIDS team meetings and Sambe Duale, SARA senior research manager, and Ellen Piwoz, nutrition advisor, attended monthly or when appropriate. Dr. Kinoti worked closely with Roxana Rogers, the AFR/SD HIV/AIDS team leader, and Ishrat Husain, the senior HIV/AIDS technical advisor, in developing scopes of work and CTO letters for HIV/AIDS activities implemented through African partners throughout the year.

Consultative meeting on mother-to-child transmission of HIV

SARA nutrition advisor, Dr. Ellen Piwoz, and nutrition specialist, Ms. Dorcas Lwanga, assisted AFR/SD to organize a one-day consultative meeting on MTCT. (See nutrition section for details.)

HIV/AIDS Prevention and Mitigation

Collaboration with REDSO/ESA

The SARA HIV/AIDS advisor, Stephen Kinoti, worked with the REDSO team to harmonize activities under the CRHCS/REDSO LSGA and those under the CRHCS/SARA sub-contract. Dr. Kinoti provided technical assistance in developing the CRHCS regional HIV/AIDS strategy, policy analysis and monitoring activity, advocacy and information dissemination activities, and capacity building. REDSO/ESA and SARA are co-funding the position of HIV/AIDS coordinator at the CRHCS.

USAID monitoring and evaluation of HIV/AIDS expanded response

USAID Global Bureau, AFR/SD, and a number of CAs in Washington have constituted a HIV/AIDS New Indicators Group (HANIG) to review all the USAID indicators for monitoring HIV/AIDS programs as part of the expanded response. Under this Group, smaller groups to work on specific sub-themes have been formed. Dr. Kinoti is serving as co-chair for the sub-group on monitoring capacity building and assisted in the development of indicators for this component. When the review process and development of the new indicators is completed, USAID will have a comprehensive system to monitor and evaluate routinely its HIV/AIDS programs worldwide and report periodically on the Agency's progress toward achieving stated results. A field guide, entitled *Expanded Response: M&E Guidance*, will be published and will contain lists of indicators, including several on human capacity development.

Other USAID Working Groups on HIV/AIDS

SARA participated in the USAID Care and Support Working Group that has developed a draft set of indicators and protocols for care and support issues. The document includes one global indicator and six specific indicators related to care and support covering: policy, training, health facilities, VCT site referrals, home-based care, and anti-retroviral drugs. These indicators are based on global objectives for USAID and international documents from WHO, UNAIDS, and USAID. Medical and psychosocial sub-indicators and sub-indicators addressing tuberculosis are also incorporated.

Drs. Duale and Kinoti participated in the HIV/AIDS programs and portfolio review at the Implementation Working Group (IWG) meeting in October 2000. SARA and REDSO/ESA participants emphasized the need to strengthen and work with African institutions in fighting HIV/AIDS.

Renuka Bery has participated in the multisectoral PVO HIV/AIDS working group since its inception in March 2001. This group is trying to determine what its HIV/AIDS information needs are and how best to fulfill them. Made up of USAID PVOs that are not typically involved in health, these groups need to know where to find HIV/AIDS information that relates to their sector and counterparts in various countries. She has worked with Synergy to identify the assistance they can give the group via their web site and has offered guidance as part of the dissemination sub-working group. The group is finalizing ideas for a two-day conference on how non-health PVOs can incorporate HIV/AIDS into their programs. This will happen in FY 2002.

Renuka Bery has also represented SARA and to a lesser extend AFR/SD on the AIDS Communication Working Group organized by the Global Bureau that is seeking to unify the U.S. presence at HIV/AIDS conferences nationally and internationally and to seek opportunities to highlight USAID's investments in HIV/AIDS. This group brings together CAs working in HIV/AIDS to share information and activities, especially around conferences and publications.

Technical support to other collaborating agencies

SARA consultant, Elizabeth Preble, provided technical assistance to G/PHN and the Synergy project with the preparation of the Report to Congress on MTCT.

SARA nutrition specialist, Dorcas Lwanga, provided technical assistance to the FANta project on HIV and nutrition that included input into the FANta guide on Nutrition Care and Support of People Living with HIV/AIDS. SARA also assisted FANta in preparing a paper and presentation on nutrition for women living with HIV/AIDS in West Africa.

Dr. Ellen Piwoz and Ms. Dorcas Lwanga worked with JPHIEGO Reproductive Health Training Program to develop nutrition Reprolearn® tutorials on "*Clinical Care of Women with HIV Living in Limited-Resource Settings.*" Two modules on nutrition issues were developed: an overview of HIV/AIDS and nutrition and recommendations for nutrition care and support.

HIV/AIDS Prevention and Mitigation

Issues Identification

Priority issues for HIV/AIDS prevention, care and mitigation in West and Central Africa

SARA hired a consultant to prepare a discussion paper for a regional workshop organized by USAID's West Africa Regional Program (WARP) SO2 Team, in November 2000.

This workshop in Bamako, attended by Sambe Duale, was convened to develop a strategy and guidelines to strengthen regional efforts and complement bilateral efforts in fighting HIV/AIDS in West Africa. Gary Engelberg of Africa Consultants International (ACI) facilitated the meeting, under a sub-contract with the SARA project.

The workshop brought together a diverse group including representatives of the Peace Corps, CDC, UNAIDS, the West African Health Organization (WAHO) and the Union Economique et Monétaire Ouest Africaine (UEMOA)—subunits of the Economic Community of West African States (ECOWAS), some U.S. Embassies, and all bilateral USAID missions in the region. Dr. Duale joined AFR/SD colleagues for a briefing of USAID Bureau for Africa senior management on the outcomes and recommendations of the workshop. SARA staff has continued to work with AFR/SD and other HIV/AIDS CAs to identify better mechanisms to improve the involvement of African partner institutions such as CERPOD and WAHO in HIV/AIDS prevention care and support in West Africa.

HIV/AIDS in the armed forces

With financial and technical support from SARA, the West African Health Organization (WAHO) convened a meeting in March 2001 to discuss organizing an ECOWAS regional workshop on HIV/AIDS in the armed forces. The meeting, attended by representatives of ECOWAS, the Civil Military Alliance, UNAIDS, USAID, the United States Department of Defense (DOD), WAHO and the Malian and Ivorian armed forces, enabled the participants to jointly plan the proposed workshop. The purpose of the proposed workshop is for countries to develop national HIV/AIDS action plans for the armed services and for the region to jointly agree on an action plan that addresses armed forces operating within and outside national borders, especially peace keeping missions (ECOMOG).

WAHO is currently mobilizing resources to convene the regional workshop later this year. The DOD LIFE project has committed some funds for the workshop.

Approaches to reducing mother-to-child transmission of HIV

SARA supported the participation of SWAA Regional Coordinators and a consultant to attend the 8th Conference on Children and AIDS to discuss Prevention of Mother-to-Child Transmission (PMTCT) of HIV. Stephen Kinoti and the consultant facilitated workshops on PMTCT. Experiences on PMTCT were exchanged in these workshops. Dr. Kinoti in collaboration with the SWAA facilitator prepared the workshop report, *Prevention of Mother to Child Transmission of HIV Infection: Report of a SWAA workshop on Experiences and Next Steps*. This paper is being shared extensively in the region, particularly among SWAA chapters and members to guide future activities. Renuka Bery provided technical assistance in organizing the full report which should be published soon.

HIV and infant feeding

SARA has provided continuous support to AFR/SD on issues related to implementing programs to prevent HIV transmission through breastfeeding.

Nutrition care and support for people living with HIV/AIDS

SARA has also provided leadership and support to AFR/SD on nutrition issues for people living with HIV/AIDS.

CRHCS/ECSA Regional HIV/AIDS Strategy

In March 2001, Stephen Kinoti participated a CRHCS-organized meeting to develop an HIV/AIDS strategy for the ECSA region. This meeting responded to the Health Ministers' resolution that CRHCS facilitate the development of a regional HIV/AIDS strategy that would lead to an expanded and accelerated response to the epidemic in the region.

As background to the meeting, Dr. Kinoti presented a paper proposing possible regional- and national-level indicators for monitoring the strategy's implementation. The meeting identified key issues that CRHCS should monitor as the strategy is implemented. These include whether member states adopt and implement the HIV/AIDS strategy, a system for collecting and sharing promising practices is established, indicators are harmonized, M&E capacity is built, and resources mobilized and health systems are strengthened for an expanded response.

HIV/AIDS Prevention and Mitigation

HIV/AIDS issues identification process for ECSA

SARA is assisting the CRHCS HIV/AIDS coordinator to mobilize a regional multi-disciplinary task force on HIV/AIDS to help identify issues and guide activities in this area. The task force will provide a regional forum to discuss various approaches for addressing issues such as confidentiality and stigma, access to HIV-related drugs in member countries and will make recommendations for CRHCS to review prior to being presented to the annual DJCC and health ministers' conferences. Dr. Kinoti assisted CRHCS to draft terms of reference for the task force with objectives, operating mechanisms, expected outputs, how to appoint members, and a timeline. He has discussed the task force composition and some names were presented to the management committee of CRHCS for discussion. CRHCS will ensure adequate representation of member states.

Research and Analysis

The impact of HIV/AIDS on human resources: A literature review

SARA conducted a literature review titled *Impact of HIV/AIDS on the Health Sector: The Issue of Human Resources*. The paper, prepared by SARA consultant Linda Tawfik, through Management Sciences for Health (MSH), and Stephen Kinoti, highlights the gap between supply and demand of human resources in the health sector and the need to strengthen human resources and management of human resources in order to strengthen the health system.

Multi-sectoral HIV/AIDS activities

The SARA project assisted USAID/AFR/SD in the development and implementation of multisectoral approaches to HIV/AIDS. Stephen Kinoti chaired the Health Sector HIV/AIDS Group (HS-HAG) that is planning assessments of the impact of HIV/AIDS on human resources within the health sector. In collaboration with the CRHCS, the group developed the SOW for the assessments that will be implemented in one or two selected ECSA countries in early 2002.

Closely linked to this is the effort to establish an ECSA Regional Health Task Team. This team would assist countries to use available information to design relevant and well-targeted HIV/AIDS interventions using multi-disciplinary country teams assisted by identified regional experts. Stephen Kinoti moderated discussions on this issue during a satellite meeting following the CRHCS Directors meeting in Arusha. The purpose of the meeting was to review the experience of the Education HIV/AIDS Task Team that has been established by HEARD in collaboration with Abt Associates to help Ministries of Education design activities

to prevent and mitigate impacts of HIV/AIDS on the education system. The expectation was that the Regional Health Task Team if established would draw on the education sector experience to design strategies to improve the ability of the health sector to respond to the changing needs of the epidemic.

All the countries represented (Kenya, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe) expressed interest in working with the Regional Health Task Team. AFR/SD committed funds to implement the activity in two of the countries, initially on a test basis, with the hope of expanding it to other countries.

Support for policy development and monitoring for HIV/AIDS in ESA

SARA, in collaboration with CRHCS, continued to work on a guide for improving health policy development and monitoring. The document was reviewed extensively and will be used as background material in the upcoming training in policy advocacy and monitoring to be implemented in collaboration with the Policy Project in FY 2002.

The training workshop will involve 12 participants from member states and the technical staff of the CRHCS. Participants will review the policy guide and adapt it for use in the region. The participants will also prepare action plans for monitoring HIV/AIDS policy implementation in their countries. CRHCS, through SARA and other partners, will provide follow-up support to the participants to ensure regular reporting at country and regional levels on the status of policy implementation.

HIV and nutrition and PMTCT issues

SARA has continued to support research and analysis on HIV, PMTCT, infant feeding, and nutrition related issues.

Technical support to the ZVITAMBO trial

SARA nutrition advisor, Dr. Ellen Piwoz, has continued to serve as a co-investigator on the infant feeding counseling study of the ZVITAMBO study. ZVITAMBO is a clinical trial to assess whether vitamin A, given within 96 hours of delivery to mothers and babies, can reduce infant mortality, HIV transmission through breastfeeding, and incident HIV infection in postnatal women. (See nutrition section for details.)

