

# Support for Analysis and Research in Africa II

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

February 2001

## Annual Report

Year 1 (FY 00)



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 1 (FY00)**

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USAID, Africa Bureau, Office of Sustainable Development**

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The SARA Project is operated by the Academy for Educational Development with subcontractors Tulane University, JHPIEGO, Morehouse School of Medicine, 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.



## Support for Analysis and Research in Africa II

### Annual Report Project Year 1 (FY00)

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## 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
ADEA	Association for the Development of Education in Africa
AED	Academy for Educational Development
AFR/SD	Africa Bureau/Office of Sustainable Development
Afri-CAN	African Community Action Network for Health
AHILA	Association for Health Information and Librarians in Africa
AMREF	African Medical and Research Foundation
ARI	acute respiratory infection
ASTMH	American Society of Tropical Medicine and Hygiene
AVSC	AVSC International, an international reproductive health care organization
AZT	azidothymadine
BASICS	Basic Support for Institutionalizing Child Survival
BCC	behaviour change and communication
CA	cooperating agency
CAFS	Center for African Family Studies (CEFA)
CDC	Centers for Disease Control and Prevention
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 health emergencies
CIES	Comparative and International Education Society
CIHI	Center for International Health Information
CMH	child and maternal health
COPE	Client-oriented provider-efficient
CORRIDORS	Southern Africa regional HIV/AIDS initiative
CPMR	crisis prevention, mitigation, and recovery
CRAN	Center for Applied Research in Nutrition
CRHCS/ECSA	Commonwealth Regional Health Community Secretariat/East, Central, and Southern Africa
CTO	Cognizant Technical Officer
D&A	dissemination and advocacy
DFID	Department for International Development
DHS	Demographic and Health Survey
DJCC	Directors' Joint Consultative Committee
DOTS	direct observed therapy short course
ECSA	East, Central, and Southern Africa
EOC	essential obstetric care
EPI	Expanded Program on Immunization
EPR	epidemic preparedness and response
ERNESA	Educational Research Network for East and Southern Africa

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
FANta	Food and Nutrition Technical Assistance Project
FAWE	Forum for African Women Educationalists
FHA	Family Health and AIDS Project, West Africa (SFPS)
FHI	Family Health International
FOCUS	Project promoting breastfeeding, good nutrition and child spacing
FP	family planning
FPLM	Family Planning Logistics Management
FPMD	Family Planning Management Development
FY	fiscal year
GHAI	Greater Horn of Africa Initiative
HEARD	Health Economics and HIV/AIDS Research Division
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
HPN	health, population and nutrition
HRD	Human Resource Development
HS-HAG	Health Sector - HIV/AIDS Group
HSR	Health Systems Research Project

IAWG	Inter-Agency Working Group
ID	infectious diseases
IDRC	International Development Research Center
IDC	Information Dissemination Center
IDS	integrated disease surveillance
IEC	information, education, and communication
IMCI	Integrated Management of Childhood Illness
INTRAH	International Training in Health
IR	Intermediate Result
IRSP	Regional public health school in Benin
IUATLD	International Union Against Tuberculosis and Lung Disease
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU	Johns Hopkins University
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JSI	John Snow, Incorporated
K-CAN	Kenya Coalition for Action in Nutrition
KEMRI	Kenya Medical Research Institute
LINKAGES	Breastfeeding, Complementary Feeding, and Maternal Nutrition Project
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
MOH	Ministry of Health
MRTC	Malaria Reseach and Training Center
MSH	Management Sciences for Health
MTCT	mother-to-child transmission (of HIV)
NAPHI	Network of African Public Health Institutions
NARESA	Network for AIDS Research in East and Southern Africa
NGO	nongovernmental organization
NIH	National Institutes for Health
OFDA	Office of Foreign Disaster Assistance
ORS	Oral Rehydration Solution
PAC	post abortion care
PHR	Partnerships for Health Reform
PHN	population, health, and nutrition
PLWHA	persons living with HIV/AIDS
PMP	performance monitoring plan
PRB	Population Reference Bureau
PROFILES	Nutrition advocacy computer program
PSI	Population Services International
PVO	private voluntary organization
QAP	Quality Assurance Project
QI	quality improvements
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
RP	Results Package
RPM	Rational Pharmaceuticals Management Project
SADC	Southern African Development Community
SAfAIDS	Southern Africa AIDS Information Dissemination Services
SAGO	Society for African Gynecologists and Obstetricians
SANA	Sustainable Approaches to Nutrition in Africa
SARA	Support for Analysis and Research in Africa
SEATS	Family Planning Service Expansion and Technical Support Project
SFPS	Family Health and AIDS Project, West Africa (FHA)
SHN	school health and nutrition
SMASH	Social Marketing for Adolescent Health Project
SO	Strategic Objective
SOTA	State of the Art
SOW	scope of work
SSA	Sub-Saharan Africa
STD	sexually-transmitted disease
STI	sexually-transmitted infection
SWAA	Society for Women and AIDS in Africa

TA	technical assistance
TB	Tuberculosis
TBA	traditional birth attendants
TRS	technical resource strengthening
UAPS	Union for African Population Studies (Union pour les études de population africaine (UEPA))
UNAIDS	Joint United Nations programme on AIDS (Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA))
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID	United States Agency for International Development
UWC	University of the Western Cape
WAHO	West African Health Organization
WCA	West and Central Africa
WHO	World Health Organization
WHO/AFRO	World Health Organization/Regional Office for Africa
WHO/TDR	World Health Organization/Programme for Research and Training in Tropical Diseases
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 1, which describes SARA's activities in support of the USAID Africa Bureau's AFR/SD/HRD (Africa, Sustainable Development and Human Resources Development) Project. The report is organized as follows:

The 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 the analytic areas of AFR/SD/HRD-SARA: the expanding collaboration with African institutions and issues of dissemination and advocacy.

Section IV summarizes SARA's activities in each analytic area in this project year, with future steps outlined for the next project year. The report concludes, in Section V, with lessons learned.

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## **II. Overview**

Although the mandate of the SARA II Project is largely similar to that of SARA I, the evolving nature of the African context and USAID Africa Bureau's response to it require greater emphasis on some areas. Among these are HIV/AIDS, including mother-to-child transmission, malaria, tuberculosis, and other infectious diseases, household and community-based approaches to improving health care and education, networking, the use of electronic dissemination methods, monitoring and evaluation, and capacity building.

SARA II has a considerably strengthened team of professionals to respond to these challenges. Stephen Kinoti (AED) and Caroline Blair (PRB) joined the project in January 2000 as senior advisors for HIV/AIDS and reproductive health, respectively, each with many years of experience in Africa working on both sets of issues. Anne Inserra (AED) joined the project in December 1999, to work on monitoring and evaluation. The project will be reinforced in October 2000, with the additions of Youssef Tawfik (AED), who will be working on child health and malaria, and Antonia Wolff (AED), who will be the dissemination specialist.

### **SARA Goals**

SARA project goals are to:

- ◆ Assist AFR/SD with the development and management of 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, as well as 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 with the development and management of its strategic objectives and results***

Each major area of AFR/SD activity, usually corresponding to its strategic objectives (SOs), has a core team, which in principle meets regularly and assists with the development and management of the portfolio of Africa Bureau

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## *Overview*

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activities. The core teams are made up of Africa Bureau staff and resident technical advisors, SARA advisors for the technical area and for dissemination, and, in some cases, additional members from the USAID Global Bureau and Global Bureau projects. The core teams discuss strategies, develop scopes of work for AFR/SD-funded activities, and monitor progress on portfolio activities.

For some SOs, the core team is the major mechanism for SARA staff assistance to AFR/SD management of its portfolio. The reproductive health core team, for example, continues to meet regularly and function well. The whole education team meets every week, and addresses dissemination issues monthly at one of these meetings. In other areas, SARA input is given in ad hoc meetings and less formal discussions, since regular core team meetings have been difficult to organize. This is sometimes sufficient, but a minimum number of periodic group discussions seems necessary to keep sufficient dialogue and communication going on all sides, allowing SARA staff to be optimally used in their function of support to AFR/SD portfolio management.

Some salient support activities this year include SARA input into:

- ◆ the development of a results package for addressing TB
- ◆ the development of the scope of work for the reproductive health portfolio review, being carried out by an outside consultant
- ◆ briefings for new AFR/SD staff, mainly in the areas of nutrition, safe motherhood, and HIV/AIDS
- ◆ organization of consultative group meetings of various types in the areas of nutrition, HIV/AIDS, child health, capacity building, etc.
- ◆ technical support for the joint USAID and WHO review and planning of malaria and epidemic preparedness and response programs
- ◆ assistance to strengthen AFR/SD monitoring and evaluation systems
- ◆ assistance with documentation of AFR/SD results
- ◆ the development of the health and education parts of the AFR/SD web site.

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

The SARA dissemination staff is playing an increasingly important role within the core teams for each technical area. They are now included more often in discussions on scopes of work for the recipients of AFR/SD funds, and can therefore try to ensure that dissemination and advocacy are built into the activity and, if possible, budgeted from the start.

The malaria core team has been particularly active in identifying key documents produced by various technical bodies that have not been made widely available to audiences in Africa. SARA dissemination staff have organized the translation and production of several of these and disseminated them through multiple channels.

The tracking system for key SARA documents is now fully functional, and has allowed us to establish the percentage of documents that are sent out in response to specific requests. Of the 18,000 documents sent out this year, more than 55% were requested, which gives some proxy indication of their actual use.

SARA staff worked with several African institutions this year to assist them with the planning and, in some cases, the implementation of dissemination and/or advocacy activities. These include CEFOREP, CERPOD, CRHCS and its country Information Dissemination Centres (IDCs), ERNWACA, RCQHC, and WHO/AFRO. This is helping to improve regional and local use of information on a number of key issues, for instance the impact of family planning on women's lives (CERPOD), the consequences of abortion (CERPOD), community participation in education (ERNWACA), emergency obstetric care (CEFOREP), multisectoral nutrition approaches (CRHCS), etc.

SARA targeted a number of international and regional meetings as important fora to disseminate information through presentations and/or through making appropriate documentation available. Efforts this year have included key meetings on HIV/AIDS (multi-sectoral approaches, MTCT, policy monitoring), nutrition (community nutrition programs, HIV and feeding), reproductive health (EOC, male involvement in family planning), and child survival and malaria (methods for community approaches, IMCI advocacy) and education (CIES, school health and nutrition, donor and community involvement).

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### 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
<b>Education</b>	ERNWACA	<ul style="list-style-type: none"> <li>- Support for the repackaging of ERNWACA transnational research results</li> <li>- Negotiations with the network and IDRC in preparation for SARA support for the recruitment of Regional Coordinator</li> <li>- Advocacy training in Ghana for ERNWACA Anglophone chapter members</li> <li>- Support of ERNWACA participation in an international conference and U.S. study tour</li> </ul>
	ERNESA	<ul style="list-style-type: none"> <li>- Support of ERNESA participation in an international conference and U.S. study tour</li> </ul>
	FAWE	<ul style="list-style-type: none"> <li>- Support of FAWE participation in an international conference and U.S. study tour</li> </ul>
<b>Reproductive Health</b>	CRHCS/ECSA	<ul style="list-style-type: none"> <li>- Involvement of CRHCS in the testing of the maternal mortality/disabilities advocacy model, REDUCE, in Uganda</li> <li>- Planning of CRHCS role in information exchange and advocacy for safe motherhood programs, policy monitoring on malaria and pregnancy, and convening a Reproductive Health Steering Committee for the ECSA region</li> </ul>
	Regional Centre for Quality of Health Care (RCQHC)	<ul style="list-style-type: none"> <li>- Collaboration on organizing the testing of the REDUCE/Maternal model in Uganda</li> </ul>
	CEFOREP	<ul style="list-style-type: none"> <li>- Dissemination of research findings on promising practices in emergency obstetric care and SAGO policy resolutions for West Africa</li> <li>- Initial planning with CEFOREP for the testing of REDUCE in Senegal, curriculum development, and PAC work</li> </ul>

## *Overview*

<b>Technical Area</b>	<b>Institution/ Network</b>	<b>Collaborative Activities</b>
Reproductive Health cont'd	CERPOD	<ul style="list-style-type: none"> <li>- Packaging of several research studies on reproductive health issues</li> <li>- Planning of continued CERPOD role in providing updates on adolescent health</li> </ul>
	SAGO	<ul style="list-style-type: none"> <li>- Planning of support for SAGO bi-annual meeting, to include discussions on EOC</li> <li>- Strategy development for increased public health orientation</li> </ul>
	RESAR	<ul style="list-style-type: none"> <li>- Technical assistance to RESAR in developing a qualitative research protocol on male involvement in family planning</li> </ul>
<b>HIV/AIDS</b>	NARESA	<ul style="list-style-type: none"> <li>- Consultative meetings in Africa on mother-to-child transmission issues</li> </ul>
	CERPOD	<ul style="list-style-type: none"> <li>- Support for the development of CERPOD role in monitoring/evaluation/research for HIV/AIDS behavior change interventions</li> </ul>
	CRHCS	<ul style="list-style-type: none"> <li>- Planning of CRHCS role in policy monitoring for HIV/AIDS in ECSA, improving pre-service training on HIV/AIDS, promoting guidelines on nutrition and AIDS, convening a regional HIV/AIDS task force, and assessing the impact of HIV/AIDS on the health system</li> </ul>
	SWAA	<ul style="list-style-type: none"> <li>- Support for inclusion of MTCT in next SWAA conference</li> </ul>
	Health Systems Research Project	<ul style="list-style-type: none"> <li>- Support for planning of HSR regional meeting to address issues of HIV/AIDS and the health sector</li> </ul>
<b>Nutrition</b>	CRAN	<ul style="list-style-type: none"> <li>- Support for the regional meeting of Nutrition Focal Points in West Africa (with SANA, BASICS, and now HKI, UNICEF, LINKAGES)</li> <li>- Support for electronic networking of Focal Points</li> </ul>
	CRHCS	<ul style="list-style-type: none"> <li>- Publication and dissemination of multi-sectoral Nutrition Briefs</li> <li>- Preparation of review paper on HIV and Nutrition</li> <li>- Assistance with planning nutrition component of Conference of Health Ministers</li> <li>- Development of proposal for M &amp; E of PROFILES in the ECSA region</li> </ul>

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Technical Area	Institution/ Network	Collaborative Activities
Nutrition cont'd	RCQHC	<ul style="list-style-type: none"> <li>- Technical support on HIV and nutrition issues, maternal nutrition guidelines, and review of community nutrition programs</li> <li>- Support for Regional Network meeting</li> </ul>
	University of the Western Cape	<ul style="list-style-type: none"> <li>- Assistance with formative research on HIV and feeding, and presentation of findings</li> </ul>
	ZVITAMBO Research Project, Zimbabwe	<ul style="list-style-type: none"> <li>- Capacity building on HIV and nutrition issues</li> <li>- Technical support for analysis and presentation of research findings</li> </ul>
<b>Child Survival</b>	MRTC	<ul style="list-style-type: none"> <li>- Technical assistance for development of proposals and workplan for malaria prevention</li> </ul>
	WHO/AFRO	<ul style="list-style-type: none"> <li>- Collaboration on key issues for IMCI and malaria</li> </ul>
	CESAG	<ul style="list-style-type: none"> <li>- Support of CESAG study tour to Guinea to visit the testing of COPE for Child Health</li> </ul>
<b>Health Management and Economics</b>	CESAG	<ul style="list-style-type: none"> <li>- Ongoing discussions on the development of CESAG health economics and health management training activities</li> </ul>
	ESAMI	<ul style="list-style-type: none"> <li>- Planning of ESAMI role in including HIV/AIDS issues in management training</li> </ul>
<b>Dissemination and Advocacy</b>	CRHCS	<ul style="list-style-type: none"> <li>- Orientation (with Leland Initiative) on electronic networking potential for 1999 Health Ministers Conference</li> <li>- Support for documentation for the Conference</li> <li>- Organization of workshop for re-integration of country Information Dissemination Centers under the CRHCS umbrella</li> <li>- Development of IDC presentations for AHILA Conference</li> <li>- Preparation of dissemination component of sub-contract with SARA</li> </ul>
	CERPOD	<ul style="list-style-type: none"> <li>- Repackaging several research documents</li> <li>- Planning of dissemination activities for CERPOD-SARA sub-contract</li> </ul>
	CAFS	<ul style="list-style-type: none"> <li>- Support for advocacy training by linking CAFS to other institutions (RATN, CRHCS, RCQHC)</li> <li>- Coordination on follow-up of advocacy trainees</li> </ul>
	CESAG	<ul style="list-style-type: none"> <li>- Coordination on follow up of advocacy trainees</li> </ul>

<b>Technical Area</b>	<b>Institution/ Network</b>	<b>Collaborative Activities</b>
Dissemination and Advocacy cont'd	ERNWACA	- Advocacy training for Anglophone chapters - Publication of transnational research studies
	RCQHC	- Organization of workshop on dissemination strategy development for RCQHC staff
	WHO/AFRO	- Technical assistance on dissemination for WHO/EPI/Polio - Translation and TA for dissemination strategy for AFRO/CDC laboratory methods manual
<b>Other cross-cutting issues</b>	CRHCS	- Testing of policy monitoring guidelines, analysis of information gathered, and presentation at Health Ministers Meeting - Planning for regional capacity building in this area
	CERPOD	- Testing and finalization of Self-evaluation Manual for improving the use of health management information at periphery level
	NAPHI	- Identification of opportunities to build NAPHI capacity to promote public health curriculum reform

***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***

Outlined below are some of the highlights of SARA activities this year, in each of the main technical areas of the project.

***Child Survival***

- ◆ SARA worked with WHO/AFRO and BASICS to facilitate a joint field visit to COPE for Child Health in Guinea, and determine next steps for making this methodology available to the child health community in Africa.
- ◆ The advocacy brochure *Saving Children's Lives* was finalized this year in English. Demand for it has been high, requiring plans to reprint the English, while producing the Francophone version early next year.

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- ◆ SARA staff organized consultative meetings on behavior change (with the CHANGE Project) and the availability of essential drugs in the community this year. SARA also facilitated a follow-up working group on drug supply issues, which submitted recommendations on next steps to the Africa Bureau.
- ◆ In coordination with BASICS and other child survival partners, SARA is doing the background technical work that will allow the development of a REDUCE/neo-natal advocacy model for country adaptation and use in Africa and elsewhere, as an integral part of the development of child health programs.

## *Malaria*

- ◆ SARA staff and consultants assisted in preparing documentation of the joint USAID, DFID, and WHO/AFRO review of African malaria programs, as well as in technical discussions to identify next steps.
- ◆ The SARA project took on the production of several key publications on malaria this year, working with AFR/SD, WHO/Geneva, The London Malaria Consortium, and the publishers of *The Annals of Tropical Medicine & Parasitology*.
- ◆ SARA staff worked closely with AFR/SD and MRTC staff to develop MRTC proposals and a workplan for activities in West Africa on malaria prevention and control.

## *Nutrition*

- ◆ The SARA nutrition advisor has given important technical assistance to projects in Zimbabwe, Zambia, and South Africa as they conduct and analyze formative research on the issue of mother-to-child transmission (MTCT) of HIV. This has led to improved policies in these countries, to SARA participation in high-level policy discussions on the issues involved, and to demand for a series of presentations at regional and international fora.
- ◆ A review paper on HIV/AIDS and nutrition has also been drafted, including an analysis of the scientific literature and evidence-based recommendations for nutrition care and support in sub-Saharan Africa.

- ◆ SARA staff worked with CRHCS to finalize a series of four to six-page brochures which outline in plain language key issues concerning nutrition and development. These brochures, entitled *Nutrition Briefs: Linking Multiple Sectors for Effective Planning and Programming*, have been in great demand, and widely disseminated at meetings in Africa and the U.S.
- ◆ SARA staff and a consultant prepared an MTCT strategy for the Africa Bureau, summarizing existing data about the problem and interventions to address it. The paper also provides guidance on ways to incorporate MTCT interventions into existing programs.

### ***Reproductive Health and Maternal Mortality***

- ◆ The SARA reproductive health advisor has taken the lead in managing the development and testing of the REDUCE computer-based advocacy model for maternal mortality and disabilities. The model has been extremely well received, both in its first test site, Uganda, and by CA and donor partners, many of which have expressed eagerness to use it in their country programs in Africa and elsewhere.
- ◆ At the request of AFR/SD, SARA staff worked on an advocacy brochure on the subject of malaria and pregnancy. The brochure has been circulated for comments before printing.
- ◆ SARA has worked closely with SAGO this year, to assist its current leadership to transform the organization from a mainly professional association to a regional entity with a network of national chapters that play a more active role in policy advocacy and program development at regional and country levels.

### ***HIV/AIDS Prevention and Mitigation***

- ◆ SARA staff members have participated actively in USAID Africa Bureau efforts to develop strategies to address the impact of HIV/AIDS on both the health and education sectors in Africa.
- ◆ The new SARA HIV/AIDS Advisor has participated actively in several fora in East and southern Africa, working with key African institutional partners to define joint activities of common interest. SARA is now poised to develop contractual arrangements with CRHCS/ECSA, RATN, and SWAA, as well as CERPOD in West Africa.

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- ◆ SARA HIV/AIDS staff were key in managing the process and contributing to the content of the MTCT strategy developed for the Africa Bureau, now being prepared for repackaging and distribution to wider audiences.

### *Infectious Diseases*

- ◆ The SARA research manager developed a concept paper for a study of factors affecting the use of TB diagnosis and treatment services by African women of reproductive age. The study will be funded principally through SARA, and African investigators and partner institutions are currently being identified to carry it out.
- ◆ SARA staff worked with AFR/SD counterparts to prepare some advocacy materials on the magnitude of and response to the TB epidemic in Africa.

### *Crisis Prevention, Mitigation, and Transitions*

- ◆ SARA staff and a consultant participated in the technical review of the WHO/AFRO program to strengthen epidemic preparedness and response.
- ◆ SARA/Tulane University is preparing a CD-ROM library on the management of complex humanitarian emergencies and disasters, to be used by training schools, researchers, etc.

### *Education*

- ◆ Partly based on a country assessment in Mali, the SARA education advisor brought forward the issue of the role of NGOs in the formal education sector to be included in the AFR/SD analytic agenda.
- ◆ The SARA education advisor took the lead in producing an issues paper entitled *Education in Countries in Crisis*. The paper stimulated discussion of the potential role of the USAID Africa Bureau in addressing basic education in crisis contexts in Africa.
- ◆ SARA organized the participation of several African Networks at the annual conference of the Comparative and International Education Society (CIES), thus giving them a chance to be heard and advocate for their organizations.

- ◆ SARA organized a training in advocacy skills for members of five ERNWACA country chapters. Each developed a strategy for using these skills on return to their countries.

### ***5. Develop and promote the use of generic tools/instruments to improve the practice of programs in health and education.***

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

This CERPOD manual, designed to improve the use of information by health workers at the periphery, is close to being finalized. It has been sent out for review and Anne Lafond from MEASURE 2 is incorporating the comments of reviewers. Bilateral USAID projects in Guinea and Mali have expressed interest in the document, but widespread promotion will be undertaken once a final product is available in early 2001. SARA will be following up with CERPOD, as well as with Measure and other potential partners, for dissemination and use of the manual.

#### ***Qualitative research for malaria***

SARA is supporting Carol Baume, from AED, in finalizing a qualitative research manual for use by country malaria programs. A draft of this manual is being sent out for review, and will hopefully be finalized, printed, and disseminated next year.

#### ***Partnership for Communication and Change***

The Malaria Consortium developed this simple community rapid assessment guide with DFID funding. SARA has assisted with its dissemination in Africa and also its translation into French.

#### ***REDUCE - a tool for advocacy***

The REDUCE computer model for advocacy on maternal and neo-natal mortality has progressed rapidly this year. SARA staff collaborated with Makerere University to organize its testing in Uganda, which generated excitement among the national team and observers alike. SARA is currently working on developing some additional models on STIs, neo-natal health, and some costing issues at the request of the Uganda team. Because of the demand from the child health community, the neo-natal models will probably be packaged separately, where appropriate to country needs, to create a REDUCE/neo-natal version (until a better name may be found). REDUCE is now ready to be presented to various potential stakeholders, with a view to generating the interest and resources for it to be made widely available as part of country advocacy and strategy development for programs to reduce maternal and neo-natal mortality. The collaboration of the QAP Project has been key

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## **Overview**

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during recent months, since the principal technical author of REDUCE, Bart Burkhalter, has now joined URC, which has contributed some of his time to the effort, in addition to accepting a SARA purchase order to supplement this.

### ***MTCT qualitative research tool***

The instruments developed in Ndola, Zambia, with SARA assistance and used for formative research on HIV and infant feeding, have been adapted for work in South Africa and elsewhere. Several other MTCT projects and international agencies have requested them also. If the need for a prototype methodology manual is confirmed, the instruments will be revised and packaged during the next fiscal year.

### ***Policy development, implementation, and monitoring manual***

Dr. Rau assisted CRHCS staff to do a first test of the monitoring part of this manual, carrying out an analysis of six reproductive health resolutions adopted by the 1997 Health Ministers Conference. Dr. Rau presented this analysis at the November 1999 Conference, using data from 5 countries. The work has been well-received in Africa, and interest in the tool has been expressed by several other institutions in the region (RCQHC, RATN, HSR, etc.). Both RATN and CRHCS have expressed interest in facilitating its use to monitor HIV/AIDS policies and give feedback to authorities at all levels. Stephen Kinoti presented the manual at the Health Systems Research project regional meeting this year, which had HIV/AIDS as a main theme. Some HSR units are interested in participating in its use at the country level.

### ***Demand for older SARA tools***

Two older SARA tools, *Introduction to Advocacy* and *Making a Difference to Policies and Programs: A Guide for Researchers*, were still in high demand last year. SARA received requests for 740 copies of the *Introduction to Advocacy* this year, mainly from African organizations and partner/donor agencies. 1,861 copies of the *Guide for Researchers* were sent out on request, mainly to African organizations, universities, and training schools in twelve countries.

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

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

#### ***A. Collaboration with African Institutions and Networks***

SARA II has continued to cultivate the relationships with African institutions and networks developed under the SARA I project. There have, however, been some significant changes in the institutional environment this year. These have slowed down the defining of program elements and scopes of work for some new or renewed sub-contracts with SARA. SARA has therefore, in this year of transition, executed several interim purchase orders with various institutions to keep the momentum going on key activities. Some institutions, such as CRHCS/ECSA, have been considerably strengthened this year, while others— notably CERPOD, CESAG, NAPHI, and ERNWACA—have been unable to move forward significantly, often due to changes and/or weakness in management.

#### **CAFS - Center for African Family Studies**

SARA collaboration with CAFS this year has focused on how best to follow up with participants in the advocacy training courses that the Center offers regularly. However, CAFS has had some difficulty in implementing the follow-up activities discussed. SARA has made efforts to link CAFS with other African institutions requesting and/or supporting advocacy training, such as CRHCS/ECSA, RCQHC, and RATN. A CAFS-run advocacy workshop for CRHCS and RCQHC staff is planned for next year.

#### **CEFOREP - Center for Training and Research in Reproductive Health, Senegal**

CEFOREP and SARA have continued to work together this year to finalize and publish a summary report on the regional EOC best practices study carried out jointly in 1998-99. The publication is currently being disseminated, and includes the SAGO resolutions on actions needed to improve maternal mortality in the region. SARA also involved CEFORP in discussions on the potential for advocacy in the region using the REDUCE model, possibly starting with a first test application in Senegal. There were some months of activity slow-down at CEFORP this year, mainly due to the Coordinator leaving, and some months of gap before Dr. Ndoye, the new Coordinator, took over his functions late in the year.

#### **CERPOD - Regional Center for Research in Population and Development, Mali**

CERPOD has suffered over the past 18 months from administrative uncertainties and threats to reduce staff compensation. These have recently been some-

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## *Collaboration with African Institutions*

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what resolved and CERPOD is poised to recruit new staff to replace those lost during this demoralizing process.

### **CESAG - Regional Center for Advanced Management Training, Senegal**

The CESAG Health Department also went through a period of severe institutional difficulty in this year of uncertainties and changes in leadership. The Health Department may become stronger in the end, since it is to be accorded the status of an Institute within CESAG, but this decision has not yet had time to bear fruit in staff recruitment and program development. Collaboration this year has therefore been limited, and has mainly concerned the participation of CESAG staff in a joint WHO/AFRO - BASICS - CESAG study tour to Guinea to witness COPE for Child Health in action and assess its potential as a methodology to improve health worker performance in the region.

### **CRAN - Regional Food and Nutrition Institute, Togo**

CRAN continued to be in transition this year, awaiting the outcome of deliberations about its future within the new WAHO—West African Health Organization. Collaboration centered around SARA technical and financial support of the annual Nutrition Focal Points meeting held this year in Bamako. SARA Nutrition Advisor, Ellen Piwoz, assisted with the preparation of the meeting, along with SANA, LINKAGES, and other CRAN partners, and gave a presentation on HIV/AIDS and nutrition issues in Bamako. By the end of the year, it seemed clear that CRAN would revert to being a local, Togolese institution, but that WAHO would continue its strong regional role in nutrition, probably through a Nutrition Desk at its headquarters in Bobo Dioulasso. Dr. Andre Ouedraogo, the Director of CRAN and long-term partner of SARA, BASICS, LINKAGES, etc., was poised to take up a position as WHO Nutrition Advisor in WHO/AFRO Headquarters, thus hopefully continuing to support some of the West Africa regional initiatives from a different institutional vantage point.

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

The Commonwealth Regional Health Community Secretariat for East, Central, and Southern Africa (CRHCS/ECSA) has seen an important revival this year. Two changes in leadership have strengthened the institution and made it once again, after a three-year hiatus, a reliable partner for AFR/SD through SARA, as well as for REDSO/ESA. Dr. Stephen Kinoti—SARA's HIV/AIDS advisor who was previously Reproductive Health Coordinator at CRHCS—became the natural liaison for the institution, and worked closely throughout the year with CRHCS and REDSO staff to prepare the ground for a SARA-CRHCS sub-con-

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## *Collaboration with African Institutions*

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tract which would be complementary to the REDSO grant to CRHCS. SARA nutrition, reproductive health, and dissemination advisors also worked with CRHCS this year to plan sub-contract activities in their respective areas. The largest area of activity for the sub-contract is HIV/AIDS, since the Health Ministers Conference asked CRHCS to play a more active role in this area.

This year, SARA provided facilitation, background materials and financial support for the DJCC meeting in April, the Health and Finance Ministers meeting in August, and the Regional Health Ministers Conference in October, all of which addressed policy and program implementation issues in HIV/AIDS, nutrition, reproductive health and capacity building.

For the Health Ministers Conference, SARA supported presentations on electronic networking and policy monitoring. SARA also provided facilitation for the meeting. SARA consultant Bill Rau had worked with CRHCS staff to test the SARA - CRHCS policy monitoring guidelines and analyze the results of the test, and he presented these at the meeting. This was a success and is an area which CRHCS would like to develop with SARA assistance.

### **ERNWACA - Educational Research Network for West and Central Africa, Mali**

ERNWACA progress on developing country networks and pushing forward the activities on the regional agenda has been disappointing this year. This is partly due to leadership and management difficulties. AFR/SD has encouraged SARA to consider funding a Regional Coordinator for the Network for a limited period of time. Many discussions have taken place on this issue in the last few months with IDRC and ERNWACA and recruitment is planned for early next year. SARA organized an advocacy training at the request of the Anglophone chapters and hopes to follow up with selected country chapters, once the new Director is in place. Repackaging of the ERNWACA transnational research studies is nearing completion.

### **ESAMI - East and Southern Africa Management Institute, Tanzania**

Stephen Kinoti and CRHCS/ECSA staff have recently contacted ESAMI to assess its interest in joining forces on capacity building efforts in the region. One promising area of mutual concern is the effect of HIV/AIDS on the various development sectors and the need to strengthen health management in the context of HIV/AIDS. ESAMI interest in these areas was evidenced by the participation of its Research Director in the last CRHCS-organized Health Directors meeting (DJCC), which addressed HIV/AIDS.

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## ***Collaboration with African Institutions***

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### **Health Systems Research Project (WHO/AFRO/HSR), Zimbabwe and Senegal**

SARA supported the March 2000 WHO/HSR consultative meeting on HIV/AIDS to develop research priorities on health systems' response to the HIV/AIDS epidemic. Stephen Kinoti assisted with both the preparation and discussion sessions during the meeting. One outcome was a consensus on the need to assess the impact of HIV/AIDS on the health sector—an AFR/SD priority issue. A follow-up meeting explored mechanisms to implement such assessments and confirmed that HSR country units will most likely play a role in data collection, although the activity will probably be coordinated by CRHCS/ECSA.

### **MRTC - Malaria Research and Training Center, Mali**

SARA staff worked with AFR/SD and other U.S. partners to assist MRTC in developing a proposal for the NIH to strengthen MRTC capacity to support malaria prevention and control in Africa.

### **NAPHI - Network of African Public Health Institutions, Uganda**

Little progress has been made this year on developing a joint activity with NAPHI, despite constructive conversations with Dr. Fred Wabwire, Director of the Makerere Institute of Public Health which houses the Network. Improvement of pre-service emergency preparedness training is of concern to all partners and discussions are still ongoing, with a view to generating some institutional leadership for this effort.

### **NARESA - Network for AIDS Research in East and Southern Africa, Kenya**

Dr. Kinoti visited NARESA offices in Nairobi and had fruitful discussions with Dr. Ruth Nduati and Dr. Dorothy Mbori-Ngacha on NARESA's role in strengthening AIDS research, results dissemination, and networking in the region. It was noted that NARESA needs to develop its mandate as a regional network, and several activities were identified that would facilitate this. One activity discussed was a possible role for NARESA in the proposed CRHCS/ECSA workshop to review pre-service education and training in HIV/AIDS in the region.

Although NARESA has a functional secretariat in Nairobi, it does not have senior full-time professional staff of its own. It depends on part-time services provided by researchers in the region, an arrangement that currently limits its implementation capacity.

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## *Collaboration with African Institutions*

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### **RATN - Regional AIDS Training Network, Kenya**

SARA staff continued ongoing discussions with RATN this year, mainly centered on the potential for RATN to collaborate with CRHCS and others on training for advocacy and policy monitoring in the HIV/AIDS field. These and other issues will be pursued early next year, when Larry Gelmon, RATN Director, visits Washington, DC.

### **RCQHC - Regional Centre for Quality of Health Care, Makerere University, Uganda**

As it gains staff and clarifies its vision, RCQHC is becoming an exciting new partner for SARA. Collaboration has taken place in the areas of nutrition (technical collaboration on a number of issues), information dissemination (workshop organized by SARA), and maternal mortality (RCQHC organized the testing of REDUCE in Uganda). SARA is supporting advocacy training for RCQHC staff, who have expressed interest in promoting the REDUCE model regionally. RCQHC is adding technical advisors in the areas of HIV/AIDS, malaria, and TB. A formal agreement for the development of joint activities is planned for the coming year.