HIV/AIDS Prevention and Mitigation

Technical support to the Zambia Exclusive Breastfeeding Study

Dr. Ellen Piwoz has been providing technical support to the Zambia Exclusive Breastfeeding Study (ZEBS) to formulate a training curriculum, counseling materials, and evaluation tools on exclusive breastfeeding and early weaning by HIV-positive mothers. (See nutrition section for details.)

Other technical support for research

In March 2001, Dr. Ellen Piwoz participated in a NIH-funded research meeting on HIV care and support in Africa. She presented on research priorities for HIV and nutrition and participated in discussions to formulate recommendations for future research and African capacity development.

In June 2001, Dr. Piwoz visited the Africa Center and University of Natal, Durban, South Africa to participate in a workshop sponsored by WHO to share information on experience in the Zambia and Zimbabwe studies, and to discuss experience with early weaning interventions.

Dissemination and Advocacy

Guidelines on nutritional support for people living with HIV/AIDS (PLWHA)

SARA participated in consultations to explore mechanisms to use existing drafts, manuals and other literature that have been written by various organizations (WHO, UNICEF, UNAIDS, SARA, FANta, etc.) and member countries to produce a regionally relevant guide for nutritional support of PLWHAs. The scope of work for the consultant to undertake this activity will be drawn up in the current quarter. It is envisaged that the draft will be ready by early 2002.

Resource mobilization in ECSA: The ECSAIDS Initiative

Key stakeholders, including, SARA, REDSO, CRHCS, and others met in Arusha during the 2001 DJCC meeting to explore ways to assist ECSA countries' access and use of the Global Trust Fund for Health money for HIV/AIDS programs. This idea is called as the "ECSAIDS Initiative" and Dr. Kinoti is providing ongoing guidance to the ECSAIDS Initiative.

Since most ECSA countries have well-developed HIV/AIDS strategic plans, countries will need to reframe their HIV/AIDS activities using the language and

format required by funding agencies, in particular, the Global Trust Fund for Health. The ways to support ECSA countries in this effort include:

- Determining the actual requirements of the Fund Administrator such as the World Bank or the Global Trust Fund for Health;
- Assisting countries to prepare the proposals;
- Training local staff to write proposals;
- Assessing the health systems needs that would inform the proposal development;
- Developing a mechanism to receive regional funds that could be used flexibly.

HIV/AIDS toolkits and AIDS Briefs

Renuka Bery met several times with Alan Whiteside in November 2000 to discuss different strategies for disseminating the HIV/AIDS toolkits developed by University of Natal/HEARD. In addition, SARA provided HEARD with a list of labels for the reprinted versions of the toolkits and AIDS Briefs. The main target audiences were USAID missions and government ministries. Later in the year, SARA staff met with Alan Whiteside and Ishrat Husain to discuss ways to market the toolkits. In response to a request, SARA summarized the existing multisectoral toolkits based on an agreed upon format. It is likely that SARA will continue to provide guidance and assist AFR/SD in writing a briefing paper on multisectoral approaches to HIV/AIDS.

Strengthening pre-service training for HIV/AIDS

Dr. Stephen Kinoti assisted CRHCS to develop a strategy to strengthen pre-service training in medical and allied professional training institutions in the ESCA region. The strategy proposes to review existing training curricula in collaboration with WHO/AFRO and use the findings in a workshop for chairpersons of various health-training institutions (departments of medicine, pharmacology, public health, the nursing and midwifery regulatory council, and directors of studies for allied professions). The workshop will be held in early 2002.

Advocacy for strengthening human resources in the health sector in response to the HIV/AIDS epidemic

SARA worked with MSH to conduct a seminar in Washington, DC on the impact of HIV/AIDS human resources in the health sector. SARA HIV/AIDS advisor, Dr. Kinoti, presented on this issue at the seminar, which was chaired by AFR/SD's Ishrat Husain. Information from this presentation is being incorporated into

advocacy materials aimed at increasing investment in human resources as a priority activity in the expanded response to the HIV/AIDS epidemic particularly in developing countries in Africa.

Improving the responses of faith-based organizations to HIV/AIDS

SARA supported the participation of several African religious leaders to two conferences in Washington, DC in November 2000. The first, organized by the White House, the U.S. Agency for International Development (USAID), and the U.S. Centers for Disease Control and Prevention (CDC) brought several American and world religious leaders to Washington for back-to-back conferences on the role of faith communities in combating AIDS. A White House World AIDS Day summit on the theme "Consensus from Conscience: Revealing the Role of Faith in Response to AIDS" was held November 30–December 1. It was followed by a USAID-sponsored conference on Animating Theology: Turning Faith into Action in Response to AIDS for which SARA also provided logistical and technical support. The conferences drew about 70 Christian, Jewish, Muslim, and Buddhist leaders and resource persons from the White House National AIDS Policy Office, USAID, and selected cooperating agencies. Sambe Duale joined other members of the AFR/SD HIV/AIDS team as technical resource persons for the conference.

Repackaging and collecting orphans and vulnerable children materials

SARA dissemination and advocacy manager, Renuka Bery, has been working with AFR/SD's Peter McDermott on repackaging materials on orphans and vulnerable children for distribution to USAID missions and other colleagues in Africa. Ms. Bery edited and disseminated an OVC newsletter and the SARA dissemination team collated materials for an OVC packet that AFR/SD sent out to its field missions. In addition, SARA hired Millie Morton to draft a short, easy-to-read guide to assist missions to develop OVC programs. This document will be completed and distributed in FY 2002.

In addition, SARA has requested CRHCS to collect all relevant guidelines, tools, and training materials related to OVCs in four countries, Kenya, Malawi, Uganda, and Zambia. This work started in late September and will continue into FY 2002. If this model for collecting information is valuable, other countries will be asked to do the same. CRHCS will serve as a central depository for these materials and will develop a database that will be available for everyone.

Nutrition Briefs: Multisectoral involvement in nutrition

SARA nutrition specialist, Ms. Dorcas Lwanga, finalized the revision of the Nutrition Brief on HIV/AIDS and Nutrition in collaboration with the CRHCS food and nutrition coordinator, Ms. Boitshepo Giyose. (See nutrition section for details.)

Early breastfeeding cessation

SARA completed work on its issues paper titled *Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa: Issues, Risks, and Challenges*. (See nutrition section for details.)

Mother-to-Child Transmission: Practical Guidance for Programs

SARA completed work on this repackaged paper based on the AFR/SD strategy. The paper was produced and disseminated in June 2001. It has been translated into French and will be widely disseminated in Africa.

Presentations on HIV and nutrition issues

SARA nutrition advisor, Dr. Ellen Piwoz, has been involved in a wide array of information dissemination activities this year. (See nutrition section for complete listing of presentations.)

The XIIth International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA)

The XIIth ICASA, *Communities Commit Themselves*, will be held December 9-13, 2001 in Ouagadougou, Burkina Faso. SARA worked with AFR/SD to organize meetings and consultations for the planning delegation who came to Washington, DC March 27-April 4, 2001 to mobilize resources for the conference. Dr. Duale organized meetings with representatives of USAID, other U.S. government agencies, and the private sector. This conference will provide an opportunity to increase awareness about the growing rates of HIV/AIDS in West Africa. SARA will help organize a session on African regional networks' contributions in fighting HIV/AIDS.

HIV/AIDS web site competition/Namibia

SARA received a request from USAID/Namibia to assist in developing a web site competition for secondary school children to design an HIV/AIDS web site. This innovative activity brings together education, health, information technology, and youth, to create an appropriate web site on HIV/AIDS for Namibians, particularly

Namibian youth, to develop knowledge and skills on HIV/AIDS for sharing information with others in the community and in other schools, and to use this competition as a model for replication in other ECSA countries. SARA responded by sharing some ideas and encouraging the USAID mission to expand the scope of the competition to include post-competition activities so the youth could use their new HIV/AIDS knowledge and IT skills with other students and with out-of-school youth. This activity will be designed and implemented in FY 2002.

Capacity Building and Collaboration with African Institutions

Commonwealth Regional Health Community Secretariat (CRHCS)

SARA is working extensively with CRHCS on HIV/AIDS issues. The SARA Project and USAID/REDSO co-funded an HIV/AIDS coordinator position at CRHCS. The position was filled by Dr. Bannet Ndyanabangi. He started work in July 2001 and is already implementing the CRHCS/SARA sub-contract HIV/AIDS activities. To strengthen this new area for CRHCS, Stephen Kinoti has worked with Dr. Ndyanabangi since July to prepare for the Directors' Joint Consultative Committee meeting, to develop the regional HIV/AIDS strategy, CRHCS HIV/AIDS annual work plans, and the Regional HIV/AIDS Task Force terms of reference, and to prepare the HIV/AIDS pre-service training planned for early 2002.

Center for Applied Research in Population and Development (CERPOD)

HIV/AIDS was among the topics that a CERPOD delegation, visiting Washington in December 2000, discussed with SARA and AFR/SD. The SARA-CERPOD subcontract was modified to include the co-funding of an HIV/AIDS point person at CERPOD. SARA has been in contact with the Family Health International (FHI) regional coordinator in West Africa and other interested stakeholders to assist CERPOD in hiring the person to lead the development and implementation of HIV/AIDS activities. It has been difficult to move forward becauseof lack of co-funding from other organizations.

SARA staff provided input to CERPOD on the scope of work for the HIV/AIDS coordinator to be hired under the SARA subcontract. SARA and CERPOD have also exchanged e-mail messages and phone calls to move the HIV/AIDS program forward. Not much progress has been made. SARA will likely send Gary Engelberg, ACI, to visit CERPOD for some strategic discussions on moving forward.

West African Health Organization (WAHO)

Dr. Duale has continued working to mobilize the U.S. Department of Defense LIFE project, the Civil-Military Alliance, USAID, UNAIDS, and other stakeholders to support a proposal from the West African Health Organization (WAHO) to address HIV/AIDS in ECOWAS militaries.

Regional AIDS Training Network (RATN)

Stephen Kinoti, SARA HIV/AIDS advisor, worked with RATN in Nairobi to develop the agenda and working documents for a regional meeting to develop action plans for training in PMTCT in the ESA region. The meeting was held in Kampala in September 2001. Dr. Kinoti has been invited to continue to serve on the Regional Task Force for the Prevention of Mother to Child Transmission of HIV Infection.

Society for Women Against AIDS (SWAA)

SARA provided financial and technical assistance to the 8th SWAA International Conference which was help in Kampala in April 2001. Stephen Kinoti presented at the conference and facilitated the PMCT workshops. He and SARA dissemination and advocacy manager, Renuka Bery, have assisted SWAA in writing and editing the conference and workshop reports.

East and Southern Africa Management Institute (ESAMI)

SARA has created links between CRHCS and ESAMI. This year, for the first time, an ESAMI representative participated fully in the CRHCS DJCC meeting, during which a special session was held to discuss future collaboration with RATN and CRHCS in training for policy analysis and monitoring, with a focus on HIV/AIDS. ESAMI's strong management training capacity should make this institution a good resource for the proposed policy analysis and monitoring training.

Network of AIDS Researchers in East and Southern Africa (NARESA)

SARA HIV/AIDS advisor, Stephen Kinoti visited the Network of AIDS Researchers in East and Southern Africa (NARESA) in Nairobi and met with Dr. Ruth Nduati and Dr. Dorothy Mbori-Ngacha on strengthening and disseminating AIDS research results and networking. Current NARESA activities occur mainly in Kenya, Uganda, and Zambia and Dr. Kinoti recommended that NARESA strengthen its ability to provide leadership in HIV/AIDS research and analysis throughout the region. Some ideas that NARESA could develop include:

- Supporting scientific exchanges and site visits by researchers to participate in on-going research, discuss or analyze research data and present findings;
- Developing and supporting for multi-center studies to address core questions on priority HIV/AIDS issues such as MTCT, VCT, care and support, which are common to several countries;
- Compiling and sharing promising practices;
- Developing innovative ways to provide African leadership in HIV/AIDS research and analysis and using the results for evidence based policy and program development;
- Strengthening links with other African institutions involved in HIV/AIDS research.

NARESA agreed to develop grant proposals for these activities and SARA agreed to review them and assist NARESA in seeking funds to implement them.