### **RESAR - Reproductive Health Research Network for West Africa**

SARA staff worked with RESAR this year on developing a qualitative research protocol on male involvement in family planning. The research has been carried out in four participating countries: Benin, Cameroon, Niger, and Togo, and findings are currently being analyzed.

### **SAGO - Society of African Gynecologists and Obstetricians**

SARA has worked with SAGO this year to assist with their leadership's concern that the Society develop a much more active role in public health. Activities to date have been largely limited to the organization of large biennial conferences and some national chapter activities. The leadership felt strongly that the country chapters, which are headed by influential technical and opinion leaders in each case, could be much more involved in country policies and programs, be important advocates, and carry out a series of focused activities between conferences. SAGO requested SARA assistance in gathering together SAGO leaders from several countries to debate this and identify next steps. It is too early to tell if this initiative will have a significant effect and be a priority of the new President of the Society, to be elected in December 2000. In the meantime, SARA continues to foster SAGO involvement in the dissemination of the CEFORP/SAGO EOC study and the country advocacy that should follow.

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## ***Collaboration with African Institutions***

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There are hopes that SAGO will also take an active interest in the REDUCE model, which will be presented at the next biennial meeting in December.

### **University of Natal, South Africa**

SARA worked with the University of Natal this year to plan for the increased dissemination of the HIV/AIDS multisectoral toolkits. Possible collaboration with CRHCS/ECSA has been discussed with the idea of training a cadre of professionals who can promote the use of the toolkits at the country level.

### **UWC - University of Western Cape, South Africa**

SARA has worked this year with UWC, a long-time SANA partner, on adapting methodologies used in Ndola, Zambia, and building capacity through conducting formative research on issues of HIV and infant feeding. SARA has also contributed to SANA activities to develop distance learning materials and plan the promotion of UWC/SANA materials on district-level nutrition program management, and monitoring and evaluation.

### **WHO/AFRO, Zimbabwe**

SARA has worked with several branches of WHO/AFRO this year, collaborating with the WHO/AFRO/IMCI and malaria teams, and assisting the AFRO/EPI team on dissemination issues. AFRO now has an active HIV/AIDS Advisor, and SARA staff have started to dialogue with her on this new priority for AFRO. AFRO is also recruiting a new Nutrition Advisor, Dr. Andre Ouedraogo from CRAN—a long-term collaborator with SARA. In the coming year, therefore, SARA hopes to develop joint activities in both of these two new areas.

***B. Dissemination and Advocacy***

**SARA Dissemination and Advocacy Staff:**

Renuka Bery	Dissemination and Advocacy Manager
Lonna Shafritz	Dissemination Specialist (until August 2000)
Antonia Wolff	Dissemination Specialist (from end September 2000)
Karla Yoder	Publications Coordinator
Soe Lin Post	Computer Specialist
Rebecca Phenix	Program Associate for Publications

**Introduction**

Dissemination and advocacy activities were central in this first year of the SARA II project. Using the results framework developed in the last year of the SARA I project, the dissemination and advocacy activities focused on several key areas: incorporating strategies for dissemination and advocacy into AFR/SD strategic objectives, materials development and production, developing the capacity in Africa to advocate, disseminate, and communicate electronically, research into dissemination channels and user needs, and tracking and monitoring dissemination and advocacy activities. SARA has continued to produce new documents and has engaged in some new activities while evaluating some of the older dissemination and advocacy activities. Increasingly this year SARA has shared its dissemination expertise with other USAID projects and continued to work with AFR/SD to integrate dissemination and advocacy into all its investment contracts.

Over the course of the year, new dissemination team members have been recruited. This has brought renewed vigor and enthusiasm to the team and the work. The newest addition to this strong team is Antonia Wolff, who just joined SARA as the dissemination specialist.

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

SARA dissemination staff have continued to meet with Africa Bureau strategic objective (SO) team members in both formal and informal ways. A formal presentation of the work of the dissemination team was made in June by Lonna Shafritz, the former dissemination specialist, along with a summary of the use analysis for the publication *22 Questions*. A number of core teams meet regularly and address dissemination as part of their ongoing agenda for discussion. The SARA team has been able to offer a number of different services to the SO teams as the need has arisen. For example, SARA has repackaged materials for

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## *Dissemination and Advocacy*

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most SOs, and provided materials and guidance to the infectious disease team that was developing a dissemination and advocacy strategy. The reproductive health team has requested Ms. Bery to attend meetings and provide guidance in dissemination to various Global Bureau projects receiving SD funds. The dissemination team has provided editorial services to the HIV/AIDS team. The education team meets with the organizations providing dissemination assistance, including SARA, on a monthly basis and discussions have ranged from updates on publications to standardizing dissemination guidelines.

This year the AFR/SD funded an external evaluation of the dissemination and advocacy activities under SARA I. The dissemination team compiled relevant documents, identified key contacts and met with the evaluator separately and in teams to answer questions and to provide insight into the SARA I dissemination and advocacy process. The outcome of the evaluation was quite positive, noting that SARA had made good progress in integrating dissemination and advocacy into the SD portfolio. Several recommendations were made to highlight ways to improve the reach and efficacy of dissemination and advocacy within SD activities. These recommendations have been helpful to SARA II in thinking through strategies for the coming years of the project.

The SARA dissemination team organized two consultative meetings in Washington, DC this year. Lonna Shafritz assisted AFR/SD and SARA staff in finalizing the agenda, identifying and inviting participants, and arranging the logistics for two meetings held in Washington, *Behavior Change for Child Survival in Africa* and *Ensuring Appropriate Use of Essential Supplies for Child Health at the Community Level in Africa*. Other SARA dissemination staff provided materials and support to these meetings as well as responding to several other requests from AFR/SD for assistance with materials and presentations for conferences, meetings, etc.

The need to improve communication between AFR/SD and USAID country missions is another topic that SARA worked with AFR/SD to address. Missions are inundated by e-mail and information, which they do not have time to read. AFR/SD and SARA drafted some initial guidelines for communicating more effectively, but clearly this is an ongoing activity that must adapt to the needs as they evolve. Some of the new thinking includes: sending missions a list of available documents quarterly, which they can request, and updating country mission staff twice a year on the activities and results of AFR/SD activities.

SARA was instrumental in updating the AFR/SD/HRD part of the web site. This is described in more detail below under electronic communication.

### **Joint Activities with African Partners**

#### ***CAFS***

Ms. Bery met with CAFS on both her trips to Nairobi this year. She emphasized the need and value for tracking the advocacy trainees, indicating that success stories could greatly assist CAFS in marketing its advocacy courses. Ms. Bery recommended that CAFS send SARA a concept paper on follow-up of the advocacy trainees for possible SARA funding. SARA has continued to recommend CAFS as advocacy trainers to its partners in the region. This year, CAFS and CRHCS held at least one workshop for allied health professionals. In addition, CAFS is planning a workshop for the staff of the Regional Centre for Quality of Health Care. Ms. Bery has recommended that CRHCS staff join in this training, since they have also requested advocacy training. This would consolidate efforts and bring these three regional institutions together around some common concerns.

Though SARA has not supported CAFS in providing advocacy training, they have continued to offer regional and in-country advocacy training.

- ◆ Regional Trainings: In April, CAFS trained 30 people from 7 countries in the ESA region in collaboration with CRHCS. In August, CAFS trained 12 people from 2 countries in the ESA region.
- ◆ In-country Trainings: CAFS trained 16 Kenyan participants of CARE. In partnership with a JHPIEGO project, CAFS trained 20 parliamentarians each in Togo, Mali, Cameroon, and Burkina Faso, who form part of a regional population and development network.

#### ***CEFOREP***

SARA provided technical assistance to CEFORP this year to summarize and repackage the research results from the Essential Obstetrics Care studies that were conducted last year. A synthesis document was produced in French and is being disseminated throughout West Africa. (See reproductive health section for more details.)

#### ***CERPOD***

SARA supported a consultant, Edmond Bagde, for six months this year to work with CERPOD on repackaging research results for policy makers and practitioners. A document, *Entre la volonte de Dieu et les contraintes de la vie*, was

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## *Dissemination and Advocacy*

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published in January. With CERPOD's internal crisis this year, it is not clear what was accomplished. Mr. Bagde left CERPOD in April and went to work with the Pop Council's Frontiers project in Dakar.

Senior print and radio journalists, trained in previous years, attended the International AIDS conference in Durban this year. (See reproductive health section for details.)

### *CESAG*

SARA discussed following up on the advocacy trainees. A questionnaire was developed and ready to be sent, but keeping the momentum going for these tracking events is difficult with the lack of personnel available for these seemingly "less important" tasks.

CESAG held one regional workshop for the network of women in the Sahel for two weeks in May 2000. Sixteen women attended from eight countries (Senegal, Guinea Bissau, Mauritania, Niger, Burkina Faso, Mali, Chad, and the Gambia).

### *CRHCS*

SARA and the Leland Initiative jointly supported Amy Oggel to present a case for electronic networking at the October 1999 Health Ministers Conference. Ms. Oggel gave a presentation to the plenary session and then held a hands-on session for all the ministers to use the Internet and discover how it might be useful to them and their staffs. In addition, a kiosk was set up for ministers and other conference participants to practice using the Internet with one-on-one instruction. This session was extremely well received: the Minister from Swaziland required her delegation to attend a session, another minister retrieved a speech made by the Zambian Minister. All felt that electronic networking was essential to progress in the region.

SARA provided assistance to CRHCS to finalize and produce a repackaged version of their programs for the Ministers Conference and to celebrate its 25 years of service to the region.

SARA also provided facilitation for the Ministers Conference. This consisted of leading discussions, keeping the flow of the conference moving, and assisting CRHCS in drafting resolutions.

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## *Dissemination and Advocacy*

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### *Information Dissemination Centers*

Over the past five years, SARA has supported a network of information dissemination centers in seven countries, first under the auspices of CRHCS and then separately. After in-depth discussions with CRHCS in the final year of SARA I, it became clear that the way to move forward was to reintegrate the IDCs back into CRHCS. This occurred in February. Ms. Bery, Lawrence Gikaru, and Robi Machaba, a facilitator identified by SARA and hired by CRHCS, led a reintegration workshop in Arusha. This workshop helped to redefine the roles of the IDCs, CRHCS, and the other technical focal points in each country. The CRHCS reproductive health focal points from each country also attended the workshop. This was the first time that many of the IDC coordinators had met these focal points. Thus, it became clear that a unique opportunity existed to bring together all the CRHCS-related focal points in each country to assist them in achieving their mandate to improve the policy environment for health in these countries. Plans are underway to establish an electronic network to help facilitate these exchanges. (See electronic communication for more information.)

Another area that SARA has explored with CRHCS in relation to the IDC model is to present this model at the Association for Health Information and Librarians in Africa meeting being held in Swaziland, which has been postponed until December 2000. SARA assisted CRHCS in writing an abstract to present this information dissemination model as one that could be strengthened and replicated to promote the dissemination and use of AIDS information throughout Africa.

Ms. Bery worked with CRHCS to develop the information dissemination and communication section of the proposed subcontract with SARA. One of the most critical issues discussed is CRHCS' need to find a person with vision and keen understanding of dissemination and communication to fill the post of Information Dissemination and Communication Coordinator. This person will be vital to CRHCS in assuring that their information and communication needs are addressed adequately and sustainably.

### *ERNWACA*

SARA and ACI staff organized and conducted an Anglophone advocacy workshop in Ghana with ERNWACA representatives attending from five countries. This training, led by ACI consultant Barky Diallo and a Ghanaian advocacy trainer, was designed to ensure that ERNWACA chapters capitalize on research carried out with USAID funding and link results to country policies and programs.

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## ***Dissemination and Advocacy***

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Follow up of participants in the advocacy training has been a challenge, but we do have some anecdotal evidence of how it has been useful to trainees. For example, Dr. Fonkeng Epah (Cameroon chapter) wrote to SARA about how the advocacy training is being used in Cameroon. He wrote, “ROCARE Cameroon expresses its sincere gratitude [for the training] and wishes to inform that at the moment we are working with the Ministry of National Education on a number of issues regarding decentralisation of school management, school book policy, etc.”

SARA has continued to work on finalizing the repackaged ERNWACA transnational agenda studies. The repackaged studies were vetted and translated and are now in the process of being formatted. A synthesis is being written by ERNWACA consultant Brehima Tounkara and SARA consultant Luc Gilbert to preface the studies, but also to serve as a stand alone document for wide distribution.

### ***Regional Centre for Quality of Health Care***

Renuka Bery designed and implemented a short dissemination and advocacy workshop for the Regional Centre for Quality of Health Care. The entire staff attended the workshop and she worked with the team to develop a dissemination strategy and work plan. Advocacy was introduced but not a focus of this workshop. The centre staff indicated that they plan to participate in an advocacy training carried out by CAFS in FY01.

### ***WHO/AFRO***

Renuka Bery attended the social mobilization meeting in Harare this year. She gave a presentation on the importance of dissemination in getting the polio messages out and outlined different ways in which this could be accomplished. She participated in the meeting and in developing the joint AFRO-UNICEF work plan for the coming year. Subsequent to the meeting, Ms. Bery has maintained communication with Grace Kagundu and other partners such as the BASICS and Change projects to discuss and provide input on dissemination issues. A new staff member, Margaret Matthai, has been hired to work with Grace Kagundu, particularly on dissemination issues.

SARA has worked with AFRO and CDC in developing a dissemination strategy for the *Laboratory Methods for the Diagnosis of Epidemic Dysentery and Cholera*. In addition, SARA retranslated most of the document into French since the English version had changed substantially and the original French version was not adequate. The translated version was sent to AFRO for review to ensure

that the technical terms and concepts were properly translated. As soon as SARA receives this back, the document will be formatted and printed, most likely in the first quarter of FY01.

### **Developing Advocacy Skills and Activities in Africa**

In this initial year of the project, SARA has continued with the SARA I strategy to increase advocacy skills in Africa. However, SARA is organizing a consultative meeting on advocacy to share its experiences in raising the level of advocacy in Africa and to learn about the experiences of others. We anticipate that this meeting will assist the project in determining new strategic directions in which to move the advocacy agenda forward in Africa.

SARA's advocacy activities can be divided into five general categories:

- a. Special issue advocacy in partnership with African institutions, other CAs, and USAID.
- b. Producing and disseminating advocacy materials.
- c. Providing assistance to African institutions and networks for advocacy training around specific issues.
- d. Training a cadre of advocacy resource persons.
- e. Incorporating advocacy into all AFR/SD and SARA work plans and strategies.

#### ***a. Special Issue Advocacy***

SARA has been working in partnership with USAID and other organizations to advocate on 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 fora. Wherever possible and appropriate, SARA tries to involve African institutions in these special issue advocacy efforts. 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.

#### ***b. Producing and Disseminating Advocacy Materials***

The SARA Advocacy Guide is still in high demand. SARA fulfills requests for over 200 copies per quarter most of which are for multiple copies and are either used to supplement training courses or as background information for organizations interested in advocacy. Reprints of both French and English

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## ***Dissemination and Advocacy***

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versions of this document have been needed. CIHI reprinted the French version and SARA reprinted the English version.

This year, in response to requests from two interagency working groups, SARA has developed and produced two advocacy brochures to support wider advocacy efforts. The first, called *Saving Children's Lives: An Economic Rationale for IMCI*, was designed for use in advocating with ministries of planning and finance and other non-health groups to improve the allocations for IMCI in African countries. To date, 6,000 copies of this document have been printed and many have already been disseminated directly in response to requests from countries as well as WHO and UNICEF. A French version will be available in early FY01. Ms. Bery participated in the malaria and pregnancy working group to develop a malaria and pregnancy advocacy brochure designed for maternal and child health practitioners. It is titled *Lives at Risk: Malaria and Pregnancy*. This document has been finalized and is being printed. A dissemination strategy has already been developed for the 10,000 English copies being printed. French and Portuguese versions are being developed and should be available in early FY01.

### ***c. Providing Assistance to African Institutions***

SARA conducted an advocacy training for the English-speaking members of ERNWACA from Cameroon, the Gambia, Ghana, Nigeria, and Sierra Leone. In an effort to use the expertise of other advocacy trainers, SARA hired a Ghanaian trainer to work with ACI consultant, Barky Diallo. Held in Ghana, participants used the Ghana transnational agenda and supplementary documents to devise an advocacy plan for involving the community in education. Participants from other educational institutions in Ghana were also invited to participate, including FAWE, ministry of education, and other potential partners.

### ***d. Training a Cadre of Advocacy Resource Persons***

The SARA I strategy of transferring advocacy training skills to CAFS and CESAG has come to fruition. This year SARA has not made any investments supporting these activities at CAFS or CESAG. CAFS has held 3 workshops, trained 54 people in ESA, and continues to fulfill requests for trainings. CESAG held 1 workshop and trained 16 people.

SARA has been working with both CAFS and CESAG to assist them in developing a strategy to follow-up on the participants who have attended their advocacy workshops. As mentioned, CESAG has developed a questionnaire and

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## *Dissemination and Advocacy*

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now has to send it out. SARA has discussed this in more detail with CAFS this year and asked CAFS to send a concept paper so SARA might support them in gathering information.

### *e) Incorporating Advocacy into AFR/SD-SARA Activities*

Advocacy continues to be discussed actively and integrated into many AFR/SD activities throughout the various SOs. SARA has discussed the possibility of orienting AFR/SD staff to advocacy in an effort to assist them in conducting their own efforts within the agency, with missions, and with the US Congress. We hope that this will be possible in FY01. Details of advocacy activities are reported under the various SO headings.