Network of African People Living with HIV/AIDS (NAP+)

AFR/SD and SARA recognize the role of people living with HIV/AIDS (PLWHA) in HIV/AIDS prevention, care, support, and mitigation in Africa. This year, SARA developed and signed a subcontract to strengthen NAP+ and its links with strategic partners and human rights bodies, nationally, regionally, and internationally so they can fully contribute to fighting HIV/AIDS. The subcontract includes strengthening the NAP+ secretariat and developing a toolkit and training program, documenting and disseminating lessons learned for the Ambassadors of Hope program, documenting experiences of PLWHA involvement in community care and support for HIV/AIDS, and producing a newsletter.

Family Health and AIDS in West and Central Africa (FHA-WCA)

SARA consultant, Gary Engelberg, of Africa Consultants International (ACI), designed, organized, and facilitated an HIV and development workshop this year for about 25 staff members of the FHA unit, SFPS project, and the IMPACT project in Abidjan. The workshop was followed by a training of trainers, also funded by SARA and organized by ACI, for 15 staff members on how to facilitate the HIV and development model. SARA will be following up on the activities of trainees and report on these in FY 2002.

G. Cross-Cutting Issues

Healthcare financing and health reform

Oscar Picazo started his work as the SARA health financing and health reform (HFHR) advisor in mid-September. He is currently working with AFR/SD staff and partners to define the overall HFHR portfolio, and SARA's niche within that. Activities undertaken so far in this area include:

- a short paper outlining the practical implications of national health accounts in ESA, assistance with NHA dissemination and scaling-up to West Africa;
- assistance with the AFR/SD concept paper on the role of USAID on health sector reform and SWAps in Africa;
- repackaging of the draft paper on the human resources crisis in Africa and preparation of a presentation on this;
- preparation of a presentation for BASICS on child health and new developments in the health sector;
- strategizing on how to operationalize the CRHCS/ECSA initiative to access global funds for HIV/AIDS, with the World Bank, MSH, the Futures Group, and Stephen Kinoti at SARA.

As well as following up on these activities, preliminary identification of HFHR support to child health, reproductive health, and HIV/AIDS is now being undertaken with colleagues at AFR/SD and SARA, and in consultation with other CAs and international agencies.

Using Data to Improve Service Delivery: A Self Evaluation Approach

This CERPOD/SARA/MEASURE manual has now been completed. The French version is at the printers, and the English version will follow in late 2001. Anne Lafond at MEASURE 2, with Antonia Wolff, Karla Yoder, and Suzanne Prysor-Jones at SARA are developing a dissemination strategy to target specific Francophone countries. The plan is to work principally through CERPOD, USAID bilateral programs, centrally-funded projects, and NGOs to reach periphery-level facilities in selected countries. The aim is also to introduce the manual in pre-service training settings—an approach that should be highly effective, but requires some fund-raising.

Human resources development and management

SARA contracted Ms. Jenny Huddert of Initiatives, Inc. to prepare a paper on the public health workforce crisis in Africa. Oscar Picazo, SARA health reform advisor,

added to the paper and has repackaged it so policy makers can read and understand it. The paper is being circulated in draft form, and will be discussed at upcoming USAID meetings. The World Bank is also interested in this paper, and will feature it at a regional meeting on the human resources crisis in Ethiopia in February 2002.

Strengthening health systems in ESA

SARA facilitated the participation of Dr. Steven Shongwe, the regional secretary of the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS/ECSA), at the workshop on "Improving Quality through Regulation" organized by USAID and Quality Assurance Project. This led to the decision that CRHCS would put the issue of strengthening health systems in East, Central, and southern Africa on the agenda for its 2001 annual meeting of health directors from 13 countries.

Stephen Kinoti assisted in preparing and facilitating the meeting, which attracted participation from USAID—REDSO/ESA, AFR/SD, and Tanzania; the Partnerships for Health Reform (PHR), LINKAGES, Policy, and Quality Assurance (QAP) projects; Management Sciences for Health (MSH), WHO/AFRO and Geneva, and FAO; directors of health services, deans of medical schools, heads of health reform programs, and permanent secretaries and undersecretaries from 13 member states in ECSA. Key issues discussed included: the stewardship role of the state, quality assurance, licensure and accreditation, operationalizing the HIV/AIDS strategy, health financing, health reforms, and management information system.

Recommendations and action plans were developed for each of these issues, specifying roles for Ministries of Health, CRHCS, and development partners.

Strengthening rational pharmaceutical management in ESA

During the CRHCS/ECSA directors meeting, Stephen Kinoti held separate discussions on pharmaceutical management with Dr. Michael Thuo of RPM+/ MSH and CRHCS staff. Areas identified where MSH and SARA could give support to CRHCS/ESCA regional role included:

- Developing a process for regional acquisition of pharmaceuticals;
- Documenting innovative approaches for commodity and pharmaceutical acquisition and management; and
- Sharing and adaptation of innovative approaches in the ECSA member states.

Strengthening Health Systems Research (HSR) in ESA

Stephen Kinoti held discussions with Dr. Rufaro Chatora, director, Health Systems Division, WHO/AFRO, and Ms. Makhamokha Mohale, program officer (HSR/ WHO) in July. Over the years, SARA has supported the review of the HSR training modules and participated in discussions on regional activities to develop health systems research priorities, especially in HIV/AIDS. WHO/Geneva is currently producing these modules. Issues discussed include:

- The use of HSR modules in pre-service training (universities in ECSA);
- The need to develop an additional participatory appraisal module that can be adapted at country level;
- The finalization of proposals on health systems strengthening operations research;
- Collaboration in strengthening policy analysis and monitoring, especially for HIV/AIDS.

Follow-up consultations on these issues will take place in FY 2002.

Production and dissemination of African Crisis and Transition CD-ROM Library on management of disasters and complex humanitarian emergencies (CHE)

Good public health practices in crisis and transition settings are the key to mitigating the impact of complex emergencies on the well-being of affected populations. For multiple reasons, information and operational material (e.g., national disaster plans) is fugitive literature in Africa. The SARA project, through the Tulane University Payson Center for International Development and Technology Transfer, developed a CD-ROM-based literature database on complex emergencies with full text and search capabilities for reference and training entitled *African Crisis and Transition (ACT) Library*. Sambe Duale met with Dr. Michel Loots, director of Human Info and adjunct professor at the Payson Center, in December 2000 for a demonstration and review of the CD-ROM.

The CD-ROM contains about 300 publications and almost 30,000 pages of full text, and is aimed at training institutions and programs involved in management, training, and research in this area. The publications come from various sources, especially UN agencies and NGOs. It has a powerful search engine using subjects and by key words. It contains very few French documents, in part because they are not readily available and also because the process of obtaining authorization to include them is complex.

Tulane had about 20 reviewers from African institutions, PVOs, UN agencies, USAID, and the Mellon Foundation formally review the CD-ROM. The reviewers all found the CD-ROM to be useful or very useful for work in the field. The CD-ROMs have been distributed throughout USAID and WHO/AFRO and through meetings, field visits, etc. The U.S. military involved in humanitarian work and peacekeeping has found the CD-ROM very useful and has requested many copies. Fifty copies of the CD-ROM were received at SARA and were considered to be of high quality. A number have been disseminated to public health training institutions and agencies involved in humanitarian work in Africa. The materials from the CD-ROM have also been posted on the CERTI web site.

Reference manual for NGOs working on management of disasters, complex humanitarian emergencies, and transition programs

The SARA project, through its Tulane sub-contract, funded the Johns Hopkins University to produce a manual and CD-ROM, *Public Health Guide for Emergencies*. This reference manual is for NGOs managing various health, nutrition, and sanitation programs in complex emergency settings. The materials on the CD-ROM are also posted on the CERTI web site.

Management and maintenance of the CERTI web site

More materials from various CERTI partners have been posted on the web site (www.certi.org) this year. The materials include a draft training module on addressing HIV/AIDS in conflict settings, and tools for assessing the psychosocial effects of conflicts on populations in African settings. In addition, information related to a symposium held this year in Durban on the gender dimensions of HIV/AIDS prevention, care, and support in conflict settings in Africa is also posted on the web site. The following chart gives the statistics of the CERTI web site for the 6 months from May through October 2001.

CERTI web site:

General Statistics – 05/01/2001-11/01/2001		
Hits	Entire Site (Successful)	95,405
	Average Per Day	518
	Home Page	1,837
Page Views	Page Views	49,323
	Average Per Day	268
	Average Per Unique Visitor	9
	Document Views	32,872
Visits	Visits	14,646
	Average Per Day	79
	Average Visit Length	00:20:39
	Median Visit Length	00:03:34
Visitors	Unique Visitors	5,257
	Visitors Who Visited Once	4,158
	Visitors Who Visited More Than Once	1,099

Assisting WAHO with strategic planning

Dr. Suzanne Prysor-Jones and Dr. Sambe Duale joined Mr. Felix Awantang, WARP SO 2 Team Leader, for a trip to Bobo Dioulasso to consult with senior staff of the West African Health Organization (WAHO) on the institutional development needs and technical areas for potential USAID support.

SARA provided technical and financial support to WAHO to conduct an number of activities, that include:

- Developing a five-year strategic plan for 2002-2006, especially the components that address HIV/AIDS and malaria;
- Assessing information technology needs and requirements for linking the WAHO Secretariat and the focal points of the 16 ECOWAS member countries; and
- Reviewing the proposed administrative and management structure of WAHO.

Monitoring & evaluation core group meetings

Meetings were held with AFR/SD in December and January 2000 to discuss the development of its activity tracking database. Throughout the reporting period, significant progress was made in determining critical elements of the design for the system. Meetings were also held to present and get feedback on the completed

activity tracking database design, and to discuss the planning arrow tool. Anne Inserra, the SARA M&E advisor, visited individually with most of the core SO teams to update them on M&E activities and tools and to get feedback.

When Anne Inserra left the SARA project in mid-year, a decision was made with AFR/SD to discontinue the separate M&E position, mainly due to budget constraints, and to hire consultants as needed for specific tasks. Meanwhile, Joseph Coblentz, SARA director of operations, assumed management responsibilities for the AFR/SD/HRD activity database. During the last few months of FY 2001, the AFR/SD staff member who would be responsible was identified and the database design was completed using FY 2000 data to test it. In October and November 2001, SARA expects that FY 2001 data will be added to the database and the AFR/SD staff member will be trained by the SARA subcontractor SOFTEK in database management. SARA thus expects the database to be fully operational by the end of December 2001.

OIRH PASA impact reviews

The Office of International and Refugees Health (OIRH), through the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the National Library of Medicine (NLM), and other public health service agencies has provided support for information, research, and analyses on a number of AFR/SD activities under a participating agency service agreement (PASA). The AFR/SD activities implemented under the OIRH/PASA were mainly centered on major disease threats in Africa that were becoming significant obstacles to economic development, such as malaria, tuberculosis, HIV/AIDS, diarrheal diseases, and vaccine-preventable childhood diseases.

AFR/SD asked SARA to document the results and lessons learned from selected activities carried out under the PASA. SARA hired Ms. Suzanne McLees to prepare impact review papers on three activities funded under the OIRH/PASA:

- KEMRI Bednet Study in a Malaria High Endemic Region of Kenya
- DOTS Strategy for Tuberculosis Prevention and Control in Botswana
- CDC Technical Support for Strengthening WHO/AFRO to address Malaria, Epidemic Preparedness and Response, and Disease Surveillance.

This review is being finalized and will be available in early FY 2002.

H. Management

SARA Operations Staff

Joseph Coblentz, Operations Manager
Jose Molina, Program Associate/Operations
Jacqueline Miller, Program Assistant/Operations (started May 2001)
Joseph Diederich, Financial Manager (1/2 time)

Ongoing SARA Management Activities

SARA operations staff continues to provide support to AFR/SD and SARA activities in the areas of travel and meeting logistics, daily liaison between SARA staff and AED's accounting, contracts, human resources, and billing departments, and ensuring timely reporting and submission of contract deliverables. The SARA operations manager is also in regular contact with our CTO and her colleagues to ensure SARA responsiveness to Africa Bureau needs.

Policies, Systems, and Procedures

SARA operations staff processed the following this year:

- 102 CTO letters
- 27 purchase orders with US, Canadian, and African organizations and firms
- 19 consultants who provided nearly 12 person-months of short-term technical assistance
- The travel of over 40 staff, consultants, and African meeting participants
- Periodic requests from AFR/SD for funding committed under various strategic objectives.

This was accomplished during a year when AED reorganized and revised its internal procedures, and, for four months, when SARA had a series of temps fulfilling the functions of the program assistant. The first slowed the processing of paperwork until SARA and the AED support departments adjusted to the changes. Meanwhile, the second slowed some of the SARA processes as the program associate and operations manager were in constant training mode until Jacqueline Miller was hired in May 2001. She has proven to be a highly efficient organizer of office procedures and implementer of policies such that SARA has maintained a high level of output throughout the year.

Management

Project Reporting

SARA operations staff improved on formats for the annual work plan and quarterly reports required by the SARA II contract, and managed the development and submission of the second work plan and the three quarterly reports. Under SARA II, both progress and financial reports are submitted together. During this year, the burn rates for both funding and level of effort accelerated as more consultants and subcontracts/purchase orders were used to access expertise in specific areas in response to AFR/SD requests and needs defined through ongoing staff work.

Development of Subcontracts

During the second project year, the CERPOD and CRHCS subcontracts began implementation and SARA completed negotiations for the JHPIEGO core subcontract. Implementation will begin during FY 02.

With respect to African institutions, SARA completed the negotiation of a subcontract with NAP+, the African Network of People Living with HIV/AIDS, based in Nairobi, Kenya. Implementation has begun here as well. Meanwhile, SARA continues to investigate the possibilities of subcontracting with other known African institutions with good track records in supporting the AFR/SD agenda. Among these are the Regional Centre for Quality of Health Care (RCQHC) in Uganda, the Regional AIDS Training Network (RATN) in Kenya, and CEFOREP in Senegal.

Other SARA Operations Highlights

SARA operations staff also carried out the following additional activities:

- Wrote or reviewed job descriptions for 3 new SARA staff
- Developed and provided administrative orientation to this staff
- Provided specific guidance to African institutions working under 11 purchase orders on how to implement and invoice for purchase orders
- Assisted AFR/SD in preparing for 7 SARA management meetings
- Assisted the AED contracts department in finalizing scopes of work and budgets for core subcontractor JHPIEGO, and collaborating institution Research Triangle Institute
- Finalized scopes of work and budgets for long-term African subcontractors CERPOD, CRHCS, and NAP+.

Conclusion

Last year's routinization of various administrative functions made it possible for operations staff to handle all needs. With an expanded SARA technical staff and changing internal procedures as part of the AED reorganization, there were moments of adjustment to high demand. But the addition of an experienced program assistant has strengthened operations staff and will make it possible to adjust continually to project needs.

Appendix A

Dissemination/Publications List

Dissemination/Publications List

SARA II Project Publications (Year 2)

Child Survival

Nutrition

Report of the 5th Annual Meeting of Nutrition Focal Points. Palais de Congrès, Bamako, Mali, 25th to 29th September 2000, SANA Project, AED, Washington, DC (September 2001).

SANA Annual Program Report: Year 5 (FY 00), AED, SANA Project, AFR/SD, Washington, DC.

Other

ALIVE: *An Advocacy Model for Saving Newborn Lives*, SARA Project, Academy for Educational Development, Washington, DC (2001).

Epidemic Preparedness and Response in Africa: *An Epidemiological Block Approach. Summary Report*, World Health Organization Regional Office for Africa, Harare, Zimbabwe; USAID, Bureau for Africa, Washington, DC (March 2001).

Reproductive Health and Family Planning

Amelioration de la Prise en Charge des Urgences Obstetricales. *Etude de Cas : L'experience du Bénin*, Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), Dakar, Senegal; Societé Africaine des Gynécologues et Obstétriciens (SAGO); USAID/AFR/SD; AED, SARA Project, Washington, DC (2001).

Amelioration de la Prise en Charge des Urgences Obstetricales. *Etude de Cas : L'experience du Burkina Faso*, Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), Dakar, Senegal; Societé Africaine des Gynécologues et Obstétriciens (SAGO); USAID/AFR/SD; AED, SARA Project, Washington, DC (2001).

Amelioration de la Prise en Charge des Urgences Obstetricales. *Etude de Cas : L'experience du Mali*, Centre de Formation et de Recherche en Santé de la

Reproduction (CEFOREP), Dakar, Senegal; Societé Africaine des Gynécologues et Obstétriciens (SAGO); USAID/AFR/SD; AED, SARA Project, Washington, DC (2001).

Amelioration de la Prise en Charge des Urgences Obstetricales. ***Etude de Cas : L'experience du Sénégal***, Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), Dakar, Senegal; Societé Africaine des Gynécologues et Obstétriciens (SAGO); USAID/AFR/SD; AED, SARA Project, Washington, DC (2001).

REDUCE: ***A Policy Development and Advocacy Model for the Reduction of Maternal Mortality, Morbidity, and Disability,*** SARA Project, Academy for Educational Development, Washington, DC (2001).

Reproductive Health: ***USAID Africa Bureau's Office of Sustainable Development***, USAID/AFR/SD; SARA Project, AED, Washington, DC (September 2001).

HIV/AIDS

Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa: ***Issues, Risks and Challenges***, Ellen Piwoz, Sandra Huffman, Diane Lusk, Elizabeth Zehner, Chloe O'Gara, SARA Project, AED, Washington, DC (August 2001).

OVC Update: ***Issue 1,*** USAID/AFR/SD, Washington, DC (August 2001).

Prevention of Mother-to-Child Transmission (MTCT) of HIV in Africa: ***A Synthesis of the Issues and Framework for USAID Investments – Draft***, USAID, Bureau for Africa, Office of Sustainable Development (USAID/AFR/SD), Washington, DC (November 2000).

Prevention of Mother-to-Child Transmission (MTCT) of HIV in Africa: ***Practical Guidance for Programs***, Elisabeth Preble and Ellen Piwoz, SARA Project, AED; USAID, Bureau for Africa, Office of Sustainable Development (USAID/AFR/SD), Washington, DC (June 2001).

Cross-Cutting Issues

HIV/AIDS and Nutrition: ***A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan***

Africa, Ellen Piwoz, Beth Preble, SARA Project, AED, Washington, DC (December 2000). English and French.

Lives at Risk: *Malaria and Pregnancy*, Malaria and Pregnancy Network, SARA Project, AED, Washington, DC (2001). French and Portuguese.

News to Save Lives: *Approaches to Malaria and Pregnancy*, Malaria and Pregnancy Network, SARA Project, AED, Washington, DC (April 2001). English and French.

Recherche qualitative en vue d'ameliorer la prestation de services: *Guide aux manuels traitant de la recherche participative en matière de santé de l'enfant, de nutrition et de santé reproductive*, Peter Winch, Jennifer Wagman, Rebecca Malouin, Garrett Mehl, Department of International Health, Johns Hopkins University School of Hygiene and Public Health; AED, SARA Project, Washington, DC (September 2001).

SARA II Annual Report: *Project Year 1 (FY 00)*, AED, SARA Project, AFR/SD, Washington, DC.

Utilisation des données sanitaires pour améliorer la prestation de services: *Une approche d'auto-évaluation*, Anne LaFond, Eckhard Kleinau, Lonna Shafritz, Suzanne Prysor-Jones, Fara Mbodj, Baba Traore, Etienne Dembele, Mouhamadou Gueye, Dr. Mountaga Bouaré, Christine Sow, CERPOD, Bamako, Mali; SARA Project, AED, Washington, DC (September 2001).

Co-produced Publications

Africa Collection for Transition (ACT): *From Relief to Development. Complex Emergencies and Disasters Library 1.0*, Payson Center; Human Info NGO; International Center for Migration and Health; SARA Project, AED; CERTI Program; USAID/AFR/SD (2001).

Africa Health: *HIV/AIDS and Nutrition: special section*, SARA Project, AED; USAID, AFR/SD; Dorchester, UK, Volume 23, Number 5, July 2001.

La prevention de la mortalité maternelle par les soins obstetricaux d'urgence: *Donner la vie et rester en vie*, Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), Dakar, Senegal; Societé Africaine des Gynécologues et Obstétriciens (SAGO); USAID/AFR/SD; AED, SARA Project, Washington, DC (2000).

Appendix A—Dissemination/Publications List

Techniques Participatives pour le Développement des Programmes Communautaires: *Tome 1 Manuel du Formateur*, Bérengère de Negri, Elizabeth Thomas, Aloys Ilinigumugabo, Itayai Muvandi, Gary Lewis, CEFA, JHU/CCP, AED, SARA Project, Nairobi, Kenya (February 2001).

Techniques Participatives pour le Développement des Programmes Communautaires: *Tome 2 Livret du Participant*, Bérengère de Negri, Elizabeth Thomas, Aloys Ilinigumugabo, Itayai Muvandi, Gary Lewis, CEFA, JHU/CCP, AED, SARA Project, Nairobi, Kenya (February 2001).

Publications in Progress

Méthodes de laboratoire pour le diagnostic de la dysenterie et du choléra épidémique, Centers for Disease Control and Prevention, Atlanta, GA; WHO/AFRO; USAID/AFR/SD/HRD, Washington, DC (January 2002). French only.

A Transnational View of Basic Education: Issues of Access, Quality and Community Participation in West and Central Africa, Educational Research Network for West and Central Africa (ERNWACA), Bamako, Mali; SARA Project, AED, Washington, DC (February 2002). English and French.

Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival: *Situation Analysis and Summary of Promising Interventions*, Youssef Tawfik, Robert Northrup, Suzanne Prysor-Jones, SARA Project, AED, Washington, DC (February 2002).

A Guide to Research on Care-seeking for Childhood Malaria, Carol Baume, SARA Project, AED, Washington, DC (2002).

Prévention de la transmission mère-à-enfant du VIH en Afrique: *conseils pratiques à l'usage des programmes*, Elisabeth Preble, Ellen Piwoz; SARA Project, AED, Washington, DC (February 2002).

The Health Sector Human Resource Crisis in Africa: *An Issues Paper,* SARA Project, AED, Washington, DC (2002).

SARA FY 2001 Trip Reports

Support to USAID/Mali, assess ERNWACA's regional program and preliminary work on NGO role in education in Mali. Mali. July 12-28, 2000. Yolande Miller-Grandvaux.

Visit of Steven Shongwe of CRHCS to Washington, DC. Washington, DC. October 1-10, 2000. Steven Shongwe.

UNICEF ESA Regional Consultation on HIV and Infant Feeding WHO Technical Consultation on MTCT. Nairobi, Kenya, and Geneva, Switzerland. October 9-13, 2000. Ellen Piwoz.

USAID Regional West Africa PHN Strategy for HIV/AIDS Prevention, Care and Support. Bamako, Mali. November 4-9, 2000. Sambe Duale.

Visit to USAID Benin. Cotonou, Benin. November 7-15, 2000. Yolande Miller-Grandvaux.

ActionAid Meeting on Alternative Routes to Basic Education. Ethiopia. November 16-21, 2000. Yolande Miller-Grandvaux.

Visit to the University of the Western Cape and ZVITAMBO. Cape Town, South Africa, and Harare, Zimbabwe. November 9 - 22, 2000. Ellen Piwoz. Joint SARA/SANA report.

Participation in WHO/AFRO Meeting on Going to Scale in Roll Back Malaria (RBM) and Integrated Management of Childhood Illnesses (IMCI). Harare, Zimbabwe. November 26-December 1, 2000. Suzanne Prysor-Jones.

SAGO Congress 2000. Dakar, Senegal, and Ouagadougou, Burkina Faso. November 27-December 10, 2000. Caroline Blair and Thidiane Ndoye.

Consultations with REDSO/ESA. Nairobi, Kenya, and Swaziland. November 27-December 15, 2000. Stephen Kinoti.

Inter-country Orientation on Family and Community IMCI. Uganda. December 1-15, 2000. Youssef Tawfik.