## **Publication Production, Dissemination, and Tracking**

### *Production and Dissemination*

This year was another full production year for the dissemination team. All of the SARA publications staff are new this year, but they have quickly learned the necessary systems and have strengthened and increased the efficiency of the production process. SARA staff is increasingly called on to help AFR/SD integrate dissemination and advocacy elements into its investments in other CAs and Agencies. This has been particularly true in the areas of reproductive health and infectious diseases.

This year, SARA has produced 34 documents and 27 trip reports, fulfilled over 1,900 requests, and disseminated over 18,000 documents around the world, mostly in Africa. The publications ranged from practical manuals to research papers and brochures. Again, most of the design, formatting, and editing was accomplished in-house and documents were translated as appropriate. SARA also reprinted several of its popular publications, such as *Introduction to Advocacy*. This year SARA produced French versions of two non-SARA documents at the request of AFR/SD, *Partnership for Change and Communication*, developed by the Malaria Consortium and WHO, and *Laboratory Methods for the Diagnosis of Epidemic Dysentery and Cholera*, developed by the CDC and WHO/AFRO.

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 related products such as e-notes, research briefs, etc. SARA wrote a number of e-notes this year of which several were sent out. In recent months, however, AFR/SD

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## ***Dissemination and Advocacy***

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has sent out fewer e-notes, preferring to highlight only the most important developments so as not to clutter e-mail boxes.

A weekly 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 are 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. Some statistics 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 assessed the use of *An Introduction to Advocacy* this year, using the strategy developed and tested for monitoring use in the last year of SARA I. This strategy 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. The results have been quite interesting. Over 3500 copies have been distributed (38% in French) of which 92 percent were requested. The document has been used in over 60 workshops and almost 2,000 Africans have been trained or oriented in advocacy. SARA has supported over 15 people in at least 7 institutions as trainers in advocacy and 25 institutions have received advocacy training. In addition to this more formal analysis of use, SARA continues to track documents and to use "requests" as a proxy indicator for use.

## **Electronic Communication**

SARA continues to utilize a variety of electronic resources for disseminating information in the U.S., Africa, and elsewhere.

### ***Web Site***

SARA started working with Subhi Mehdi early in the calendar year to revise and update the HHRAA web site. During this redesign process, all of AFR/SD was mandated to update and standardize its web site. SARA was involved from the

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## *Dissemination and Advocacy*

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start in discussions about the design and content. The last quarter of the year was spent in making major revisions to the AFR/SD web site with the content being provided by AFR/SD and SARA technical advisors.

### *Internet Statistics from HHRAA Web Site*

SARA's key publications are converted to PDF and HTML files to be posted on the internet on the USAID Internet-server. These electronic publications, however, do not always get posted on the existing HHRAA website housed at USAID. SARA still faces this challenge of making key publications available on-line quickly. To speed up the process, SARA plans to launch an updated SARA web site from the Academy for Educational Development (AED) Internet-server.

Some of the AFR/SD documents that SARA put on the HHRAA web site are reported to be in the top 10 most downloaded files on the entire USAID website. Monthly *Web-Trends* reports showed that HHRAA home-page alone was one of the most viewed pages on the entire USAID website.

In FY 2000, SARA disseminated a total of 375 copies of *Making the Internet Connection Count* to various African organizations, ministries, dissemination centers and universities in 11 African and several other nations. It is apparent that these institutions are using the Internet to view and download SARA's electronic documents from the USAID server.

### *Connecting African Partners*

As mentioned above, the presentation to the Health Ministers in East and southern Africa on electronic connectivity was very successful. The ministers were excited about the possibilities and would like CRHCS to take the lead in implementing a networking strategy. Moreover, during the workshop for the information dissemination centers at CRHCS, it became evident that building an electronic network will be critical in streamlining their work and in effecting better communication within countries, among countries, and between CRHCS and its member countries. SARA has been working with CRHCS to clarify its need to recruit a full-time person who can assist in developing and implementing such a network. SARA also has discussed this concept with the Leland Initiative and will work more in the coming year to assist CRHCS in moving this activity forward.

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## *Dissemination and Advocacy*

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SARA supported Internet connections to two African institutions in West Africa that house the Togo and Cote d'Ivoire representatives of the Focal Points Nutrition Network. Focal Points from 8 countries are now connected.

In addition, the SARA project was involved in helping the SANA project's field advisor establish an electronic email forum (ListServ) to enhance communication between various African institutions interested in sharing issues in nutrition. With the help of AED's Information Technology team, SARA helped SANA successfully establish a nutritional forum ListServ in West Africa.

### *Mailing List Database*

SARA relies heavily on the mailing list database to disseminate information to targeted audiences. In FY 2000, SARA received a monthly average of 108 e-mail requests for documents. On average, 884 documents were disseminated each month to institutions and individuals requesting various information and documents via the e-mail system alone. Through these e-mail requests, the mailing database's extensive e-mail list was constantly updated.

In addition to keeping up-to-date with the e-mail list, the SARA computer specialist, Soe Lin Post, has continued to develop and update the database mailing lists. In FY 2000, the mailing list database went through several major revisions: more software licenses were bought, allowing more staff access to the database; it was restructured to be more user-friendly with added functions to facilitate easier report-generation; lists from different sectors were distributed to each technical area advisors for updating. Team members carefully reviewed the lists, and changes were recorded in the database.

SARA continues to share its knowledge and databases to facilitate and improve the dissemination process with other projects and institutions. In FY 2000, upon request, SARA provided the mailing list structure (shell) as well as the mailing lists to Africa Consultants International (ACI) and several other Africa-based institutions.

### **Working with other U.S.-based Projects and other Institutions**

The SARA dissemination team has provided guidance to and shared experiences with a number of U.S.-based projects on how to plan and execute dissemination and advocacy activities. These projects and/or institutions include: **NGO Networks for Health, Family Health International, CDC, BASICS, Frontiers, Horizons, CIHI**. Specific collaborative activities with these and other organizations are described below.

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## *Dissemination and Advocacy*

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- ◆ **Abt Associates:** Ms. Shafritz attended several meetings to discuss the costing of maternal health documents produced by Abt and to share insights on how to disseminate the results more widely so that the information would be useful to African counterparts and policy makers.
  
- ◆ **BASICS:** SARA has continued to work with the BASICS II project in identifying ways to collaborate and co-fund activities. This year SARA negotiated with BASICS to assist in printing copies of *Qualitative Research for Improved Health Programs*. In addition, SARA has advised BASICS staff on dissemination strategies as well as advocacy strategies that might be appropriate to further their agenda.
  
- ◆ **Center for International Health Information:** The CIHI project ended this fiscal year and SARA was fortunate to have some of its publications printed or reprinted under this project. These include: *Introduction to Advocacy* (F), *Making a Difference to Policies and Programs* (E), *Making the Internet Connection Count* (E/F), *Training Guide for Making a Difference to Policies and Programs* (F), *Nutrition Briefs, Improving Community Case Management of Childhood Malaria* (E/F), *Rapid Assessment for Severe and Complicated Malaria Vols. 1 & 2* (F) and AIDS Briefing Packets. In addition, SARA took over some of the projects that CIHI was not able to complete. These included the translation of *Laboratory Methods for the Diagnosis of Epidemic Dysentery and Cholera* and the finalization and dissemination of the French versions of the two volumes of *Health and Family Planning Indicators*.
  
- ◆ **Centers for Disease Control and Prevention:** SARA has been advising CDC on the dissemination of its laboratory manual. In addition, SARA has requested CDC input into the dissemination of the French version, that SARA is currently finalizing.
  
- ◆ **Family Health International:** SARA worked with FHI in past years to assist them in refining their dissemination strategy for and reprinting the family planning financing work. This year SARA has participated in discussions with FHI as they begin planning to program their AFR/SD funds for disseminating information on the female condom.
  
- ◆ **Frontiers:** SARA has been invited to meetings with AFR/SD and Frontiers to offer dissemination guidance. In addition, Frontiers has agreed to provide SARA with the one-page summaries on issues funded through AFR/SD to include in the reproductive health briefing packet. Frontiers is also planning to work closely with the Regional Centre for

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## *Dissemination and Advocacy*

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Quality of Health Care and has been coordinating with SARA to ensure that no duplication of effort will occur.

- ◆ **Horizons:** SARA and Horizons have been meeting informally to share dissemination experiences and strategies. Some of the electronic strategies to disseminate information might be useful for SARA to explore in the coming year.
- ◆ **Leland Initiative:** SARA engaged in conversations about the possibility of establishing a health electronic network in East and southern Africa, that would be centrally-operated by CRHCS. We collaborated in presenting this idea to the Health Ministers Conference and held follow-up discussions with CRHCS and Leland. In addition, SARA participated with Leland in several meetings with different organizations, including the Gates Foundation to discuss a health portal initiative.
- ◆ **Measure Evaluation:** SARA has collaborated closely with the Measure Evaluation project to finalize the Self-evaluation Guide that was started by CERPOD. A field test was conducted in Mali this year. SARA has also been working with Measure Evaluation to write a trainer's guide. The Self-evaluation Guide will be produced in FY01. A dissemination plan will be developed in collaboration with CERPOD and Measure Evaluation to ensure that this tool is promoted and used.
- ◆ **NGO Networks for Health:** Ms. Bery has been giving dissemination guidance to the NGO Networks project since April, first by helping to identify what types of documentation would be useful, and then by reviewing the documentation presented and sharing ways in which their documentation would be more usable and valuable. Initial formal meetings have given way to more informal discussions on dissemination strategies.
- ◆ **SEATS Project/John Snow, International:** Ms. Bery worked with the SEATS project to identify opportunities to showcase some of the final documentation from the Urban and Youth initiatives funded by AFR/SD. In particular, documents were sent to the PHN officers meeting and will be available on the Internet. SARA has also summarized two documents to include in the AFR/SD reproductive health briefing packet.

### *Other Institutions*

- ◆ **HealthLink:** Ms. Bery visited HealthLink in the U.K. to learn about their programs and to share the dissemination and advocacy work of SARA. In addition, she discussed HealthLink's consultancy with CRHCS since they provided a consultant to assess their information needs and strategies. During these meetings, Ms. Bery also learned that HealthLink is finalizing a training program for developing repackaging skills and she suggested that perhaps SARA and Healthlink could collaborate in testing this program with CRHCS in FY01.
  
- ◆ **Malaria Consortium:** SARA has made efforts to assist the Malaria Consortium distribute the document *Partnership for Communication and Change* more widely throughout Africa. In addition, SARA translated this document into French and has begun to distribute it in Africa.
  
- ◆ **University of Natal/HEARD:** SARA received copies of the AIDS Toolkits and AIDS Briefs produced by the University of Natal. In general, we have been distributing them on request, but are in the process of exploring other ways to distribute them. Discussions about whether to translate the toolkits have been mixed. In general the consensus has been to redo the toolkits to adapt them for Francophone West African systems of government. SARA also produced the report on the multisectoral AIDS meeting held at the very end of SARA I/beginning of SARA II.

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## ***Information Dissemination - Annual Summary***

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### **Information Dissemination Annual Summary October 1999 — September 2000**

#### ***Technical Assistance***

- ◆ 12 TDYs related to Dissemination and Advocacy
- ◆ 15 dissemination and advocacy advisory meetings with CAs
- ◆ 7 presentations
- ◆ 25 DC-based meetings on D&A

#### ***Electronic Update***

- ◆ 9345 total hits for HHRAA home page
- ◆ Most downloaded web-based documents:
  - *Topic 3: Cost Recovery's Impact on Quality, Access and Equity*
  - *Topic 2: Financial Sustainability*
  - *22 Questions about Health Care Financing in Africa*
- ◆ Mailing and tracking database updated and revised
- ◆ 875 new names/organizations added to database/ mailing list
- ◆ AFR/SD web pages under final testing phase

#### ***Publications — Final***

- ◆ 34 publications
- ◆ 20 documents translated
- ◆ 27 trip reports
- ◆ 20 covers created in-house
- ◆ 6 reprints
- ◆ 8 e-notes submitted

#### ***Publications in Production***

- ◆ 7 in production

#### ***Distribution***

- ◆ 18,221 documents sent
- ◆ 10,615 documents were requests [58% of total distribution]
- ◆ 76% of these documents were sent to Africa
- ◆ Most requested documents were:
  - *Best Practices and Lessons Learned for Sustainable Community Nutrition Programs*
  - *Making a Difference to Policies and Programs*
  - *Nutrition Briefs*

**CHART 1. Tracking of Key Publications**  
(October 99 - September 00)

<b>Publication</b>	<b>Total Disseminated</b>	<b>Copies Requested (% of total)</b>	<b># of Requests</b>	<b># of Requests for 20 Copies or More</b>	<b># of African Countries Reached</b>	<b>Full Text on Website</b>	<b>Other Relevant Information</b>
<b>Making a Difference to Policies and Programs: A Guide for Researchers</b>	1879	1861 (99%)	167	28	12	HHRAA	
<b>Best Practices</b>	4940	2494 (50%)	183	29	40	HHRAA	
<b>Nutrition Briefs</b>	1014	894 (88%)	26	5	11	HHRAA	
<b>Internet Guide</b>	375	305 (81%)	34	7	11	HHRAA	
<b>IMCI Brochure</b>	1046	1043 (99%)	18	11	5	n/a	
<b>Qualitative Research for Improved Health Programs (Winch)</b>	815	348 (43%)	120	5	29	HHRAA	

**CHART 2. Audience Tracking of Key Publications  
(October 99 - September 00)**

Publication	Total Disseminated	Africa						Other*		
		African Org.	Univ. Training Schools	Ministry	USAID/ AFR	Donors/ CAs (AFR)	USAID/ WDC	Donor/ Cas - Non Afr.	Univ., Conf. - Non-Afr.	
<b>Making a Difference to Policies and Programs: A Guide for Researchers</b>	1879	469	570	121	2	37	1	413	266	
<b>Best Practices</b>	4940	2986	650	307	36	168	23	512	258	
<b>Nutrition Briefs</b>	1014	815	5	0	12	0	6	30	146	
<b>Internet Guide</b>	375	201	0	7	0	0	0	62	105	
<b>IMCI Brochure</b>	1046	4	3	430	0	1	135	472	1	
<b>Qualitative Research for Improved Health Programs (Winch)</b>	815	404	141	89	5	17	8	68	83	

\* A large percentage of the documents listed in the "other" categories are actually destined 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

Renuka Bery, Dissemination and Advocacy Manager, 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 for AFR/SD**

The SARA education advisor, Dr. Yolande Miller-Grandvaux, has been a full team member of the SD/education team since her arrival at the SARA project so all activities conducted as technical support are constantly framed by and within the SD/ED agenda and implementation plan. The SARA advisor attends the weekly AFR/SD/ED staff meetings. The meetings allow the team to share information, identify and address current and upcoming issues, and plan activities. SD/ED developed several planning components under which the following activities were undertaken and supported by the SARA advisor during the year:

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## ***Education***

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- ◆ The SARA advisor continued to review and assess the analytic agenda in the first year of SARA II. This activity was completed in November 1999. The specific activities included: identifying new issues for priority research topics; discussing, revising, and vetting AFR/SD analytic agenda topics and canvassing the missions as to their interest and potential commitment to the topics proposed.
- ◆ The R4 review: the SARA advisor assisted the team in reviewing all country R4s, especially Mali. She coordinated and produced the review of the Mali R4 with the SD health advisors for Mali. This was presented at the USAID annual R4 review for the education sector in May 2000.
- ◆ R4 wrap up: SARA assisted the SD team in designing the R4 wrap-up format and content, in identifying the key topics, data and salient results and success stories. The final version of the wrap up was presented to SD staff in June 2000.
- ◆ SARA assisted the SD team in setting up monthly dissemination meetings to review all SD/ED dissemination needs, prepare dissemination plans, and monitor progress.

## **Issues Identification**

A number of key issues were identified during the year and, in light of the underlying objectives, they were addressed in different ways. Some were analyzed and presented to internal USAID staff, others reviewed and presented to an international audience, and others were central parts of national discussions.

SARA organized a joint USAID/AFR/SD/ED and Academy for Educational Development education panel for the National Summit on Africa held in Washington, DC in February 2000. The SARA education advisor developed the agenda in conjunction with the SD/ED team leader, senior staff from the Academy for Educational Development, and U.S.-based African educators. She formed, coordinated, and convened a team of seven education experts, including: former UNESCO Chief of Education Division and Minister of Culture and Sports in Ethiopia Haklilu Habte, and Dr. Wanjiru Kamau of Pennsylvania State University, former dean of students at University of Nairobi in Kenya, and senior education officers from USAID/AFR/SD/ED and AED. The panel successfully raised key topics such as how the U.S. can contribute to African education in the future, the current challenges to girls' education, and communities involve-

ment in African schools. It provided a forum for discussion on the challenging issues of losing and retaining African identity in African education.

SARA was also instrumental in identifying two other priority issues, which were ultimately chosen for further investigation and/or full-fledged strategic development. SARA assisted the USAID mission in Mali to identify and assess the management and policy issues faced by the community schools models currently in place. The assessment helped facilitate the mission's performance review and upcoming education sector strategy. The issue of community schools management in the context of education reform also led Dr. Miller-Grandvaux to identify a key issue in the SD analytical agenda, namely the new role of NGOs in the formal education sector, which will lead to a research project and consultative meeting in 2001. Dr. Miller-Grandvaux described the context of community schools in Mali in the September issue of *SD Developments*.

SARA assisted the USAID mission in Mali to address and prepare for the potential impact of HIV/AIDS on the education sector. As a result in July 2000, SARA drafted guidelines for a strategy to prevent, mitigate, and prepare for the devastation that the disease is likely to cause in the one of the poorest countries in the world.