Appendix A—Dissemination/Publications List

Development of Consultant Orientation Materials for Community Child Health with WHO and BASICS. Dakar, Senegal. January 22-26, 2001. Suzanne Prysor-Jones.

Expert Working Group Meeting on Women and TB. Arusha, Tanzania. January 27-February 7, 2001. Sambe Duale.

ZVITAMBO TA. Harare, Zimbabwe. January 30-February 3, 2001. Ellen Piwoz.

Participation at the ICM/MNH Meeting—REDUCE Presentation. The Hague, Netherlands. February 2-7, 2001. Caroline Blair.

USAID Consultations with the West African Health Organization (WAHO). Bobo-Dioulasso, Burkina Faso. February 19-23, 2001. Sambe Duale and Suzanne Prysor-Jones.

Visit with BASICS, CEFOREP, SAGO, and CESAG. Dakar, Senegal. February 26-28, 2001. Suzanne Prysor-Jones.

REDSO Partners Meeting: Advancing Regional Partnerships. Nairobi, Kenya. February 26-March 3, 2001. Stephen Kinoti.

HIV/AIDS and Education Conference and ERNWACA Support. Accra and Elmina, Ghana. March 17-29, 2001. Yolande Miller-Grandvaux.

CRHCS Regional HIV/AIDS Strategy Consultation and SWAA Conference. Tanzania and Uganda. March 24-April 2, 2001. Stephen Kinoti.

NIH Consultation on the Care and Management of Mothers and Children Affected by HIV in Africa. Gaborone, Botswana. March 25-30, 2001. Ellen Piwoz.

Development of REDUCE Country Application for Senegal. Dakar and Saly, Senegal. April 5-17, 2001. Caroline Blair.

Development of REDUCE Country Application for Senegal. Dakar and Saly, Senegal. April 6-21, 2001. Elisabeth Sommerfelt.

Participation in the UN Sub-Committee on Nutrition (SCN) Annual Meeting. Nairobi, Kenya. April 1-6, 2001. Ellen Piwoz, Debbie Gachuhi, Dorcas Lwanga, Kinday Samba Ndure. Joint SARA/SANA report.

Subcontract Administrative Orientation to CERPOD and Interviews with ERNWACA Regional Coordinator Candidates. Bamako, Mali. April 16-20, 2001. Joseph Coblentz.

ERNWACA Regional Coordinator and NGOs in Education Study. Bamako, Mali. April 17-26, 2001. Yolande Miller-Grandvaux.

The Changing Role of Non-Governmental Organizations in Basic Education in Africa. Mali. April 23-May 15, 2001. Michel Welmond.

Child Survival and Private Practitioners in Uganda. Kampala and Ntungamo, Uganda. May 8-19, 2001. Youssef Tawfik.

Technical Assistance to ZVITAMBO's HIV and Infant Feeding Counseling Study, and WHO Workshop on PMTCT and Cessation of Breastfeeding. Harare, Zimbabwe, and Durban, South Africa. June 16-27, 2001. Ellen Piwoz.

DJCC Meeting and Meetings with WHO/AFRO, RPM+, NAP+ and RATN. Arusha, Tanzania, Nairobi, Kenya, and Durban, South Africa. July 9-21, 2001. Stephen Kinoti.

Progress of the Malaria Research and Training Center and Workshop on PMTCT. Bamako, Mali, and Abidjan, Côte d'Ivoire. July 16-31, 2001. Sambe Duale.

RH Work Planning with CRHCS and Development of Women's Media Network on RH Regional Networking. Arusha, Tanzania, Johannesburg, South Africa, and Kampala, Uganda. July 17-August 5, 2001. Caroline Blair.

Curriculum and Teacher Training Development in Mali. Bamako, Mali. July 19-31, 2001. Yolande Miller-Grandvaux.

Facilitation of the REDUCE Workshop and the Development of a REDUCE Country Application for Mozambique. Bilene and Maputo, Mozambique. August 5-18, 2001. Caroline Blair, Debbie Gachuhi, and Elisabeth Sommerfelt.

USAID-DFID IMCI Review Trip to Uganda, Mali, and Zimbabwe. Kampala, Uganda, Bamako, Mali, and Harare, Zimbabwe. August 13-September 7, 2001. Youssef Tawfik.

Appendix A—Dissemination/Publications List

17th International Congress of Nutrition: Modern Aspects of Nutrition—Present Knowledge and Future Perspectives. Vienna, Austria. August 27-31, 2001. Dorcas Lwanga, Ellen Piwoz, Kinday Samba Ndure and Debbie Gachuhi.

Conference on Global Strategies for PMTCT and a Meeting with WHO/ Geneva. Kampala, Uganda and Geneva, Switzerland. September 8-15, 2001. Ellen Piwoz.

Zambia Dissemination and Repackaging Workshop. Zambia, Tanzania and Kenya. September 8-22, 2001. Renuka Bery and Antonia Wolff.

Appendix B

List of Deliverables over the Life of the Project

TABLE 1. List of Deliverables over the Life of the Project

** Target and Actual figures reported for each project year represent the number achieved that year, with cumulative figures reported at the far right.*

DELIVERABLE	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		CUMULATIVE TOTAL	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1. Issues identification and discussion meetings	3	5	3	2	3		3		3		15	7
2. Consultative group meetings held	4	6	4	5	4		4		4		20	11
B. Dissemination and Advocacy												
1. Major documents or technical reports (30-100 pages) published	6	6	6	12	6		6		6		30	18
2. Special bulletins, brochures and packets produced for target groups	10	22	10	13	10		10		10		50	35
3. Number of documents that are translated into second languages		19		10								29
C. African Partnerships and Capacity Building												
1. Number of African organizations/ networks with whom SARA has undertaken major collaborative research, analysis, and/or dissemination and advocacy activities in support of AFR/SD/HRD SOs	2	8	2	16	1		0		0		5	24
2. Number of functioning partnerships established between U.S. private institutions and African organizations	0	0	1	0	2		0		0		3	0
D. Monitoring and Evaluation												
1. Annual work plan developed on time	Yes	Yes	Yes	Yes	Yes		Yes		Yes		N/A	N/A
2. System established for tracking SARA activities, LOE and expenditures	Yes	Yes	N/A		N/A		N/A		N/A		N/A	N/A
3. Quarterly performance monitoring reports prepared *(Last quarter is part of annual report.)*	3	3	3	3	3		3		3		15	6
4. Annual report produced and distributed to USAID	Yes	Yes	Yes	Yes	Yes		Yes		Yes		N/A	N/A
5. Technical support provided for developing and maintaining the AFR/SD/HRD monitoring and tracking system	Yes	Yes	Yes	Yes	Yes		Yes		Yes		N/A	N/A

List of Deliverables over the Life of the Project

Issues Identification and Discussion Meetings (approximately 15)

1) Electronic Networking in ECSA (CRHCS meeting)	The Seychelles	Oct. 1999
2) Behavior Change for Child Survival: lessons learned and best practices (a joint SARA/CHANGE meeting)	Washington, DC	Feb. 2000
3) WHO/AFRO Health Systems Research for HIV/AIDS	Pretoria, S.A.	Mar. 2000
4) Education in Countries in Crisis (AFR/SD meeting)	Washington, DC	Mar. 2000
5) Nutrition in Africa Cooperating Agencies (AFR/SD meeting)	Washington, DC	July 2000
6) Multi-donor meeting on research on the new role of NGOs in basic education in Africa	Washington, DC	Jan. 2001
7) Education in Countries in Crisis	Washington, DC	Sep. 2001

Consultative Meetings (approximately 20)

1) CRHCS/ECSA DJCC consultation on responding to the HIV/AIDS crisis in ECSA	Arusha, Tanzania	Mar. 2000
2) Commodities in Communities (Ensuring Appropriate Use of Essential Supplies for Child Health at the Community Level in Africa)	Washington, DC	May 2000
3) Mother-to-Child Transmission strategy meetings	Washington, DC	Aug. 2000
4) Health and Finance Ministers' Conference on mobilizing resources for an expanded response to the HIV/AIDS epidemic	Nairobi, Kenya	Aug. 2000
5) Health Systems Research consultative meeting on using research to inform policy decisions	Harare, Zimbabwe	Sep. 2000
6) Meeting of CTOs and CAs working in maternal health to discuss REDUCE model	Washington, DC	Sep. 2000
7) REDUCE presented to USAID SO 20 Maternal Health Group	Washington, DC	Oct. 2000
8) Advocacy	Washington, DC	Nov. 2000
9) CRHCS DJCC meeting, Strengthening Health Systems	Arusha, Tanzania	Mar. 2001
10) Maternal-to-child transmission of HIV	Washington, DC	June 2001
11) Malaria USAID Strategy Meeting	Washington, DC	Sep. 2001

Major Documents (30-100 pages) (approximately 30)

Name of Document	*Date Published*
1) Improving Community Case Management of Childhood Malaria	Oct. 1999*
2) Qualitative Research for Improved Health Programs	Jan. 2000*
3) Partenariats pour le Changement et la Communication	May 2000*
4) Guidance to USAID Missions for the prevention of MTCT of HIV in Africa	Sep. 2000
5) Monitoring and Evaluation of Nutrition and Nutrition-Related Programmes	Sep. 2000*
6) Prevenir la Mortalite Maternelle par les Soins Obstetricaux d'Urgence	Sep. 2000
7) HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa	Nov. 2000*
8) Africa Collection for Transition (ACT) Library 1.0: From Relief to Development Complex Emergencies and Disasters	Mar. 2001
9) Epidemic Preparedness and Response in Africa: An Epidemiological Block Approach. Summary Report.	Mar. 2001
10) Techniques Participatives pour le Développement des Programmes Communautaires: Tome 1 Manuel du Formateur	Mar. 2001*
11) Techniques Participatives pour le Développement des Programmes Communautaires: Tome 2 Livret du Participant	Mar. 2001*

* indicates translated into French
** indicates translated into French and Portuguese

12) Prevention of Mother-to-Child Transmission of HIV in Africa: Practical Guidance for Programs	June 2001*
13) CEFOREP Etude de Cas, Benin	June 2001
14) CEFOREP Etude de Cas, Mali	June 2001
15) CEFOREP Etude de Cas, Burkina Faso	June 2001
16) CEFOREP Etude de Cas, Senegal	June 2001
17) Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa: Issues, Risks and Challenges	Aug. 2001
18) Using Data to Improve Service Delivery: A Self-Evaluation Approach	Sep. 2001*

* indicates translated into French
** indicates translated into French and Portuguese

Information Synthesized and Repackaged (up to 20 pages) (approximately 50)

Name of Document	*Date Produced*
1) Nutrition Briefs	Oct. 1999
2) Family and Reproductive Health Programme Profile (with CRHCS)	Oct. 1999
3) Human Resources Development and Capacity Building Programme Profile (with CRHCS)	Oct. 1999
4) Food and Nutrition Programme Profile (with CRHCS)	Oct. 1999
5) Montreal Global Strategy meeting E-note	Oct. 1999
6) KEMRI E-note	Dec. 1999
7) Zambia E-note	Dec. 1999
8) Entre la Volonte de Dieu et les Contraintes de la Vie (CERPOD document)	Jan. 2000
9) HIV/AIDS E-note	Jan. 2000
10) HIV/AIDS E-note	Jan. 2000
11) IDS E-note	Mar. 2000
12) MAQ Bulletin: Maximizing Access to Quality of Services	Mar. 2000
13) The Costing of Community Maternal and Child Health Interventions	Mar. 2000

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

14) Mother-to-Child Transmission of HIV (E-note from Global Bureau to missions)	Apr. 2000
15) Reproductive Health E-note	May 2000
16) REDUCE Brochure	May 2000
17) AFR/SD Publications Lists	May 2000
18) Saving Children's Lives: The Economic Rationale for IMCI	May 2000*
19) Durban Summary on MTCT	July 2000
20) Reducing the Threat of Infectious Diseases in Africa: Highlights from 1999	Aug. 2000
21) Lives at Risk: Malaria and Pregnancy	Sep. 2000**
22) Investments in Education	Sep. 2000
23) News to Save Lives, Malaria and Pregnancy Press Kit	Mar. 2001*
24) Candlelight Memorial E-note	Apr. 2001
25) Immunization E-note	Apr. 2001
26) HIV and Nutrition Brief—East Africa	Aug. 2001
27) HIV and Nutrition Brief—West Africa	Aug. 2001*
28) Reproductive Health Briefing Packet	Aug. 2001*