Micheline Nturu worked with the CORE Group to develop a conference to engage international NGOs and PVOS in a forum to share lessons learned on school health and nutrition (SHN) activities and to discuss opportunities and approaches for implementing priority SHN interventions. The World Bank School Health Advisor, Mr. Don Bundy, encouraged the CORE Group to spearhead this effort and requested moneys from the World Bank to fund it. Ms. Nturu collaborated with staff from the CORE Group and Save the Children to organize a series of meetings to plan the conference and prepare the proposal and SHN concept paper for the World Bank. SARA was being asked to sponsor some of the documentation for the conference as well as Ms. Nturu's time. Unfortunately, when the proposal was submitted, the World Bank was unable to provide funding at the time.

### **Research and Analysis**

#### *Access and Affordability of Education in West and Central Africa*

SARA has been supporting the Education Research Network for West and Central Africa (ERNWACA) since 1995. Under SARA I the network had developed a transnational agenda that comprised studies on the access and quality of education in seven different countries, namely Benin, Cameroon,

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## ***Education***

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Côte d'Ivoire, Gambia, Ghana, Mali, and Togo. SARA organized and coordinated a committee to review the national reports that had been previously repackaged by the country teams and a consultant. The reports were finalized in early 2000 and the translation process ensued. A synthesis of the reports highlighting the main findings and recommendations will also be produced by the end of the year. The reports consist of two case studies on the access and retention of children in primary school in Cote d'Ivoire and Gambia, and five case studies, conducted in Benin, Cameroon, Ghana, Mali and Togo, devoted to community participation, access and quality of education. The full document will be composed of the seven transnational studies and the synthesis and will be published early next year.

### ***The Role of NGOs in Education***

As part of the SD/ED analytical agenda, the SARA education advisor identified and developed a research proposal on the new role of NGOs in the management of education systems. The proposal was vetted and implementation should start in early FY01. Preliminary research and a literature review were completed in August 2000. The objectives of the study are to: 1) assist donors, USAID missions, and host governments in the design, use and management of the NGO-implemented education programs; 2) provide lessons learned on the design and management of education programs implemented by NGOs to African governments and donors; 3) provide information on the role NGOs currently play or are hoping to play in policy formation; 4) facilitate discussions on the new role of NGOs in education programs and policy among donors, ministries of education, and NGO partners.

### ***Issues Paper on Education in Countries in Crisis***

Dr. Miller-Grandvaux was part of an SD/ED team of three who conducted research, collected data, and produced a paper in February 2000 entitled *Education in Countries in Crisis*. The issue of the delivery of education services in countries in crisis was brought up in response to an increasing need to intervene in countries transitioning from major conflict and/or socio-economic, epidemic, and natural crises. The objective was to provide the AFR/SD education team with current findings, practices, and potential strategic guidelines to address issues of education provision in pre-crisis and post-crisis environments. The paper was presented at the Comparative and International Education Society in San Antonio, Texas, in March 2000. It was also presented to USAID/SD senior management in April to discuss potential involvement of AFR/SD/ED in crisis contexts in Africa. Although it was clear that no funding was available to further the research and activities in that domain, the paper

received praise and support from the senior management meeting participants. It provides a positioning basis for SD's potential involvement should funding for interventions in countries in crisis become a priority.

### **Dissemination and Advocacy**

#### *SARA Support to the CIES Meeting*

The SARA education advisor organized two panels at the CIES conference in March 2000. One panel was devoted to the presentation and dissemination of the paper entitled "Education in Countries in Crisis." The panelists were Yolande Miller-Grandvaux, Talaat Moreau, and Betsy Mull. As more countries in Africa are either entering a crisis stage or graduating into a post-crisis phase, the opportunity to reflect and share strategies on how to support education in complex situations was of paramount importance. The relevance of the paper was further confirmed by one other panel presented at CIES, which was devoted to the dissemination of information and research on education in countries in crisis.

The second panel was titled "How Professional Networks Support Educational Reform: A Perspective from Africa." With co-funding from SD/ED through the American Institutes for Research, the SARA education advisor brought together representatives of several African networks and institutions: ERNWACA represented by the Senegal chapter, ERNESA represented by the Lesotho chapter, FAWE represented by the Ghana chapter, and ADEA. A representative from the University of Transkei, South Africa, presented "A Conceptual Framework for Evaluating Effectiveness of the Professional Networks in their Support for Education in Africa." The panel gave the African institutions the opportunity to advocate for their own existence, their needs, and their future.

In Washington, DC, SARA organized presentations of the three networks' current objectives and activities from the national and regional perspective to AFR/SD and the Global Bureau.

#### *Education Briefs*

SARA developed and published *Investments in Education 1992-1999* in September 2000. The briefs offer a comprehensive synthesis of research findings and impact of activities funded by SD/ED over that period in such areas as decentralization, girls' education, policy reform, research networks, community involvement, information management, etc. SARA also produced an ancillary

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## ***Education***

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brief entitled “Education Policy Development” to provide insights on the broader education framework within which reforms operate and SD strategies can be most effectively focused. SARA was responsible for writing and reviewing the drafts, coordinating the writing and editing processes, the desktop publishing, and final publication of the documents. 1,500 copies were produced and will be disseminated widely. The updated mailing list managed by SARA will serve as the basis for disseminating *Investments in Education*.

### **Collaboration with African Institutions and Capacity Building**

SARA gave a substantial capacity building boost to the 3 networks it has been supporting over the past few years.

#### ***Support to ERNESA and FAWE***

Following the organization of the panel on education networks in Africa at the CIES conference, Dr. Miller-Grandvaux organized a study tour in the Washington, DC area in collaboration with the International Training Services at AED. FAWE, ERNESA and ERNWACA representatives were thus given the opportunity to learn and benefit from a wide range of US education and advocacy institutions. The visits included: the Office of Educational Research and Design at the US Department of Education, the American Legislative Exchange Council, the Council for Basic Education, the Association for Supervision and Curriculum Development, George Mason University’s department of Instructional Improvement and Instructional Technologies, Edison Friendship Public Charter School, and the African Policy Information Centre. During the study tour many discussions were held on how to best build and sustain the relationships among US-based organizations as well as among the African networks, and how to promote exchanges between them. The networks representatives all recommended training in advocacy skills as well as training in fundraising, grant, and proposal writing skills to allow them to boost and sustain their activities in a more autonomous fashion.

#### ***ERNWACA***

##### ***a. Advocacy training***

The anglophone chapters of ERNWACA received training in advocacy skills in May 2000. The Francophone chapters were trained the previous year in Bamako. SARA organized and coordinated the workshop in Accra, Ghana, with Africa Consultants International, who provided one seasoned trainer, while SARA identified a local advocacy skills trainer. The Ghana chapter of ERNWACA masterfully organized and implemented the on-site workshop.

Many Anglophone chapters who had been “lost” for various reasons were indeed able to attend the workshop. The following chapters received training: Ghana, Gambia, Cameroon, Sierra Leone, and Nigeria. The participants also developed a strategy on the use of the advocacy skills in their own country.

***b. Support for network development***

The leadership of ERNWACA has been a perennial problem that may well have found a solution. Upon request from AFR/SD, SARA is supporting the leadership capacity of ERNWACA through the recruitment and funding of the vacant regional coordinator position. The scope of work was developed with the ERNWACA administrator and shared and vetted with all national coordinators. Issues of strategic support needed to be discussed with IDRC, the lead donor to the network. As a result, SARA met with IDRC to develop common support strategies for the network and particularly for its leadership. This meeting was held in Ottawa in October 1999, with representatives of SARA, University of Montreal, and IDRC/Ottawa and Dakar, as well as Lalla Ben Barka, former ERNWACA coordinator. Agreements were made on cost sharing of the leadership position and recruitment process. The actual recruitment is due to start in December 2000.

***c. Support of technical issues***

SARA has been maintaining contact with FAWE headquarters in Kenya and exploring relationships with other networks, namely UEPA. Training requests for improved capacity are thus likely to emerge from these contacts.

Finally SARA participated in the US State Department Hubert H. Humphrey Fellow Internship Program by hosting a Senegalese intern for 8 weeks in May and June 2000. The SARA advisor mentored and guided the fellow throughout the course of her internship at the SARA project. The fellow will subsequently join the Ministry of Education staff in Dakar, Senegal.

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## *Child Survival*

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### ***B. Child Survival (Strategic Objective 19)***

#### **SARA Advisors:**

Suzanne Pryor-Jones, Project Director, AED  
Sambe Duale, Research Manager, Tulane University

SARA has continued this year to assist AFR/SD with its activities in the areas related to child survival. This has involved discussions of strategies to obtain the results presented below for each main area of AFR/SD child survival efforts, assistance with the development of AFR/SD reviews, and working with partner projects and agencies to develop common agendas and define, monitor, and evaluate activities. Specific SARA activities are presented by results package.

#### **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.

#### **Issues Identification**

##### ***The IMCI Approach to Improving Provider Performance***

SARA has not organized specific issues identification activities in the area of provider performance this year, although our advisors have been part of several discussions with colleagues from USAID Global Bureau, the BASICS Project, WHO/AFRO, and UNICEF concerning the future of IMCI.

On the one hand, most countries in Africa have now adopted the IMCI strategy as their main approach to improving provider performance in the child health field, and some are managing to raise the support and resources needed to increase the coverage of the standard WHO training and follow-up methodol-

ogy, and to start implementing the community component. Indeed, the Roll Back Malaria (RBM) initiative has identified IMCI as the main channel for improving the case management of malaria, and is increasingly open to joining with IMCI to develop household and community approaches.

On the other hand, there is concern that the scaling up of IMCI is going too slowly and is costly in time, energy, and funds. SARA is joining actively in these discussions, mainly to encourage the development of complementary activities that can improve coverage more quickly, such as involvement of the private sector, testing of innovative ways for skills transfer and supervision, and putting more emphasis on pre-service training, as a sustainable way to prepare for the future. Suzanne Prysor-Jones will be participating in a WHO-run consultative meeting to look at these issues early in the next fiscal year and SARA has been preparing some background materials to enrich the discussion.

### **Research and Analysis**

#### *Child Survival Trend Analysis*

At the request of the Africa Bureau, Anne Inerra, Sambe Duale, and Suzanne Prysor-Jones used CIHI and DHS data to prepare a presentation of current trends in child survival in Africa. The presentation raised issues for consideration in the preliminary discussions on the agenda of the next World Summit on Children. The analysis showed that, despite important gains in the past two decades, African children are still experiencing unacceptable levels of morbidity and mortality, compared with any other region in the world.

*Under-five mortality rates* have declined in 6 of the 7 African countries where two Demographic Health Survey (DHS) data sets from the 1990's were available. The declines are, however, modest and mortality rates are still alarmingly high, ranging from about 107 children per thousand live births in Ghana to 222 and 283 per thousand in Burkina and Niger respectively. *Infant mortality rates* have declined considerably in only 4 of the seven countries. Rates have stagnated or actually increased in another 3 countries (Kenya, Cote d'Ivoire, and Niger). Overall, for the region, the trend line shows a very slight, non-significant, positive change.

The rate of *neonatal deaths* has remained constant and represents about 40 – 50 percent of child deaths in many settings. Many newborn deaths could be prevented by simple, inexpensive measures such as early and exclusive breastfeeding and warming. *Maternal mortality*, which naturally affects the lives of both newborn and older children, continues to be alarmingly high in the 7

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## *Child Survival*

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countries with recent DHS data, ranging from 430 per 100,000 births in Cameroon to 590 or more in Kenya, Niger, and Cote d'Ivoire.

Approximately 80 percent of childhood deaths are due to the five common causes of diarrhea, acute respiratory infections, malaria, measles and malnutrition, most of which can be prevented or treated successfully. Around 40 percent of childhood deaths in Africa occur without children ever having contact with the health system. Disease patterns and health sector problems as well as external factors (e.g., weak economies, civil unrest, natural disasters, donor policies and priorities, etc.) have prevented programs from achieving optimal impact on child health in Africa. As an indication of service delivery problems, it was noted that since 1995, immunization coverage rates have generally been stagnant or on a slight decline, especially in East Africa and countries in difficult circumstances.

One conclusion reached was that, to be effective in addressing major child health problems, increased attention and investments are needed to deal with household behavior, through a combination of approaches to mobilize communities, influence household behavior through communications, and strengthen links between the home and the health care system.

### *Expanding the Use of Quality Improvement Methods for Child Health*

#### *a. COPE for child health*

SARA continued to play a facilitatory role in engaging child health partners in COPE. The test intervention and evaluation of COPE for child health continued in Kenya and Guinea this year, and baseline data was analyzed and shared. Suzanne Prysor-Jones was in regular contact over the year with AVSC, WHO/AFRO, and BASICS, helping to organize a study tour to Guinea, and also a small consultation in Washington for a technical update and discussion of next steps.

In July, with partial support from SARA, Dr. Tony Musinde of WHO/AFRO, Dr. Colette Geslin from the BASICS West Africa Regional Office, and Laurence Codjia from the regional management school (CESAG), traveled to Guinea to visit the COPE for Child Health testing project and participate in some COPE health facility supervisory visits. The team was impressed by the positive effects of COPE, particularly on staff motivation and client satisfaction. Specific suggestions were made to strengthen the approach, including the increased use of existing data in the COPE process.

***b. Extension of quality improvements (QI) methods in West Africa***

During their visit to COPE in Guinea, the team reflected on how to scale up quality improvement methods in the region. Several members of the Guinean Ministry of Health were scheduled to attend a one-week Quality Assurance workshop in Niamey, and the need to have a coherent strategy for introducing QI methods in a given country was quite clear. The team recommended that a consultative meeting be held in West Africa in the near future to review experiences to date and explore appropriate strategies. This would include the Quality Assurance Regional Advisor, based in Niamey, BASICS Regional staff, COPE, and WHO/AFRO staff from both the child health and health systems divisions. WHO/AFRO/IMCI expressed interest in convening such a meeting, and SARA is following up to see how to facilitate the process.

## **Dissemination and Advocacy**

### ***Presenting the Economic Rationale for IMCI Investments***

The brochure *Saving Children's Lives* was widely reviewed, finalized and disseminated in English this year. It is designed to be used by child health advocates as part of the strategy to reach decision makers who hold the purse strings at different levels, and who are not usually health professionals. It makes the argument for investing in child health, explains that IMCI is concerned with health systems and the community, as well as health facilities, that expenditures needed are largely investment costs, and discusses some of the economic and social impact of the approach. In disseminating the brochure during the international workshop in Durban on Household and Community Approaches to Child Health, Dr. Prysor-Jones found that the brochure was especially well-appreciated when it was brought to the attention of MOH and other child health leaders and its use explained during face-to-face discussion. For example, following such interactions, South Africa ordered 1,000 copies, and Uganda and Tanzania over 200 each. Given this type of demand, the English version of the brochure is being reprinted, and the French will be available early in the next fiscal year.

### ***Advocacy Tool for the Reduction of Neo-natal Mortality***

In coordination with BASICS and other child survival partners, SARA is doing the background technical work that will allow the development of a REDUCE/neo-natal advocacy model for adaptation and use in Africa and elsewhere, as an integral part of country efforts to reduce neo-natal mortality in Africa.

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## *Child Survival*

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### **Collaboration with African Institutions and Capacity Building**

#### **WHO/AFRO**

SARA continued its close collaboration with WHO/AFRO and BASICS West Africa staff. Discussions mainly centered on issues of scaling up quality improvement approaches. Dr. Prysor-Jones has been in regular phone and e-mail contact, especially with Dr. Sogunro in Lome, to discuss strategies and facilitate interactions between the various parties.

SARA also involved CESAG in these deliberations, facilitating contacts between CESAG and both the Quality Assurance project and COPE.

### **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

### **Issues Identification**

#### ***Consultative Meeting on Behavior Change Issues***

SARA staff members Lonna Shafritz and Suzanne Prysor-Jones worked with the CHANGE project on the design and organization of a consultative meeting held in February 2000 with over sixty attendees from the USAID Global Bureau, the Africa Bureau, and various Cooperating Agencies and projects. While the participants found the discussions very useful, according to the evaluation forms, it was clear that a shared knowledge base for behavior change and communica-

tions (BCC) in child health is sorely lacking. An ongoing forum for BCC in child health was recommended to serve this need, as well as to develop more specific, targeted recommendations for investment. Promising practices were shared, current gaps discussed, and potential priority areas identified for BCC interventions and tool/approach development. Follow-up from the meeting has been fragmented, however.

***Participation in the Inter-Agency Working Group on Household and Community Approaches to Child Health (IAWG)***

Suzanne Prysor-Jones participated in several meetings of the IAWG this year, including the meeting held in June in Durban, South Africa. A field trip to the Bergville World Vision and UNICEF-supported community program, and conversations with representatives from Tanzania, Uganda, and Mali allowed Dr. Prysor-Jones to form a relatively clear idea of the state of current field activities, partially funded by the USAID grant to UNICEF. Dr. Prysor-Jones facilitated several sessions during the meeting, and helped to draft the concluding statement, which reflects the hard-won consensus on community IMCI by UNICEF, WHO, USAID, and other agencies.

After the Durban meeting, Dr. Prysor-Jones developed a concept paper with Dan Kasege of Afri-CAN—African Community Action Network for Health—on a possible role for this network in promoting child health in the community within its member NGO networks in several countries.