* indicates translated into French
** indicates translated into French and Portuguese

29) Reduce E-note	Aug. 2001
30) Women's nutrition and HIV/AIDS in West Africa	Aug. 2001*
31) OVC Newsletter Issue 1	Sep. 2001
32) OVC Packet	Sep. 2001
33) Reduce Brochure (Revised)	Sep. 2001
34) Alive Brochure	Sep. 2001
35) Kampala MTCT meeting Brief	

* indicates translated into French
** indicates translated into French and Portuguese

Number of Agreements Signed with African Institutions for Collaborative Activities in the Following Areas: Research and Analysis, Dissemination and Advocacy, Capacity Building and Training (at least 4)

Bolytrade	1. April 15 – December 15, 2000 ($13,611)
CEDHA	2. January 22 – February 28, 2001 ($4,526.33)
CEFOREP	3. December 16, 1999 – August 31, 2000 ($27,974) 4. March 3 - May 15, 2001 ($2,975)
CERPOD	5. January 17 – August 15, 2000 ($17,520) 6. January 15, 2001 – July 13, 2002 ($187,666)
CRHCS	7. February 7 – March 15, 2000 ($32,000) 8. March 27 – April 15, 2000 ($13,147) 9. November 27 – December 15, 2000 ($13,707) 10. February 1, 2001 – June 30, 2004 ($700,486)
ERNWACA	11. September 25 – November 24, 2000 ($2,139) 12. April 2 – June 30, 2001 ($7,765) 13. August 1, 2001 – July 31, 2003 ($189,965)
HealthScope	14. January 1 – April 15, 2001 ($14,016) 15. July 2 – December 31, 2001 ($64,773)
NAP+	16. July 11, 2001 – July 10, 2002 ($60,000) 17. January 22 – February 28, 2001 ($35,336)
OCCGE	18. September 20 – 30, 2000 ($14,520)
Regional Centre for Quality of Health Care (RCQHC), Makerere University	19. July 1 – August 31, 2000 ($27,364)
SAGO	20. May 29 – July 30, 2000 ($19,760)
SOGOB	21. November 13, 2000 – January 31, 2001 ($12,585)
SWAA	22. March 12 – May 31, 2001 ($13,340)
WAHO	23. March 1 – April 30, 2001 ($11,435) 24. August 13 – September 15, 2001 ($7,757)

Appendix C

Subcontractors' Activities

Long -Term Subcontractors' Activities

Tulane University

In general, Tulane continued to provide overall research and technical assistance oversight through key personnel Dr. Sambe Duale, Senior Monitoring and Evaluation, and Infectious Diseases Specialist. In addition, again through Dr. Duale, Tulane provided ongoing assistance to AFR/SD in the areas of malaria, infectious diseases, emerging threats and crisis response, and HIV/AIDS, the latter in collaboration with the SARA HIV/AIDS advisor. This includes Dr. Duale's participation in the AFR/SD infectious diseases and malaria core groups, and his as-needed technical support to other SO 19 and 21 core groups.

Dr. Sambe Duale

In mid-July 2001, Dr. Duale traveled to Bamako, Mali, and Abidjan, Cote d'Ivoire, for meetings and consultations with regional partners on malaria and the prevention of mother-to-child transmission of HIV in West Africa. SARA has been assisting AFR/SD in mobilizing African institutions and regional partners to strengthen capacity in the sub-region for designing, managing, and evaluating malaria and HIV/AIDS programs. These meetings provided an opportunity for SARA to consult with various partners on joint activities to address malaria and HIV/AIDS in West Africa. During this travel, Dr. Duale reviewed progress of AFR/SD-funded activities being implemented by the Malaria Research and Training Center in Bamako, Mali, and participated in the UNICEF and UNAIDS-sponsored workshop on MTCT in West Africa countries. His trip report provided recommendations for next steps.

In mid-September, Dr. Duale traveled to Harare, Zimbabwe, for the meeting of the Task Force on Tuberculosis Control in Africa and to Dar es Salaam, Tanzania, to assist with the launching of the pilot study on Gender and TB. As part of AFR/SD's effort to get more involved in addressing TB issues in Africa, SARA supported Dr. Duale's participation in these events. His trip report provided a synopsis of the TB Task Force meeting, updated the status of the TB and Gender pilot study being carried out by HealthScope Tanzania, Ltd., and provided next steps and recommendations for consideration by SARA and AFR/SD for future planning to address TB in Africa.

In late January – early February 2001, Dr. Duale participated in the expert working group meeting to develop a protocol and tools to analyze factors affecting the access to and use of TB prevention and control services, and identify opportunities to improve access to TB diagnosis and treatment by African women of re-

productive age. This meeting was organized and hosted by CEDHA in Kenya. Ms. Pamela Opdyke of Tulane assisted Dr. Duale in collecting gender-related TB publications and tools from WHO/TDR and other sources. His trip report described his contribution, as a working group member, to the development by HealthScope Tanzania, Ltd. of a detailed methodology, tools, resource needs, budget, and time line for the later pilot study on improving access to TB prevention and control services for women of reproductive age.

In November 2000, USAID organized a meeting in Bamako, Mali, to develop a USAID Regional West Africa PHN Strategy for HIV/AIDS prevention, care, and support. Dr. Duale supervised the work of a SARA consultant in producing an issues paper. He revised it extensively and then attended this meeting in the role of technical advisor. Dr. Duale contributed to the production of a summary report that provided a synopsis of HIV/AIDS program priority areas and implementation approaches to be considered within USAID West African regional and bilateral programs. This report, in turn, helped shape the organization of USAID's West Africa Regional Program (WARP).

Over the course of the year, Dr. Duale has also provided key technical assistance to the newly-formed West African Health Organization (WAHO), an amalgamation of several traditional SARA African partner institutions. This year, he provided assistance in their formulation of a strategic plan for West African health and for addressing the growing problem of HIV/AIDS among the sub-region's armed forces.

In the area of infectious diseases, Dr. John Githure of the International Center for Insect Physiology and Ecology (ICIPE), in Nairobi, Kenya, and Dr. Duale had preliminary discussions on ways that SARA and other partners can assist with strengthening training for vector control interventions in Africa. Dr. Gene Brantley of Environmental Health Project and Dr. John Beier of Tulane University School of Public Health and Tropical Medicine also participated in the discussion. A consultative meeting under the aegis of ICIPE is proposed for 2002 to build on recommendations from a WHO/AFRO-sponsored conference held in February 2001 in Harare on strengthening vector control interventions for malaria control in Africa.

Dr. Duale also worked on finalizing the report documenting the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa. The review was conducted by Dr. Marc Debay, a SARA consultant, and Dr. Duale in FY 00 for WHO/AFRO and AFR/SD. A summary report was produced and widely disseminated to sensitize various audiences to the joint work of WHO/AFRO, CDC, and USAID in this area.

In another on-going activity, Dr. Duale joined AFR/SD and OFDA colleagues to draft a cable for Africa-wide distribution about preparedness and response to meningitis epidemic outbreaks. Dr. Duale and AFR/SD and OFDA colleagues also discussed potential areas of collaboration between OFDA and the WHO/AFRO program on epidemic preparedness and response. He also participated in meetings, conference calls, and electronic exchanges with AFR/SD colleagues to discuss a number of transition and epidemic issues in countries such as Liberia, Guinea, and D.R. Congo.

Other Tulane activities under the SARA subcontract

Good public health practices in crisis and transition settings are the key to mitigating the impact of complex emergencies on the well-being of affected populations. For multiple reasons, information and operational material (e.g., national disaster plans) is fugitive literature in Africa. The SARA project, through the Tulane University Payson Center for International Development and Technology Transfer, developed a CD-ROM-based literature database on complex emergencies with full text and search capabilities for reference and training entitled *African Crisis and Transition (ACT) Library*. It contains about 300 publications and almost 30,000 pages of full text, and is aimed at training institutions and programs involved in management, training, and research in this area. The publications come from various sources, especially UN agencies and NGOs. It has a powerful search engine using subjects and key words. It contains very few French documents, in part because they are not readily available and also because the process of obtaining authorization to include them is complex. Tulane had about 20 reviewers from African institutions, PVOs, UN agencies, USAID, and the Mellon Foundation formally review the CD-ROM. The reviewers all found the CD-ROM to be useful or very useful for work in the field. The CD-ROMs have been distributed throughout USAID and WHO/AFRO and through meetings, field visits, etc. The U.S. military involved in humanitarian work and peacekeeping has found the CD-ROM very useful and has requested many copies. SARA considered the 50 copies it received to be of high quality. A number have been disseminated to public health training institutions and agencies involved in humanitarian work in Africa. The materials from the CD-ROM have also been posted on the CERTI web site.

Under the Tulane sub-contract, SARA funded the Johns Hopkins University to produce a manual and CD-ROM, *Public Health Guide for Emergencies*. This reference manual is for NGOs managing various health, nutrition and sanitation programs in complex emergency settings. The materials on the CD-ROM are also posted on the CERTI web site.

Finally, Tulane continued to manage and maintain the CERTI web site. More materials from various CERTI partners have been posted on the web site (www.certi.org) this year. The materials include a draft training module on addressing HIV/AIDS in conflict settings, and tools for assessing the psycho-social effects of conflicts on populations in African settings. In addition, information related to a symposium held this year in Durban on the gender dimensions of HIV/AIDS prevention, care, and support in conflict settings in Africa is also posted on the web site.

Population Reference Bureau

PRB, primarily through key personnel Caroline Blair, SARA reproductive health advisor, continued to provide on-going oversight of technical assistance activities to AFR/SD and African institutions in reproductive and maternal health. This included participation in the AFR/SD reproductive health and maternal health core groups.

Ms. Blair continued to foster the development, field testing, and enhancement of the REDUCE model that advocates for maternal health. Over the course of the year, though, AED obtained non-SARA funds to continue this work under contracts with other donors such that Ms. Blair's input became less and less time-consuming though no less important. Highlights were her valuable technical assistance to the Senegal and Mozambique country adaptations.

In February 2001, Ms. Blair participated in the International Technical Consultation of Midwifery Leaders' Meeting of the Minds in The Hague, Netherlands. The overall purpose of the meeting was to assist the International Confederation of Midwives (ICM) in strengthening the leadership role of midwives to improve the quality of midwifery care and ensure skilled care at birth to reduce maternal and perinatal morbidity and mortality. The meeting focused on addressing issues identified as priority by international midwifery leaders, including but not limited to policies, standards, and collaboration with other health professionals and organizations. The need to raise the profile of midwifery worldwide in supporting women's access to and control of appropriate health care for themselves and their family, thereby securing their universal right to health was also addressed. Ms. Blair and a Ugandan colleague from the REDUCE "task force" participated on a panel entitled "Policy-making and advocacy tools and how midwives can use them." Experiences in using the model in the field were described. Ms. Blair and her colleague then provided a full demonstration of REDUCE to interested participants. Ms. Blair's trip report included a description of the interest generated in the REDUCE advocacy model

in particular and in midwives' potential role in advocacy in general, with recommendations for next steps for AFR/SD and SARA.

In July 2001, Ms. Blair assisted the work planning efforts of CRHCS, the women's media network in West Africa, and provided technical support to the REDUCE team developing an application for Mozambique. The PopMediafrique and FemMediafrique networks have been successful in West Africa and Ms. Blair assisted a PRB colleague in making initial contacts for similar networks in East and southern Africa. In addition, Ms. Blair helped CRHCS develop its required annual work plan under its subcontract in the area of reproductive health. She also helped transfer her REDUCE expertise and experience to relatively new specialists in this area as they carried out the workshop and follow-up activities in developing a Mozambique adaptation of the model.