Dr. Prysor-Jones worked with Dr. Remi Sogunro of WHO/AFRO and BASICS staff to draft the scope of work and facilitate the recruitment of a consultant to prepare a package of materials for the training/orientation of a cadre of consultants able to give assistance to countries in designing interventions to improve child health through household and community approaches. Dr. Bongwele was recruited by BASICS to do this work in Lome, under the supervision of Dr. Sogunro. A first draft of materials has been produced and reviewed, and a second draft should be ready for review in late 2000. Cathy Wolfheim of WHO/Geneva has agreed to join in the next review. This work is being undertaken under the aegis of the IAWG, where the need for capacity building in this and other areas has been highlighted.

***Improving the Availability of Essential Drugs at the Community Level***

Lonna Shafritz took the lead for SARA in organizing a Consultative Meeting on “Commodities in Communities” in Washington in May 2000. A group of 20 experts from USAID and cooperating agencies debated the key issues in this area.

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## ***Child Survival***

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The meeting report was circulated in June. Major conclusions were that:

1. The only way to rapidly increase access to supplies in rural areas is to de-medicalize these products;
2. Increasing access requires a coordinated approach involving all stakeholders, and including public, private, and NGO sectors;
3. It is important to create demand for key drugs/supplies through direct promotion, using a coordinated approach that involves all stakeholders.

As one follow-up action after the meeting, Suzanne Prysor-Jones, Camille Saade from the BASICS project, and Michael Gabra from the Rational Pharmaceutical Management (RPM) project were tasked to prepare recommendations to the Africa Bureau on improving the availability and use of ORS. This small group has met three times and recommendations have been drafted. These address the essential drug package for community child health in general, since dehydration cannot usefully be treated in isolation, and suggest that rapid assessments should be generalized and used as a basis for designing appropriate, context-specific interventions to improve country situations. They also address social marketing and the targeting of subsidies used in its implementation.

## **Research and Analysis**

### ***Increasing the use of Qualitative Research for Child Health in West Africa***

#### ***a. Dissemination of qualitative research tools for child health***

The French version of *Qualitative Research for Improved Health Programs*—a description of available tools that can be used for child health and other programs—should be available in early 2001 and distributed largely through CERPOD, BASICS/Regional Office, the Regional Public Health School (IRSP) in Benin, and other institutions in the region that had expressed interest in the development of this reference document.

#### ***b. Capacity building for qualitative research (CERPOD)***

SARA supported the technical input of SARA/ACI consultant Gary Engelberg, who worked with Mamadou Konate from CERPOD and Sarah Castle from the London School to develop a training outline for the proposal on capacity building for qualitative research. A second draft of this proposal is circulating. In the sub-contract currently being developed with CERPOD, SARA is including some support to co-fund the first training. CERPOD is confident that other funds will be made available through the LSHTM and other sources.

## **Dissemination and Advocacy**

### ***Description of Existing Qualitative Research Manuals***

The *Qualitative Research for Improved Health Programs* manual, prepared by a Johns Hopkins University consultant, was designed for program managers and researchers in Africa. It describes and discusses qualitative research methods and manuals which are available in the fields of child and reproductive health, including HIV/AIDS and malaria. The document was finalized in mid-year, and 815 copies have been disseminated, reaching 29 countries in Africa. 43 percent of these were sent out on request. The French version of the manual is currently being finalized and should be available by early 2001.

### ***Dissemination during the Durban Meeting on Household and Community Approaches***

The opportunity afforded by the Durban meeting was taken by SARA to display copies of over ten SARA publications pertaining to child health in the community. Participants signed up for all of these, and over 100 requests were filled in subsequent weeks.

## **Capacity Building and Collaboration with African Institutions**

### ***Development of a Cadre of African Consultants for Household/Community IMCI***

Suzanne Prysor-Jones commented on a first draft of the background materials being developed for consultant orientation by BASICS consultant Dr. Bongwele, who is working in Lome, under the direction of Dr. Sogunro of WHO/AFRO. A second draft is to be reviewed in early 2001, and Prysor-Jones has assisted in engaging experts from BASICS/Regional Office and WHO/Geneva in this task.

### ***World Health Organization Regional Office for Africa (WHO/AFRO)***

SARA consultant Marc Debay worked with AFR/SD and WHO/AFRO staff in Harare to design a WHO/AFRO reporting system for its donors that integrates IMCI and Malaria activities. Suzanne Prysor-Jones worked with WHO/AFRO staff on several household/community IMCI issues.

### ***BASICS Regional West Africa Team***

The BASICS/West Africa team is becoming increasingly involved in household and community approaches to child health. Suzanne Prysor-Jones has held discussions on this area with members of the team to encourage their participation

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## ***Child Survival***

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in regional meetings, etc. She has also provided them with documentation on issues in which they have expressed interest.

### ***CERPOD***

SARA continues to work with CERPOD in planning its capacity building initiative on qualitative research, which will hopefully eventually focus on child health issues. A different technical theme is to be chosen each year for the training, and country teams from that specific area will participate, to improve the likelihood of new skills being actually used as part of program interventions.

**C. Infectious Diseases (Strategic Objective 19)**

**SARA Advisors:**

Suzanne Prysor-Jones, Project Director, AED  
Sambe Duale, Senior Research Manager, AED

**Results package: 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 for AFR/SD**

*Promoting Coordination between IMCI and Malaria*

Suzanne Prysor-Jones and Sambe Duale participated in working group meetings and electronic exchanges between AFR/SD and representatives of WHO/AFRO, DFID, and the World Bank to discuss improving linkages between IMCI and RBM activities in the African region. Activities included the planning of a joint DFID and USAID mission at WHO/AFRO and a joint IMCI and RBM task force meeting later this year on future directions to better maximize the synergy between IMCI and Roll Back Malaria in Africa.

SARA provided the technical services of Marc Debay of Johns Hopkins to work with Hannah Searing of AFR/SD to assist WHO/AFRO in developing indicators for monitoring and reporting on the malaria control and prevention and IMCI activities funded by AFR/SD and other partners.

*Monitoring and Evaluation of the Joint WHO/AFRO and USAID Support for Malaria Control Programs in Africa*

A number of SARA staff and consultants assisted with the preparation of the final report of the joint USAID, DFID and WHO/AFRO review of African malaria programs. SARA staff participated in, and contributed to a briefing meet-

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## ***Infectious Diseases (Malaria)***

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ing at AFR/SD/HRD on the findings and the proposed next steps. The final report of the review was produced and distributed by the Malaria Consortium with support from DFID.

### **Research and Analysis**

#### ***Updating AFR/SD Strategic Framework for Research, Analysis and Dissemination on Malaria***

The AFR/SD/HRD Malaria core team met to review drafts of the revised strategic framework for research, analysis and information dissemination on malaria prepared by Marc Debay.

The final draft of the strategic framework was sent to selected USAID Global Bureau and other experts for comments. The comments from the reviewers were incorporated in a final draft of the paper. The document is almost ready for final editing, production and dissemination.

### **Dissemination and Advocacy**

#### ***Dissemination of Relevant Information on Malaria and Pregnancy***

The SARA project signed a purchase order with Taylor & Francis, Ltd., the publisher of the *Annals of Tropical Medicine & Parasitology*, for the production of a supplement on malaria and pregnancy. SARA received 500 copies of the supplement that was printed by Taylor & Francis, Ltd. in December 1999.

Copies of the *Annals of Tropical Medicine & Parasitology* supplement on malaria and pregnancy were distributed at a multi-agency workshop hosted by AFR/SD and to various audiences in Africa. Most of the copies have been disseminated.

#### ***Support for Initiatives on the Prevention of Malaria in Pregnancy in Africa***

Renuka Bery and Duale Sambe attended AFR/SD/HRD-sponsored working group meetings to discuss issues and approaches for addressing malaria and pregnancy in Africa. They also participated and distributed materials at a special session on malaria and pregnancy sponsored by WHO at the XVI World Congress of the International Federation of Gynecology and Obstetrics held September 3-8, 2000 in Washington, DC.

Renuka Bery, SARA Dissemination and Advocacy Manager, worked with the interagency Malaria and Pregnancy Working Group to develop an advocacy bro-

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## *Infectious Diseases (Malaria)*

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chure—*Lives at Risk: Malaria and Pregnancy*—designed for policy makers and maternal health program managers. The brochure has been finalized, printed, and distributed.

### ***Manual on Qualitative Research for Case Management of Malaria and other Malaria-related Documents Requested by AFR/SD***

The following documents were translated, printed and disseminated by SARA:

1. *Partnership for Change and Communication* (French) - a WHO/TDR and Malaria Consortium manual for working with communities on malaria
2. *Rapid Assessment: Health Seeking Behavior for Severe and Complicated Malaria* (French) - a WHO/TDR (Tropical Diseases Research) document
3. *Rapid Assessment: Recognition of Illness Symptoms for Severe and Complicated Malaria* (French) - a WHO/TDR document
4. *Improving Community Case Management of Childhood Malaria: How Behavioral Research Can Help* (English and French) - a SARA document
5. *Using Ethnographic Research for Improving Case Management of Malaria in Young Children* (English and French) - TDR brochure

### **Collaboration with African Institutions and Capacity Building**

#### ***Improving MRTC Capacity to Support Malaria Prevention and Control in Africa***

Mary Ettlign of USAID/AFR/SD and Dr. Duale used the opportunity of having colleagues from the Malaria Research and Training Center (MRTC) in Bamako, Mali, in Washington, DC, November 28 - December 2, 1999 for the ASTMH meeting to convene a working group meeting on plans for the use of Clinton/USAID funds for malaria in Mali. Yaya Toure of MRTC, Elizabeth Higgs and Lou Miller of NIH, and Monica Parise of CDC attended the meeting. The main purpose of the meeting was to discuss project, research, training, and capacity building plans for the use of the funds that AFR/SD has allocated through NIH for strengthening MRTC capacity to support malaria prevention and control in Africa.

Dr. Duale has worked with Mary Ettlign of USAID/AFR/SD and Dr. Higgs of NIH to package the MRTC proposed activities into a final work plan.

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## *Infectious Diseases (TB)*

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### **Results Package: Tuberculosis**

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

### **Introduction**

The first year of the SARA II project coincided with an increased interest in the US Congress and USAID/Washington in tackling the global problem of TB. SARA staff worked with AFR/SD colleagues on information dissemination and the advocacy of USAID missions and partner institutions in Africa for increased TB prevention and control efforts. SARA has initiated dialogue with selected African professionals and institutions to identify priority TB issues for consideration by AFR/SD and its partners.

### **Technical Support to AFR/SD**

#### *Support the Development of an AFR/SD Results Package for Infectious Diseases*

Sambe Duale provided technical support to AFR/SD/HRD to develop a results package (RP) for addressing tuberculosis (TB) as one of the priorities of the AFR/SD/HRD infectious diseases and the HIV/AIDS portfolios. The proposed key results and activities of the TB RP cover the following areas: 1) advocacy to missions and other interested parties on the magnitude of the TB problem and the need to mobilize resources for TB programs; 2) technical support to missions for the programming of funds allocated to TB control; 3) strengthening capacity of selected African institutions and networks in support of effective and sustainable TB control programs; and 4) the development and implementation of an operations research agenda to inform policy, strategy and advocacy.

Sambe Duale attended infectious diseases core team meetings and provided expert advice on the management of the AFR/SD infectious diseases portfolio.

### *Monitoring and Evaluation of the Joint WHO/AFRO and USAID Support for Integrated Disease Surveillance (IDS) Systems in Africa*

Marc Debay and Sambe Duale have worked with AFR/SD/HRD colleagues on the identification of indicators and a scope of work for the WHO/AFRO joint reporting on various disease control grants. Dr. Debay traveled with Ms. Hannah Searing of AFR/SD/HRD to Harare to assist WHO/AFRO in initiating the joint reporting system.

Dr. Duale participated also in discussions and working group meetings between AFR/SD, WHO/AFRO, and CDC on the development, implementation, and monitoring of the IDS program in Africa.

### **Issues Identification**

#### *The Regional Conference on Tuberculosis Prevention and Control in Africa*

The 13<sup>th</sup> Biennial Conference of the Africa Region of the International Union Against Tuberculosis and Lung Disease (IUATLD), held May 24-27, 2000 in Conakry, Guinea, brought together close to 500 program managers, experts and researchers to share the latest progress in addressing tuberculosis and its interaction with HIV/AIDS, acute respiratory infections (ARI), asthma and tobacco in African settings. SARA supported Dr. Francis Adatu-Engwau of the TB Control Program of Uganda, Dr. Saidi Egwaga of the TB Control Program of Tanzania, and Dr. Duale Sambe, SARA Senior Research Manager, to attend the meeting.

The conference was organized as panel presentations followed by questions and discussions around selected themes including: access to care for TB patients, TB and big cities, TB and HIV, TB and gender, Stop TB Initiative and mobilization of resources, HIV and respiratory disease in children, childhood pneumonia, asthma, anti-tobacco campaigns in Africa. Most of the presentations centered on lessons learned and challenges in the implementation of programs for the prevention and control of TB in African settings.

Dr. Adatu-Engwa made a presentation entitled “Community-based DOTS: A Partnership for Improved TB Control – the Uganda Experience” as part of the panel on access to care for TB patients. Dr. Egwaga contributed to the panel on TB and big cities by making a presentation on the “Expansion of Tuberculosis Diagnostic Services in Dar-es-Salaam, Tanzania.” Dr. Alwyn Mwinga of Zambia, another SARA-sponsored participant, did not make it to Conakry because of flight problems. She was to contribute to the panel on TB and HIV by making a

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## ***Infectious Diseases (TB)***

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presentation on “The Burden of TB and HIV on Health Services in Southern African Countries.”

### ***Working Group Meeting on TB and Women***

At the 13<sup>th</sup> Biennial Conference of the Africa Region of the International Union Against Tuberculosis and Lung Disease (IUATLD), held May 24-27, 2000 in Conakry, Guinea, Dr. Duale facilitated a small discussion and initiated consultations with selected TB control managers including Dr. Egwaga of Tanzania, Dr. Adatu of Uganda, Dr. Koshonge of D.R. Congo, and Dr. Nyarko of WHO/AFRO on the issue of TB prevention and control among women. A concept paper that Dr. Duale prepared for a situational analysis on the topic in selected African settings is being used for further discussion with other colleagues and partners in Africa.

## **Research and Analysis**

### ***Women and Tuberculosis in Africa***

The gender dimension of the TB epidemic has emerged as a priority topic for research that is not currently being addressed. It has been suggested that the reliance of the direct observed therapy short course (DOTS) strategy on passive case finding may contribute to under-diagnosis among women TB patients. To develop better approaches for TB prevention and control in African settings, it is clear that more knowledge is needed about health-seeking behaviors and about how the DOTS strategy affects women and men and what kind of implications for TB control these effects have.

Dr. Samba Duale has developed a concept paper for a study of factors affecting the use of TB diagnosis and treatment services by African women of reproductive age. Dr. Duale has been in communication with colleagues at the National TB Control Program of Tanzania, WHO/AFRO, and AFR/SD to identify an African social scientist with sufficient expertise in addressing health issues such as STDs and other communicable diseases in maternal and child health and reproductive health programs, and a TB expert to form a study team that will develop a protocol and tools for a pilot situation analysis study on access and use of TB prevention and control services by women of reproductive age. A few social scientists from Tanzania have been suggested and a selection will be made in the next few weeks in consultation with the AFR/SD Technical Advisor on TB.

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SARA will be sponsoring a four-day working group meeting in Tanzania early next year that will bring together the study team, selected experts from TB and reproductive health programs in the region, especially from Tanzania, Uganda and Kenya, and representatives of WHO, USAID, and SARA to review and advise the study team on finalizing the study protocol, tools and implementation plan.

## **Dissemination and Advocacy**

### ***Production and Dissemination of TB Advocacy Briefs and other Documents Requested by AFR/SD***

Dr. Duale worked with Dr. Cornelia Davis of AFR/SD to prepare and send out an e-note on TB in Africa to USAID missions and also to develop an advocacy brief on the magnitude of and response to the TB epidemic in Africa. The advocacy brief was produced by the USAID/ABIC and SARA is assisting with its dissemination.

## **Illustrative Results**

- ◆ Advocacy brochure on IMCI for non-health personnel finalized in English and demand for it expressed by several countries and partners
- ◆ Interest in COPE for Child Health shown by WHO/AFRO, BASICS/Regional, and CESAG, following visit to Guinea test sites
- ◆ WHO/AFRO taking the lead in preparing to develop a cadre of consultants for household and community approaches to IMCI
- ◆ WHO/AFRO IMCI and malaria programs better coordinated (with assistance from SARA, among others)
- ◆ Child health partners expressed interest in working with SARA on advocacy model for neo-natal mortality reduction

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## *Nutrition*

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### **D. Nutrition (Strategic Objective 19)**

#### **SARA Advisors:**

Ellen Piwoz, Nutrition Advisor, AED  
Micheline Nturu, Nutritionist, AED

#### **Results Package: Nutrition**

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

- IR 1: Increased African commitment to addressing nutrition-related problems
- IR 2: Strengthened African regional and national capacity to plan, manage, implement, and evaluate nutrition-related policies and programs
- IR 3: Increased number and quality of nutrition-related activities integrated into USAID bilateral and regional programs
- IR 4: Increased joint planning and programming with USAID partners and other donors on nutrition-related activities
- IR 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 continued to provide technical support to AFR/SD this year in its management of the Nutrition Results package. Several core group meetings were held early in the year to brief the new nutrition team leader, Holly Flutey-Dempsey, and to discuss priorities for the year's activities. Technical inputs covered a broad array of activities from priorities for capacity building in the region, to updates on nutrition and HIV/AIDS, to input on indicators for monitoring vitamin A activities, to suggestions on the organization of technical sessions for the SOTA course, which was held in June 2000. Dr. Piwoz also participated in discussions related to the design and monitoring of AFR/SD's HIV/AIDS strategic objective and intermediate results, as well as to priorities for capacity development in Africa. Ms. Nturu also worked with the education

core team to organize a consultation on nutrition-health-education sector linkages.