During March and April, Ms. Blair assisted the SARA team of consultants in developing a REDUCE application in Senegal. With two SARA consultants, Ms. Blair worked with the Senegalese team to compile and collect the data to be brought to the application session, assisted CEFOREP in arranging logistics for the session, worked with the trainees to adapt the model to Senegal, conducted participatory training, and assisted the local team to develop its advocacy plans for use of the model.

A few months previously, Ms. Blair attended SAGO Congress 2000 in Ouagadougou, Burkina Faso, and presented the REDUCE model. The Ouagadougou congress attracted approximately 500 gynecologists, obstetricians, midwives, social scientists, and other public health professionals. As do all SAGO congresses, which are held every other year, it played an important role in advancing the state of knowledge in critical areas, and in providing a forum for networking and for developing policy recommendations. Just prior to arriving in Ouagadougou, as part of the same trip, Ms. Blair worked with a CEFOREP staff member to familiarize him with the REDUCE model and the prototype presentation. He then traveled to Ouagadougou with Ms. Blair and jointly presented the prototype model as a team, and described plans for testing and for how REDUCE had the potential to serve an important advocacy role in the region. This was followed by the Senegal country adaptation described in the preceding paragraph.

In the last quarter of the year, Ms. Blair assisted the American College of Nurse-Midwives (ACNM) to develop a scope of work for the finalization of a TBA meta-analysis. This activity was approved for USAID funding through SARA and began as the year ended. Ms. Blair is providing technical monitoring of this activity as it is implemented.

JHPIEGO

At the end of FY 2001, AED/SARA and JHPIEGO signed a subcontract for the following activities to take place over the period September 1, 2001 – December 31, 2002:

- Postabortion advocacy brochure
- Regional postabortion care meeting in West and Central Africa
- Production and dissemination of a Maximizing Access to Quality (MAQ) bulletin
- Regional dissemination of pre-service best practices in reproductive health and in essential obstetrical and neonatal care.

The bulk of the implementation is expected to take place during FY 02 and will be reported on then.

Africa Consultants International

USAID officers gather regularly and as needed to discuss themes of importance for the USG agenda. Accordingly, USAID/Mali hosted a meeting of population, health and nutrition (PHN) officers November 6-8, 2000. This particular meeting concentrated on developing a USAID Regional West Africa PHN strategy for HIV/AIDS prevention, care and support. ACI facilitated this meeting on behalf of AFR/SD and SARA.

The HIV and Development model that Gary Engelberg of ACI helped to develop with UNDP in 1990 has since proven highly effective in mobilizing decision makers, opinion leaders, community groups, communicators, and development agents worldwide in response to the epidemic. In a meeting in Abidjan in January 2001, Mr. Engleberg, again funded under the SARA subcontract, presented the model to fifteen members of the SFPS staff. Following the meeting, it was agreed that SARA and FHI/SFPS would collaborate in organizing an initial HIV and Development program for about 20 to 25 SFPS staff followed by a training of trainers restricted to a smaller number of key SFPS staff/trainers who are likely to use/promote/deliver the model both in-house and on the level of SFPS activities and groups with whom they are working. The next step in the process of implementing this model occurred in August 2001 when ACI provided two consultants to design, organize, and facilitate a HIV and Development workshop for up to 25 members of the FHI/ IMPACT/SFPS team followed by a TOT for approximately 15 staff members on how to facilitate the model.

In order to assist CERPOD in developing its work plan under its own subcontract with SARA, Gary Engleberg was asked to provide a year's worth of technical assistance in work planning to CERPOD. This work began near the end of FY 01 with one of the six planned visits carried out. The work planning process began and results will become apparent during FY 02.

Last year, ACI began providing technical assistance to CEFOREP in implementing one of the recommendations of a meeting of maternal health practitioners in December 1998, namely, the repackaging of the summary findings of four EOC case studies (Benin, Burkina Faso, Mali, and Senegal) for wide dissemination to decision makers and other audiences with a view to advocating for policy reform in maternal health. This has been a long process involving several consultants, as well as Mr. Engelberg. This year, the user-friendly brochure, which presents the scientific/technical report findings and their implications for EOC programming in a simpler, more accessible, and brief form, was finalized. Dissemination plans were also finalized for both this brochure and the scientific/technical report finalized last year. As the year closed, ACI was completing the printing and dissemination of both.

A final area in which ACI began assisting SARA this year was life skills for people with HIV/AIDS. Georges Tiendrebeogo and Mr. Engelberg, as well as several consultants, began carrying out a study with the following purposes:

1) to synthesize existing documentation of life skills and informal HIV/AIDS prevention literature aimed at young people in sub-Saharan Africa; and
2) to compile lessons learned from effective life skills programs by reviewing evaluations, effective implementation strategies, and on-going non-formal activities.

This work will conclude in FY 02.

CERPOD

CERPOD signed its subcontract with SARA in the last half of the year and received its advance just before the end of the year. It has begun the process of hiring an HIV/AIDS advisor, whose salary and benefits will be paid under the subcontract. This advisor is expected to play roles in the upcoming postabortion care (PAC) meetings, especially a regional one in West Africa in February 2002 that will launch a major PAC initiative in the region. In addition, Caroline Blair, SARA reproductive health advisor, will visit CERPOD during her trip for the PAC conference in February to help update CERPOD's work plan.

CRHCS

CRHCS also received its advance this year and began implementing activities immediately. A key action was hiring an HIV/AIDS coordinator. He moved quickly to action, participating in key CRHCS health ministers and secretaries general meetings, finalizing and presenting a HIV/AIDS strategy to partner organizations, and completing scopes of work and notification letters for key REDSO/PHN funded activities, all of which complement SARA-funded activities.

Meanwhile, CRHCS began preparing for numerous activities in all areas of the subcontract for implementation during FY 02. Preliminary reports were written, initial assessments were begun, and similar background activities were among them. In July 2001, CRHCS hosted the Directors' Joint Consultative Committee (DJCC) meeting. The theme was "Improving the Performance of Health Systems in ECSA." CRHCS prepared a concept paper, organized the meeting, and made many presentations. It is expected that the final meeting report will be issued in October 2001. During the DJCC meeting, a satellite meeting of partners on the impact of HIV/AIDS on the health sectors was also held. CRHCS, in collaboration with SARA, developed the scope of work and background materials.

Dr. Stephen Kinoti, SARA HIV/AIDS advisor and SARA's technical advisor to CRHCS for this subcontract, will visit CRHCS in January 2002 to update their work plan and provide technical assistance as needed in its implementation.

NAP+

This subcontract was signed near the end of the year. It involves overall institutional support to the Network of People Living with HIV/AIDS (NAP+) for one year. NAP+ received its first payment for the production of scopes of work for activities, and names of the interns/volunteers whose stipends will be paid under this subcontract. They also began preparing some programs that will be funded.

ERNWACA

This two-year subcontract was signed in August 2001 and involves support to the regional coordinator of this educational research network, both salary/ benefits and travel. The regional coordinator was recruited and in place as of August 1st and she made three official trips during the following months. She also developed a vision for ERNWACA and launched a small educational research

grants program. She has begun networking with USAID missions and is establishing links to other potential funders.

Appendix D

Task Order Tracking List

Task Order Tracking List

100. Ellen Piwoz to provide TA on HIV & infant feeding, Zimbabwe and SA
Completed

101. Pre-award financial review of CERPOD
Completed

102. Renuka Bery to bring a Dissemination and Advocacy perspective to social mobilization meeting, AFRO/EPI Polio Eradication Unit
Completed

103. Ellen Piwoz to participate in REDSO/PHN and the Regional Centre for Quality of Health Care Conference
Completed

104. Steven Kinoti to provide technical assistance to the CRHCS DJCC, Arusha, Tanzania
Completed

105. Yolande Miller-Grandvaux to present papers at CIES conference in San Antonio, TX
Completed

106. Yolande Miller-Grandvaux to assist USAID/Mali in reviewing its education agenda and study the community school models
Completed

107. Suzanne Prysor-Jones to participate in nutrition and community IMCI planning and updating other SO 7, 8 and 9 activities in West Africa
Completed

108. Steve Kinoti to attend consultation on HSR priorities on HIV/AIDS, Pretoria, June 19-23
Completed

109. Suzanne Prysor-Jones to participate in IAWG on household and community approaches to IMCI
Completed

109a. Onanga Bongwele to Durban IAWG on community IMCI
Cancelled

110. Renuka Bery to provide dissemination TA to RCQHC
Completed

111. Yolande Miller-Grandvaux to support USAID/Mali and assess ERNWACA's regional program & the NGO role in education
Completed

111a. Yolande Miller-Grandvaux to provide TA to USAID/Benin and Ethiopia conference on NGOs and basic education
Completed

112. Ellen Piwoz to provide TA on MTCT/infant feeding issues
Completed

112a. Ellen Piwoz to provide TA on MTCT/infant feeding issues: follow-up Geneva meeting
Completed

113. Yolande Miller-Grandvaux to coordinate with IDRC in Ottawa
Completed

114. Youssef Tawfik to be SARA participant in WHO meeting on Inter-Country Orientation on Family and Community IMCI, Uganda
Completed

115. Suzanne Prysor-Jones to attend WHO/AFRO advisory group consultation on IMCI, 11/28-30/00, Harare
Completed

116. Suzanne Prysor-Jones to Harare for IMCI meeting, 1/22-26/01
Completed

117. Caroline Blair to attend Intl. Technical Consultation of Midwifery Leaders
Completed

118. Participation of nutrition staff in major international meetings during FY 01
Completed

119. Suzanne Prysor-Jones and Duale Sambe to provide TA to WAHO, and Suzanne to Dakar
Completed

120. Stephen Kinoti's participation in REDSO partners' meeting
Completed

121. Yolande Miller-Grandvaux and Joe Coblentz travel to ERNWACA interviews and CERPOD
Completed

122. Youssef Tawfik to IMCI collaboration and strategy reviews, 4/23 - 5/4/01
Completed

124. Stephen Kinoti's travel, identifying & responding to impacts of HIV/ AIDS on HR in health sector
Completed

125. Caroline Blair to do work planning with CRHCS, women's media network, REDUCE in Mozambique
Completed

126. Yolande Miller-Grandvaux to assist in development of new education program for USAID/Mali
Completed

127. Sambe Duale to Bamako and Abidjan for malaria and MTCT meetings
Completed

128. Youssef Tawfik participation in USAID-UNICEF review of IMCI programs
Completed

129. Renuka Bery to facilitate dissemination and repackaging workshop and electronic marketing
Completed

130. TB travel by Sambe Duale, September 18-27, 2001
Trip cancelled (security)

131. IMCI travel by Suzanne Prysor-Jones, September - October 2001
Trip cancelled (security)

200. Hiring Dr. Bill Rau as a SARA project evaluation & HIV/AIDS policy advisor
Completed

200a. Bill Rau, 10 more days
Completed

200b. Bill Rau, 10 more days
Completed

200c. Continuation of Bill Rau through January-April 2000, 35 more days
Completed

200d. Development of impact review paper on SO 20 male involvement activities in RH (Bill Rau)
Completed

201. Hiring Dr. Stephen Kinoti as SARA consultant
Completed

201a. Familiarization trip for Dr. Steve Kinoti to SA
See 104 above

202. Roger Gosselin facilitation of SATI workshop
Completed

203. Beth Preble to complete paper on HIV and nutrition
Completed

203a. HIV/AIDS and nutrition paper, Beth Preble, 5 more days
Completed

204. Transitioning Dissemination Center activity to a regional institution (Lawrence Gikaru)
Completed

205. Field testing of REDUCE model, Uganda
Completed

205a. Steve Kinoti involvement in REDUCE model, Uganda
Completed

205b. Expansion of REDUCE model (Burkhalter, Sommerfelt)
Sommerfelt ongoing

205c. Safe Motherhood/EOC REDUCE model; cost/benefit analysis
Completed

205d. REDUCE Senegal field application
Completed

205e. Extension of Elisabeth Sommerfelt for REDUCE expansion (see 205b also)
Ongoing

206. Linda Kean for finalization of Nutrition Briefs
Completed

207. Design for Qualitative Manual (Paula Whitacre)
Completed

208. Documentation of results of EPR teams within AFRO West & Great Lakes epidemic blocks
Completed

209. Updating country program briefs for AFR/SD/HRD
Completed

210. Issues paper on early and abrupt weaning for HIV+ mothers (Ellen Piwoz)
Completed

210a. Issues paper on early and abrupt weaning for HIV+ mothers: finalization and repackaging
Completed

210b. Issues paper on early and abrupt weaning for HIV+ moms: printing and dissemination
Completed

211. Strategy paper on reducing MTCT in Africa (Beth Preble)
Completed

211a. MTCT strategy paper: 15 more days for consultant
Completed

211b. Strategy paper on reducing MTCT: translation, printing and dissemination
Dissemination in progress

211c. Beth Preble to finalize strategy paper on reducing MTCT
Completed

212. Discussion paper: USAID budget., staffing, prog. decisions, priority health activities in transition countries, Africa
Activity postponed indefinitely

213. Suzanne Prysor-Jones to provide support to inter-country orientation meeting on family/community IMCI
Completed

214. Suzanne Prysor-Jones to provide TA to AVSC in costing out COPE introduction & scaling up
Partner cancelled activity

215. Discussion paper on HIV/AIDS prevention, care, support in WCA
Completed

215a. Sambe Duale and Dounia to WCA PHN strategy meeting for HIV/AIDS, 11/6-8/00
Completed

216. Finalization of Manual on Policy Development, Implementation and Monitoring (Millie Morton)
Completed

217. Review of HIV/AIDS impact on health systems (Linda Tawfik)
Completed

217a. Review of impact of HIV/AIDS on health systems: extension of Linda Tawfik
Dissemination in progress

218. Report to Congress on MTCT (Preble)
Completed

219. Changing role of NGOs in basic education in Africa
Subcontract underway

219a. NGOs in basic education: ERNWACA part
Completed

219b. NGOs in basic education: modified RTI budget
Subcontract underway

219c. Guinea consultant for RTI subcontract: NGOs in education
Consultancy underway

220. Finalization of malaria document (Carol Baume)
Completed

221. Paper on Strategies to Accelerate Expansion of IMCI - Country Examples (Ken Heise)
Completed

222. Documentation of results and lessons learned on a few critical components of USAID/OIRH-PASA
Final review underway

223. Private sector and child health care - Introduction
Final review underway

224. Moving forward with an advocacy strategy
Completed

225. Development of national strategy in Uganda for private sector working in national child survival program
Underway

226. Consultant for USAID-UNICEF review of IMCI programs (Clara Olaya)
Completed

227. Editing and translation of RESAR studies on Male Involvement in RH
Underway

228. WHO/AFRO Newborn Assessment - Phase I
Underway

300. Tulane University activities under subcontract FY 00
Completed

301. Sambe Duale at Global Meeting on M&E of HIV Prevention, etc., April 12-24, 2000, Berlin
Completed

350. Morehouse University School of Medicine activities under SARA II, 10-11/99
Completed

351. Morehouse - Extension of Lalla Toure through January 31, 2000
Completed

352. Institutional strengthening of SAGO
Completed

352a. Same as 352. Adds Betty Willingham
USAID didn't approve. Cancelled.

400. Follow-up activities to West Africa EOC Conference of December 1998 (JHPIEGO)
Completed

401. Francophone MAQ bulletin
Completed

402. Printing and dissemination of French language PAC brochure
Completed

403. JHPIEGO subcontract
Subcontract underway

450. Population Reference Bureau (PRB) activities under SARA II, 10/99 through 1/00
Completed

451. Rhonda Smith for PRB for FY 01
Completed

500. Training for CERPOD in ISSA software (Victor Canales)
Completed

501. Follow-up activities to West Africa EOC Conference of December 1998 (CEFOREP)
Completed

501a. Follow-up to EOC conference: 30 more days for consultant
Completed

503. Training of CESAG staff in OR methodology
Completed

504. Development of key tools and activities (CERPOD consultants)
Completed

505. Reintegration of IDC in East & Southern Africa into CRHCS information dissemination program
Completed

506. TA to SAGO to become more policy/action-oriented
Completed

507. ACI TA to CERPOD on training in qualitative research techniques for Francophone Africa
Completed

508. Improving RH in the Sahel (CERPOD subcontract)
Subcontract underway

509. CRHCS subcontract
Subcontract underway

510. Pre-award institutional survey of ERNWACA
Completed

511. Institutional strengthening of ERNWACA
Subcontract underway

511a. Budget adjustment for 511
Subcontract underway

512. Strengthening NAP+ operations, etc.
Subcontract underway

600. Sponsorship of RESAR country researchers and SARA staff to annual RESAR meeting
Completed

601. Making presentation to CRHCS on electronic communication
Completed

602. PROFILES training & follow-up in East and Southern Africa in collaboration with CRHCS
Funded from other sources

603. RESAR participation in Post-Cairo Assessment of RH Policies & programs in W. Africa
Completed

604. SAGO biennial conference, CEFOREP EOC follow-up, and CERPOD communication activities
Completed

604a. Support to planning of SAGO biennial conference, etc., per CTO letter 604
Completed

605. Post-CIES study tour for 3 African Network representatives
Completed

606. Advocacy training workshop for Anglophone chapters of ERNWACA
Completed

607. SARA support to CRHCS DJCC meeting
Completed

607a. SARA support to CRHCS DJCC meeting - additional costs
Completed

608. Panel presentation at the National Summit for Africa
Completed

609. Support to 13th Conference of IUATLD Africa Region, Conakry, Guinea
Completed

610. Support presenters and dissemination of materials at Ghana Health Foundation conference
Completed

611. Durban International AIDS meeting and pre-conference satellite meeting on HIV & breastfeeding
Completed

612. African participants to workshop on planning for HIV/AIDS in Education, Durban, SA
Completed

613. Support to preparation and facilitation of nutrition focal points meetings
Completed

614. Consultative meeting on ensuring appropriate use of essential supplies for child health
Completed

615. Phil Musgrove presentation at USAID PHN SOTA course, June 5-9
Completed

617. Assessment of implementation of COPE initiative in Guinea
Completed

618. Specialized TA to USAID staff in Durban
Completed

619. Review of contribution of social science to malaria control
Completed

620. Expert working group meeting for TB prevention & control among African women
Completed

620a. TB and Women expert working group meeting: adds Quaye and Hudelson
Completed

620b. Nguma and Wanwalo to second research WS on gender and TB in Sweden
Completed

620c. Pilot study in Tanzania on TB and gender
Study underway

620d. Silvia Holschneider to support pilot study of 620c
Consultancy underway

621. SARA staff & African expert participation in HIV infection & AIDS course
Completed

622. Support to nutrition focal points annual meeting, Bamako, 9/25-29
Completed

623. Regional HIV/AIDS policy analysis & monitoring workshop
Completed

624. Support to Steven Shongwe, CRHCS, to attend international conference on quality of care
Completed

626. Support for 8th international SWAA conference
Completed

627. SAGO Congress 2000 and Presentation of REDUCE model, 12/4-8/00
Completed

628. Consultative meeting on advocacy
Completed

629. USAID PHN meeting, Bamako (ACI facilitation)
Completed

630. World AIDS Day faith leaders summit follow-on conference, 12/1-5/00
Completed

631. HIV/AIDS DG Toolkit Workshop Participant Travel
Completed

632. NAP+ Strategic Planning Meeting, 2/5-8/01
Completed

633. Intl. Confed. of Midwives Workshop, Harare, 3/19-21/01
Completed

633a. Reprinting of malaria & pregnancy press kits
Completed

634. Working group meeting to develop framework and plan conference, ECOWAS armed forces
Completed

635. Presentation of research results on HIV/AIDS in education systems at ECOWAS HIV in education conference
Completed

636. Support to African participants in RBM4 meeting, 4/18-20/01
Completed

637. Vision 2010: First Ladies Advocacy Meeting, Bamako, 5/7-10/01
Completed

638. Consultations on Youth Livelihood Initiatives with Jamie Schuur
Completed

639. MTCT CA meeting, June 11, 2001
Completed

640. Private sector role in HIV/AIDS programs
Completed

640a. Private sector meeting on HIV/AIDS programs
Completed

640b. Private sector role in HIV/AIDS programs: second meeting, October 2001
Meeting postponed

641. SARA support for a planning meeting for the development of a WAHO strategic plan
Completed

642. ACI HIV and Development workshop with SFPS
Completed

643. TA to CERPOD in work plan
Underway

644. Exchange travel study tour: Senegal-Zambia
Completed

645. Capacity building for RCQHC
Completed

646. Support for CORE-sponsored regional NGO/PVO workshop on malaria prevention
Activity scheduled for 11/01

700. Publication of a supplement to the Annals of Tropical Medicine and Parasitology on malaria and pregnancy
Completed

701. SD HIV/AIDS Briefing Materials folders
Completed

702. Printing of Nutrition Briefs
Completed

703. Printing of four program profiles for CRHCS Jubilee conference
Completed

704. Translation, printing & mailing of 3 malaria publications
2 docs completed

705. Editorial assistance for SARA publications
Ongoing

706. Printing of French version of facilitation manual for "Making a Difference to Policies and Programs"
Completed

707. Helping local health workers better analyze, use their data to improve services
Completed

708. Production of an IMCI policy brochure
Completed

708a. Reprinting of IMCI policy brochure, English & French
Dissemination ongoing

709. Printing of "Qualitative Research for Improved Health Programs"
Completed

709a. Reprinting of qualitative research manual
Dissemination ongoing

710. Printing of HIV/AIDS Briefing Packets
Ongoing

711. Development & dissemination of user-friendly brochure on best practices in EOC in West Africa
Completed

711a. EOC brochure: second phase with ACI, Sie Some
Completion expected 12/01

712. Translation & printing of infectious diseases laboratory manual
Underway

713. Printing of education assessments
Completed

714. Production of AIDS Toolkits
Activity postponed

715. Publication of ERNWACA's transnational education studies
Completed

715a. Publication of ERNWACA's transnational education studies - English
Completed

715b. Publication of ERNWACA's transnational education studies - French
Completed

716. Reprinting of Introduction to Advocacy
Dissemination ongoing

717. Disseminating empowering community documents to IMCI participants in South Africa
Completed

718. Translation of REDUCE script and presentation into French
Completed

719. Translation & printing of malaria and pregnancy advocacy brochure
Completed

720. Production of manual on policy development, implementation and monitoring
Ongoing

721. Production of HIV and nutrition paper
Completed

721a. HIV and Nutrition Paper: French
Dissemination ongoing

721b. Reprint of HIV and nutrition paper, English
Dissemination ongoing

722. Production of color slides of REDUCE presentation
Completed

723. Dissemination of Partnerships for Communication & Change
Dissemination ongoing

724. Printing of French version of Empowering Communities (w/ PCS)
Completed

725. AJTMH publication purchase and dissemination
Completed

726. Reprinting of Boly Guide
Publication reprinted

727. Editorial Supplement in Africa Health Journal on HIV/Nutrition
Completed

728. Printing and dissemination of RH Briefing Packet
Dissemination ongoing

729. Translation of REDUCE assumptions paper and selected spreadsheets
Underway

730. Developing various OVC products
Completed

800. Assessing youth livelihood & enterprise development programs through IDRC
Completed

801. Laurence Codjia, CESAG, to Washington, discussions on health management & economic issues
Completed

802. Ellen Piwoz to provide TA to ZVITAMBO Project
Ongoing

803. Increasing e-mail and Internet access for nutrition focal points
Completed

804. Assessment of WHO/AFRO outcome/impact indicators & malaria-related evaluations & assessments
Completed

805. Purchase of LCD Projector
Completed

806. Development of database for AFR/SD
Underway

807. Issues paper on public health workforce crisis in Africa
Awaiting consultant availability

808. Integration of AIDS & devt. training in IMPACT workplace initiative
Completed

809. Finalization of TBA meta analysis, participation at USAID brainstorming meeting
Activity near completion

Academy for Educational Development
1875 Connecticut Ave, NW
Suite 900
Washington, DC 20009
Phone: 202-884-8700
Fax: 202-884-8701
E-mail: sara@aed.org