In addition to work with AFR/SD, SARA provided technical assistance to AFR-supported Cooperating Agencies. SARA nutrition advisor, Dr. Ellen Piwoz, participated in the BASICS II project as a member of the Nutrition Working Group. Meetings this year focused on setting priorities for the new project and designing indicators for measuring impact on young child feeding interventions. Dr. Piwoz also briefed technical staff at BASICS on issues related to mother-to-child transmission of HIV. SARA Project Director, Dr. Suzanne Prysor-Jones, participated in planning meetings of the BASICS Regional Office for West Africa this year and assisted with the development of the regional work plan for nutrition in West Africa.

SARA also provided technical assistance to the LINKAGES and FANta projects on issues related to nutrition advocacy and HIV/AIDS. Dr. Piwoz has provided technical assistance to the LINKAGES-supported research on HIV and infant feeding in Zimbabwe (through the ZVITAMBO project), and has acted as a resource person for other LINKAGES activities related to HIV and infant feeding and maternal nutrition. Dr. Piwoz is one of the co-authors of a LINKAGES publication on essential actions for the improvement of women's nutrition, and she helped to prepare 'job aids' for counseling women on infant feeding in the context of HIV/AIDS.

SARA nutrition specialist, Ms. Micheline Nturu, participated in discussions with LINKAGES on measuring the impact of PROFILES capacity development and advocacy in Africa and on disseminating lessons learned from assessments of better practices in community nutrition in the Greater Horn of Africa Initiative. Ms. Nturu also worked with FANta Maternal-Child Health Specialist, Ms. Serena Rajabiun, on a manual for developing nutritional support interventions for people living with HIV/AIDS. This manual is currently under review and will be produced by FANta in 2001.

### **Issues Identification**

SARA has been involved in several issues identification activities this year.

#### *Organization of Consultative Meeting on Nutrition Priorities*

SARA nutrition advisor, Dr. Ellen Piwoz, and nutrition specialist, Ms. Micheline Nturu, helped AFR/SD to organize a July meeting of nutrition collaborating agencies to discuss priorities in Africa over the next several years. The purpose

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## ***Nutrition***

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of the meeting was to assess progress and identify new priorities that may require additional technical or other support from AFR/SD. All organizations present felt that it was important to continue to support the ongoing activities and critical mass of African partners collaborating with AFR/SD. The challenge in the future will be to keep nutrition in focus, particularly as other issues such as HIV/AIDS emerge as priorities. Work has begun to identify and understand how nutrition fits in with HIV/AIDS and such integration must continue in the future in much the same way as nutrition has been integrated into child survival programming.

### ***Contributions to MTCT Issues Identification***

SARA has been providing technical assistance to other agencies involved in MTCT interventions, particularly with respect to infant feeding matters. SARA participated in technical consultations on MTCT issues in Durban (AIDS 2000), Nairobi (UNICEF), and Geneva (WHO/UNAIDS).

### ***Collaboration with UNICEF on Issues Identification***

SARA staff joined Africa Bureau colleagues in meetings and electronic exchanges with colleagues at UNICEF, including Ms. Flora Sibanda-Mulder, Regional Maternal Health and Nutrition Advisor for UNICEF/West and Central Africa, to identify nutrition issues of mutual concern and potential collaboration between UNICEF and USAID in the region. Discussions centered around interest in social marketing of a multivitamin for women in the region using community-based workers; malaria and pregnancy; country follow-up for PROFILES; nutrition as a component of community IMCI; mother-to-child transmission of HIV and infant feeding; and support for CRAN and the WAHO regional focal point network. Several next steps were agreed upon and followed up for each of these areas.

## **Research and Analysis**

SARA has continued to support research and analysis on HIV, infant feeding, and nutrition related issues. SARA finalized the Africa Bureau vitamin A strategy, which was sent to the field in early 2000.

### ***Technical Support on MTCT Issues to the ZVITAMBO Study***

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. 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. In addition to developing counseling materials and training the team of counselors, the project has worked with the Harare City Health Department and other HIV/AIDS organizations to disseminate information about MTCT in the Greater Harare area, including work place education, and it has implemented several monitoring and evaluation activities.

These M&E activities include a home-based assessment of the skills of women receiving counseling about safer breastfeeding and/or replacement feeding practices (n=280); testing and implementation of a questionnaire on MTCT knowledge and exposure to ZVITAMBO counseling materials (n=2700); and testing and partial implementation of a questionnaire on infant feeding and HIV-related decisions (data collection to continue through February 2001). Findings from the skills assessment were presented at the Durban AIDS 2000 Conference. Results suggest that counseling HIV-positive women and women of unknown HIV status on safer breastfeeding practices have resulted in higher rates of exclusive breastfeeding at 2 months (~ 70 percent), than observed in the DHS for Harare. Results of the MTCT knowledge and HIV/infant feeding practices questionnaires will be available in 2001.

### *Issues Paper on Early Weaning by HIV-infected Women*

SARA consultants, Drs. Sandra Huffman, Diane Lusk, Chloe O'Gara, and Elizabeth Zehner, together with SARA nutrition advisor, Dr. Ellen Piwoz, have been preparing an issues paper on challenges with respect to early breastfeeding cessation by HIV-infected women. This paper was developed in response to growing attention and numerous policy recommendations favoring the option of short-duration exclusive breastfeeding followed by abrupt weaning as a means for reducing postnatal transmission of HIV. The paper explores the potential risks of this recommendation for mothers and infants, and it provides ideas on how to support HIV-positive women who choose to stop breastfeeding early in order to minimize the adverse consequences of this practice.

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## *Nutrition*

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### *Development of MTCT Strategy*

SARA consultant, Elizabeth Preble, and SARA staff members, Drs. Ellen Piwoz, Stephen Kinoti, and Duale Sambe, assisted AFR/SD this year with the development of a strategy for investing in interventions to reduce mother-to-child transmission of HIV. The strategy summarizes existing data about the problem and interventions to address it. Core MTCT interventions, including optimal antenatal care services, voluntary counseling and testing, support for safe infant feeding, optimal obstetric practices, short-course anti-retroviral prophylaxis, and family planning services are described in the document. The paper also provides guidance to USAID missions and other organizations on ways to incorporate MTCT interventions into existing child survival, reproductive health, nutrition, HIV/AIDS prevention, food security, and other programs.

### *Assistance to University of Western Cape on HIV and Infant Feeding*

SARA provided technical and financial support to the University of the Western Cape Public Health Program to conduct a formative research study on HIV and infant feeding in the context of an existing provincial MTCT program that provides AZT and infant formula to HIV-positive women. The study was conducted in Khayelitsha, a peri-urban township with an antenatal HIV-seroprevalence rate of about 15 percent. UWC adapted tools from the LINKAGES/SARA formative research study in Ndola, Zambia to this program context. In addition, new question guides were developed for in-depth interviews with HIV-positive women participating in the MTCT program and with health providers involved in its implementation. The study included 70 in-depth interviews among mothers and care-givers attending Khayelitsha health centers (where the program is operating); 11 HIV-positive mothers on the MTCT program; 11 health providers; and home visits with trials of improved practices among about 20 families in the program area. The findings have been summarized and disseminated to provincial and national health authorities, and changes in the program are being institutionalized. The findings were disseminated in two oral presentations at the Durban AIDS 2000 meeting, and a paper has been submitted for publication in the South African Medical Journal. This study has confirmed the applicability and adaptability of the formative research approach developed for the Ndola Demonstration Project (Zambia) to other program settings, particularly for assessing the progress and making mid-course improvements to an ongoing program.

### ***Development of Tool to Measure Feeding Practices in MTCT Context***

Dr. Ellen Piwoz was asked this year by WHO and UNICEF to develop a tool for measuring breastfeeding and infant feeding practices in the context of mother-to-child transmission of HIV. This tool, which was drafted, reviewed, and is currently being field tested, is intended for use by researchers and programs involved in monitoring infant feeding practices. WHO has received a grant from the Dutch government to field-test and finalize the tool and they have hired a full-time coordinator for this activity. The coordinator will also take responsibility for revising the tool and disseminating it.

### ***Review Paper on HIV/AIDS and Nutrition***

SARA consultant, Elizabeth Preble, and SARA nutrition advisor, Dr. Ellen Piwoz, completed work this year on the review paper titled *HIV/AIDS and Nutrition: A Review of the Literature with Recommendations for Nutritional Care and Support in Sub-Saharan Africa*. This paper, which is targeted at health professional working in programs in Africa, reviews and clearly presents the scientific literature on the impact of HIV on nutrition, and nutritional status on HIV disease progression and mortality. The paper also provides evidenced-based recommendations for nutritional care and support, which can be adapted to local contexts. The idea for the paper emerged from a 1999 workshop on HIV/AIDS and nutrition, which was organized by the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS/ECSA) and supported by AFR/SD. The paper will be produced in late 2000, translated into French, and disseminated widely in Africa.

## **Dissemination and Advocacy**

### ***Multi-sectoral Involvement in Nutrition***

SARA nutrition specialist, Ms. Micheline Nturu, and consultant, Ms. Linda Kean, finalized the advocacy brochures known as *Nutrition Briefs: Linking Multiple Sectors for Effective Planning and Programming* this year. These Briefs were developed in collaboration with the CRHCS Food and Nutrition Coordinator, Ms. Boitshepo Giyose, in preparation for the 25<sup>th</sup> Anniversary Meeting of the Conference of Health Ministers for the Commonwealth Region. This meeting was held in October 1999.

The Nutrition Briefs are a series of four to six-page brochures which outline in plain language key issues concerning nutrition and development. The Briefs include the following brochures:

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- ◆ The Heavy Burden of Malnutrition
- ◆ Better Health through Improved Nutrition
- ◆ Adequate Feeding Reduces the Risks of HIV Infection
- ◆ Educational Success Depends on Adequate Nutrition
- ◆ Investing in Nutrition Promotes Sustainable Human and Economic Development
- ◆ Agricultural Policies and Programs Can Improve Food Security
- ◆ Collaborating with Private Industry to Combat Malnutrition

The Briefs are currently being updated by CRHCS, and work began on an adaptation for West Africa. The Nutrition Briefs have been in great demand, and have been disseminated widely in various meetings in Africa as well as the U.S.

Dr. Piwoz also gave a presentation on AFR/SD's capacity building initiatives for nutrition at the ACC/SCN meeting in April 2000.

### *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:

- ◆ Presentations at the Makerere University Quality of Health Care Network meeting in Entebbe, Uganda on HIV/AIDS and nutrition, and on malaria and anemia (February 2000).
- ◆ Presentations on HIV/AIDS and nutrition for the FANta Project (April 2000), the PVO CORE Group (April), and Save the Children's Program Learning Group (May 2000).
- ◆ Presentations on HIV and infant feeding at BASICS (March), at the Durban AIDS 2000 meeting (July), and at the Nutrition Focal Point meeting (September).

Several papers have been developed as a result of these presentations. These include SARA issues papers:

- ◆ HIV and Infant Feeding: Risks and Realities in Africa (August 2000) – available in English and French.
- ◆ Maternal Transmission of HIV: Can Breastfeeding Promotion Programs Make a Difference? (July 2000) – available in English only.
- ◆ HIV and Nutrition: An Update on Current Knowledge (February 2000) – available in English.

In addition to the above, Dr. Piwoz attended the Durban AIDS 2000 meeting, covering issues related to MTCT. Two papers, currently available on the worldwide web, were developed to summarize the findings of the meeting for policy and research audiences. These papers include:

- ◆ A policy brief on MTCT from the Durban AIDS Conference
- ◆ A summary of the MTCT research findings presented at the Durban AIDS Conference and related satellite meetings.

Both papers have been widely disseminated via electronic mailings and notices.

### *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. Micheline Nturu, has participated in discussions with LINKAGES about monitoring and evaluating the impact of PROFILES training and advocacy in Africa, and both SANA regional advisors have participated in country training in Ghana (Ms. Kinday Samba) and facilitated country PROFILES activities in Kenya (Ms. Debbie Gachuhi). Ms. Gachuhi has made several PROFILES presentations in Kenya to education sector and other audiences, and this has helped to mobilize the Kenya Coalition for Action in Nutrition (K-CAN).

### **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 – with joint work on: a) nutrition advocacy with the development and dissemination of the *Nutrition Briefs: Linking Multiple Sectors for Effective Planning and Programming*; b) assisting with the planning and facilitation of the 25<sup>th</sup> anniversary meeting of the organization and Conference of Health Ministers; c) preparation of the review paper on HIV and nutrition and discussion of priority information needs on nutritional care and support for people living with HIV/AIDS; and d) elaboration of a proposal and draft sub-contract for future work on monitoring and evaluation of nutrition advocacy/PROFILES in the region; and e) regional consultations, training, and information dissemination on HIV/AIDS and nutrition/infant feeding issues.

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- ◆ CRAN and the West Africa Nutrition Focal Point Network – with technical and financial assistance to organize and implement the annual meeting of nutrition focal points and to discuss the future organization of the Network under the auspices of the West African Health Organization. SARA has also facilitated electronic communication and networking among focal persons in the region.
- ◆ University of the Western Cape – building capacity for formative research on HIV and infant feeding; distance learning materials development; and participatory adult learning methodologies for nutrition program areas such as monitoring and evaluation, and program assessment, design, and management.
- ◆ ZVITAMBO – building capacity for monitoring and evaluating of the impact of counseling on infant feeding and HIV-related decisions, and for analyzing and disseminating results to research and policy audiences.
- ◆ Regional Centre for Quality of Health Care and Network (Makerere University) – provided technical inputs into various Centre and Network activities related to HIV/AIDS and nutrition, including participation as a facilitator in the meeting of the Regional Network; participated in a regional review of promising community nutrition programs and practices; and assisted with the preparation of job aids and background technical materials on the essential actions for improved maternal nutrition. The materials were used in the July/August training course on Essential Actions for Nutrition.

## **Illustrative Results**

- ◆ Improved programs and policies related to HIV and infant feeding in Zimbabwe and South Africa, and at the sub-regional and global levels.
- ◆ Increased knowledge and investments in programs to reduce mother-to-child transmission of HIV within USAID and African institutions.
- ◆ Improved knowledge and understanding of HIV/AIDS and nutrition issues within African institutions, USAID partners, and the PVO/NGO community.
- ◆ Tools (qualitative and quantitative) for measuring the impact of MTCT programs on infant feeding practices developed and tested.
- ◆ Promising practices for improved community nutrition programming shared in West, East and southern Africa.

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## *Population/Reproductive Health/Maternal Health*

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### ***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

Rhonda Smith, PRB/SARA Consultant

#### **Improving Provider Performance**

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

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 reproductive health (RH) core team membership experienced numerous changes during year one of SARA II. Caroline Blair joined SARA in November 1999 as the Reproductive Health Advisor. Rhonda Smith of PRB continues to participate in RH core team activities, albeit at a reduced level. Lalla Toure has done several consultancies with SARA during this year.

Despite changes in the membership of the core team, it continued to meet regularly and to form strong new working relationships. 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, drafting an impact review of male involvement activities funded in earlier years, guiding dissemination strategies, participating in evaluations, developing and providing materials for fora such as SOTA meetings, and providing input to the development of summary sheets and web content on AFR/SD-supported activities. The SARA team participated in the USAID annual review process,

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including assisting in the development of a Power Point presentation, and were co-presenters in the orientation briefing given to the new Assistant Administrator of the Africa Bureau.

With the launch of SARA II came the requirement to negotiate sub-contracts with SARA's key sub-contractors. The SARA reproductive health advisor played a key role in developing scopes of work for PRB, JHPIEGO, and ACI and for ensuring that these SOWs fell within the core team's results packages. Overall, in the area of reproductive health, year one of SARA II focused on putting administrative mechanisms in place with sub-contractors and African institutions, on consolidation of activities started under SARA I, and on planning future activities and a portfolio review.

### **Issues Identification**

#### ***Reproductive Health Portfolio Review***

A major activity that started up during year one of SARA II was the review of the Africa Bureau's whole RH portfolio. SARA drafted the scope of work for the consultant, and participated in the management of the review, which is ongoing. The review is expected to guide RH in its efforts to streamline its activities to better reflect the current state of the art in RH, to more closely tailor its portfolio of activities to meet needs in the field, and to facilitate AFR/SD's role in advocating for increased funding to key RH issues. The specific objectives of the review are:

1. to review the influence the RH portfolio of activities has had on policies and programs;
2. to determine whether the RH activities reflect current priority issues and approaches to reproductive health programs in Africa (in terms of addressing important needs and reflecting the state of the art in technical areas); and
3. to recommend any adjustments to the current mix of activities and funding allocations for AFR/SD to RH, given SD's comparative advantage and existing resources, as well as the activities of CAs, other donors, and host country governments are doing in reproductive health.

Based on the findings and recommendations of the review, AFR/SD may decide to revise its results packages. If so, the SARA team will assist in this exercise.

The SARA team took part in numerous meetings, workshops, lessons-learned sessions (for example the role of skilled attendants, behavioral issues in safe

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motherhood, and lessons-learned sessions organized to by the Mothercare project). Such participation ensures that the SARA team and the RH core team is up-to-date on best practices and facilitates identification of follow-up activities, including dissemination and advocacy. The SARA RH advisor also took part in the adolescent reproductive health symposium organized by USAID's Center for Population, Health, and Nutrition at which participants were asked to "brainstorm" and make recommendations regarding future adolescent health programming to follow up the outgoing FOCUS project.

### ***RH Literature Reviews and Conference Proceedings***

The SARA RH Advisor and the SARA/PRB consultant participated in the preparatory activities leading up to the portfolio review, including coordinating extensive literature reviews for each of the RH areas. Plans are underway to finalize these and include them on the AFR/SD web site.

### ***Health Care Financing***

Two meetings were held with AFR/SD regarding potential activities in RH health care financing. Additional meetings had been planned but did not materialize during the year. As health reform takes root throughout Africa, many countries and organizations are struggling to identify successful models and to learn from others' experience. SARA will explore the possibility of documenting models of health care financing, insurance schemes and promoting the review and discussion of related issues. SARA will explore possible support to this area in the upcoming year, including multi-country case studies and the research questions identified as part of a workshop on RH financing supported through the Policy project in 1999.

### ***Improving the Quality of Care in Francophone Africa***

The USAID-led maximizing access and quality of care initiative (MAQ) continues to be active and SARA's RH advisor participated in both the MAQ steering committee and in 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 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

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committee has identified as needing discussion in the region, is the state of the art on the integration of HIV/AIDS and family planning (FP). Post-abortion care may also be a suitable topic and a PAC activity is under discussion as well.

### **Research and Analysis**

#### ***Support to AFR/SD-funded Male Involvement Activities***

SARA's RH advisor worked with the Reproductive Health Research Network (RESAR) to develop and finalize a qualitative research protocol on male involvement in FP. Data was collected in the participating countries (Benin, Cameroon, Niger, and Togo) in 2000, and its analysis is currently underway. The results of this study will assist countries in the region to develop policies and programs focused on men. This year, as part of its ongoing "men as partners" (MAP) work supported by AFR/SD, AVSC collaborated on the RESAR male involvement research and field-tested a curriculum for service providers designed to guide the delivery of RH services to men. Next steps include translating the curriculum into French and field-testing it in Guinea. Next year, using AFR/SD funds, AVSC will evaluate the impact of the Guinea Mission-funded MAP activities it has implemented in that country. SARA and AFR/SD will consider the dissemination of these findings in the region during 2001. As a result of activities supported by AFR/SD in Uganda, AVSC has secured additional funding for MAP work from the Hewlett Foundation and is negotiating possible funding with UNFPA.

The SARA team prepared a draft Impact Review of AFR/SD-funded male involvement activities implemented between 1996 and 1998 by JHU/CCP. The model, which uses sports as entry points, is shown to be a valid model and one that could be successfully replicated. JHU was able to leverage significant funding from numerous sources and at least two missions (Rwanda and Senegal) have either allocated funds for male involvement activities based on those implemented on a pilot basis by JHU or are discussing this possibility with JHU. JHU/CCP has developed a draft "how to" manual to assist groups wishing to implement RH IEC programs targeted at men through sports.

#### ***The Role of Traditional Birth Attendants in Safe Motherhood Programs***

The SARA team has started discussions with the American College of Nurse-Midwives (ACNM) regarding repackaging and disseminating findings of their meta-analysis of the impact of traditional birth attendants (TBA) on maternal health and on plans to hold a symposium on this subject during 2001.

### **Dissemination and Advocacy**

#### *The REDUCE Model*

Over the past year and a half, the SARA project has developed a safe motherhood advocacy and policy development program called REDUCE for the reduction of maternal mortality, morbidity, and disability. Other partners in the earlier stages of REDUCE's development were the Quality Assurance project (QAP) of the University Research Corporation (URC), the Measure Communication project (PRB), Mothercare (JSI), and the Maternal & Neonatal Health (JHPIEGO) project.

This year, SARA paid for some of Bart Burkhalter's time through a purchase order with QAP/URC and also paid for time from the LINKAGES project's (AED) PROFILES Coordinator, Victor Aguayo. Stephen Kinoti and Caroline Blair of SARA completed the team that moved the REDUCE model from its development into a field test in a country application setting.

Although maternal health has received increasing attention recently and growing scientific evidence exists of the magnitude and consequences of poor maternal health, governments continue to place low priority on the problem. The activity addresses the "low priority" problem with an advocacy model (REDUCE) that uses local team building and database models to estimate consequences.

At its heart is a set of spreadsheet-based computer models that estimate the magnitude of various consequences of maternal mortality and morbidity, including maternal and child deaths, disabilities and economic loss. The process of applying REDUCE in a country (adopted from the PROFILES experience) includes: 1) forming a team of local experts/advocates in safe motherhood; 2) training the team in the use of the computer models, while inputting country-specific data; 3) running and fine-tuning the models to obtain country-wide (or sub-country) estimates of the consequences of unsafe motherhood, possibly including the potential impact of a proposed intervention; 4) with the team, developing Power Point presentations that can be used to advocate for safe motherhood and the proposed intervention; and 5) helping the team to organize and carry out one or more advocacy events that use the presentations.

The SARA project organized the first field-test of REDUCE in Uganda in July 2000. The new approach was implemented in collaboration with a team of local health professionals from the Ministry of Health, the Regional Centre for the

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Quality of Health Care, Makerere University, the Makerere Institute of Public Health, and the Commonwealth Regional Health Community Secretariat. This was the first application of REDUCE in a developing country. The application appeared to be very successful, as judged by the interest, actions and accomplishments of the local team during the first two weeks. Presentation of the results of the two-week application to various partners has stimulated great interest and willingness to discuss further development of the REDUCE prototype, its field testing in a Francophone setting, and its expanded use in Africa.

Preliminary indications are that REDUCE could serve as a useful tool for maternal health advocates in Africa and beyond. The REDUCE model and its resulting Power Point presentation highlight the importance of investing in women's health in a clear, attractive, and convincing way. Work is continuing to fine-tune the prototype and to explore the inclusion of additional models within the analysis and Power Point presentation.

Discussions are underway for the expanded application of the model beyond its pilot phase.

### ***Promoting Essential Obstetric Care (EOC) in Francophone Africa***

This year, SARA continued to support CEFOREP and SAGO in the dissemination of its findings and in related advocacy work. In partnership with ACI, CEFOREP finalized and published a technical/scientific report of the assessment findings (*Prevenir La Mortalite Maternelle par Les Soins Obstetricaux d'Urgence*) and is currently repackaging the findings into an user-friendly brochure incorporating graphics and photos to share with a wider, more policy-oriented audience. This report and its related user-friendly brochure will form the basis for ongoing maternal health advocacy work that CEFOREP will continue to undertake in the region. Over 500 copies of the report have been distributed by CEFOREP throughout the region and at least 600 will be distributed at the upcoming SAGO conference in December. More details on SARA's support to CEFOREP can be found in the following section.

### ***Support to AFR/SD Work on Women's Empowerment***

The SARA team assisted AFR/SD and FHI to develop a SOW for repackaging existing information on issues in female condom programming. This will summarize the latest research, field experiences, and cost information. During 2001, FHI will organize a series of dissemination activities for key programmers and policy-makers to promote evidence-based programming and decision-

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making in the region. While 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, many program planners (including 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.

In an effort to promote evidence-based programming and expanded discussions on the female condom in Africa, the 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 to Involving African Journalists in Reproductive Health Advocacy***

The SARA project provided some support to PRB staff member Rhonda Smith to participate in the core team and to guide AFR/SD-funded media work which started under SARA I and which is now managed by PRB. Activities include working with senior African journalists and policy-makers through a series of seminars at which topical RH issues are discussed. This year the journalists continued to network regularly to increase the number and quality of media products which appear in the region.

### ***Report on Social Marketing for Adolescent Reproductive Health (SMASH)***

The lessons learned and best practices emanating from the Social Marketing for Adolescent Reproductive Health (SMASH) project were documented this year by PSI and PRB. Ms. Blair was involved in reviewing the user-friendly document. The SMASH report was circulated widely by PRB and appears on both the PRB and PSI web sites.

## **Capacity Building and Collaboration with African Institutions**

### ***Support to CERPOD for Analysis and Training***

This year, a scope of work for a new program of activities was developed with CERPOD. The RH team took the lead on negotiating and preparing the overall agreement. The RH activities that CERPOD will undertake are: 1) updating information on adolescent RH in the region (conducting an in-depth analysis of new DHS data from the region); 2) designing and disseminating a

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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 would span 18 months.

### ***Support to CRHCS for RH Issues Analysis, Discussion and Dissemination***

This year, SARA's RH advisor took part in ongoing discussions regarding the design of a 3-year scope of work and program of activities for CRHCS. Activities planned with CRHCS include compiling, repackaging and disseminating information on the state of the art in safe motherhood and malaria in pregnancy programming. CRHCS will make RH the theme of its next DJCC meeting, a meeting which brings together the Directors of Health Services, Deans of Medical Schools, and Directors of Research from each of its 14 member countries.

This year, CRHCS played a major role in the adaptation of the REDUCE model (described in the previous section) in Uganda. CRHCS will continue to play a role in regional REDUCE training efforts and in expanding the use of the advocacy model in the region.

### ***SAGO Institutional Development***

SARA provided support to SAGO for institutional strengthening meetings in January and July of 2000; the SARA RH Advisor and consultant Dr. Lalla Toure participated in both meetings.

SAGO (The African Association of Gynecology and Obstetrics) is a regional non-profit association that comprises members of the medical community in Francophone Africa. The July 2000 executive committee meeting was co-funded by SARA, UNICEF, French Cooperation, WHO, and UNFPA, with in-kind contributions (meeting hall, secretarial services and local transport) provided by CEFORP.

Since the definition and promotion of appropriate reproductive health policies and practices are among SAGO's major objectives, the July meeting brought together SAGO's executive committee to develop a strategy to achieve these ends. More specifically, SAGO is working towards:

- ◆ Reorienting itself toward an increased role in public health;
- ◆ Harnessing the potential of its membership to influence reproductive health policy and practices;

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- ◆ Advocating for resource allocation for reproductive health interventions that are based on state-of the-art research.
- ◆ Improving the quality of its conference presentations and discussions to use conferences more effectively as springboards to country-level actions, which can lead to improved RH.

At the July meeting, the SAGO executive made recommendations regarding:

- ◆ proposed changes to its constitution and internal regulations;
- ◆ the establishment of a permanent headquarters;
- ◆ the strengthening of national chapters and of communications between SAGO and these chapters;
- ◆ the improvement of the quality of its biannual conferences including the drafting of terms of reference for all parties playing roles in the organization and implementation of the conferences;
- ◆ the updating of instructions for authors of its journal;
- ◆ the themes for the 2002 conference in Bamako (post-partum haemorrhage and unsafe abortion were selected);
- ◆ the establishment of closer ties with Anglophone associations with similar objectives;
- ◆ changes to the current membership fees, conference charges, and cost and revenue sharing between SAGO and its national chapters.

All of these recommendations will be presented to the SAGO membership for adoption at the SAGO conference in Ouagadougou in December of this year. A meeting report, which includes final versions of all documents, plans, terms of reference, and instructions was completed and circulated.

SAGO also used the opportunity of this meeting to hold a satellite session with representatives of French Cooperation, which is funding a multi-country operational research project which will test different models of improving EOC services in the region. The research protocol will be finalized in September and will be presented at SAGO's biannual conference in Ouagadougou in December of 2001.

### ***CEFOREP***

During SARA I, SARA subcontracted with the Centre de Formation et de Recherche en Sante de la Reproduction (CEFOREP) to conduct an assessment of programs showing promising results aimed at reducing maternal mortality through improved EOC services in West and Central Africa. Pilot projects in four countries (Benin, Burkina Faso, Mali, and Senegal) were identified by

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SAGO and reviewed. Local teams in each of the four countries collected data and a regional team of eminent African researchers assisted in assessing the data and discussing their findings with policy makers, service providers, and communities.

Following this research, recommendations for improving the quality of EOC in the sub-region were developed by a group of West African experts, and these were shared and presented at the 1998 SAGO conference in Dakar. As a result of this, SAGO, the influential association of gynecology and obstetrics, published resolutions for improving maternal health in the region and will include EOC as a main theme at its December 2000 conference. This research work and the advocacy which followed it contributed to the Senegal Minister of Health requesting CEFORP to advise on concrete actions he could take to improve EOC services and to the Ministry of Health in both Benin and Senegal developing country-level action plans toward this end. The planning work in Benin was funded by INTRAH/PRIME during the current fiscal year.

This year, SARA continued to support CEFORP and SAGO in the dissemination of its findings and in related advocacy work.

SARA has also started discussions regarding future support to CEFORP for continued activities related to EOC. One activity being considered with CEFORP, JHPIEGO and SFPS is follow-up to the planned January 2001 curriculum development workshop on appropriate norms and standards in EOC for the West Africa region. Discussions have taken place with CEFORP and JHPIEGO regarding possible support to a regional workshop on postabortion care in Francophone West Africa during 2001.

### ***RCQHC***

The Regional Centre for Quality of Health Care (RCQHC) promotes better health care practices through networking, strategic partnerships, training and education. RCQHC was the key counterpart SARA worked with to field-test the REDUCE model (see previous section for more details). The Centre has shown interest in being a training resource in the regional training program to expand the use of the REDUCE advocacy model and discussions are ongoing with AFR/SD to define a strategy which will allow this partnership to continue growing.

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

**SARA Advisors:**

Dr. Stephen N. Kinoti, HIV/AIDS Advisor, AED

Dr. Sambe Duale, Senior Research Manager, Tulane University

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

- IR 21.1: Develop, improve and promote cost-effective HIV/AIDS strategies
- IR 21.1.1: Evaluate and improve interventions (e.g., behavior change) for preventing HIV/STI transmission
- IR 21.1.2: Evaluate and improve interventions to reduce the impact of HIV/AIDS (e.g., tuberculosis control, sectoral analysis)
- IR 21.2: Improve enabling environment to design, manage and evaluate HIV/AIDS programs
- IR 21.2.1: Develop and promote surveillance and evaluation methods for assessing trends, intervention costs and program impact
- IR 21.2.2: Improve coordination with donors and other partners for HIV/AIDS programs
- IR 21.2.3: Strengthen African regional and national capacity to plan, manage, and implement HIV/AIDS programs

**Technical Support to AFR/SD HIV/AIDS Team**

SARA assisted the AFR/SD HIV/AIDS team in reviewing the status of ongoing activities for HIV/AIDS prevention and mitigation through regular electronic communication and participation in SO21 core team, the Health Sector HIV/AIDS Group, the Care and Support Group, and the HIV/AIDS Implementation Working Group consultations.

The SARA HIV/AIDS advisor, Dr. Kinoti, worked closely with AFR/SD in developing the terms of reference for the Health Sector HIV/AIDS Group (HS-HAG). The Group agreed on an assessment of the impact of HIV/AIDS on human resources within the health sector preceded by a background paper giving results of the assessments undertaken so far and tools used, and

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## ***HIV/AIDS Prevention and Mitigation***

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identifying gaps that need to be filled. This work will be completed by April 2001.

The Senior Research Manager, Dr. Duale, took the lead in developing the revised AFR/SD HIV/AIDS Results Package (SO21 RP) and drafted the performance monitoring plan (PMP) for it. Renuka Bery provided assistance to the Africa Bureau in structuring and editing the results package developed for the Southern Africa Regional HIV/AIDS Initiative called CORRIDORS addressing cross-border interventions.

Dr. Kinoti contributed to the efforts by U.S. ambassadors in the southern Africa USAID non-presence countries to find ways to initiate HIV/AIDS prevention and mitigation activities in these countries. In addition to holding discussions with Ambassador C. Peterson in Lesotho, he prepared a brief for Michell Russell giving the situation of HIV/AIDS, ongoing surveillance activities, and contact persons in Lesotho.

During a visit to Zimbabwe, Dr. Kinoti reviewed regional and national efforts in responding to the HIV/AIDS epidemic with the HIV/AIDS team at the USAID Mission in Harare. The team shared a recent publication, *Corridors of Hope in Southern Africa: HIV Prevention Needs and Opportunities in Four Border Towns*, based on results of work done as part of the Southern Africa HIV/AIDS Initiative. Dr. Kinoti presented SARA's HIV/AIDS ongoing and planned activities in support of the USAID/AFR/SD strategic objective on "Adoption of cost-effective strategies in the prevention and mitigation of HIV/AIDS" to the team.

### **Issues Identification**

#### ***Review of Technical Issues with Donors, Partners and CAs***

The SARA project was represented by Drs. Duale and Kinoti in the review of priority technical issues and mechanisms to improve collaboration on HIV/AIDS prevention, care and support at the Implementation Working Group meeting organized by the Global Bureau HIV/AIDS Division and held October 4-5, 1999, in Washington, D.C.

Technical support was provided by Dr. Duale and Lonna Shafritz to AFR/SD/HRD and the Global Bureau during the planning of a consultative meeting on the International Partnership Against AIDS in Africa. The meeting was held November 16-18, 1999, in Washington, DC, at the Office of the National AIDS Policy Advisor. The objectives of this technical resource strengthening (TRS) meeting were for the members of the OECD contact group to discuss progress

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## *HIV/AIDS Prevention and Mitigation*

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on the International Partnership against AIDS in Africa; to consult with the UNAIDS family and African national AIDS program managers on types of technical resource needs; and to share information about bilaterally- and multilaterally-funded TRS activities and mechanisms that are available to expand and intensify the African response to HIV/AIDS. SARA prepared HIV/AIDS packets that were distributed at the meeting. Dr. Duale compiled and shared a list of African regional institutions involved with HIV/AIDS prevention, care and support, and a synthesis of e-mail responses for USAID missions on their HIV/AIDS programs.

Dr. Duale attended the global meeting on monitoring and evaluation of national AIDS control programs sponsored by UNAIDS, WHO and the USAID-funded Measure project, in Berlin, Germany. He contributed to the development of a consensus on building capacity of selected African regional institutions such as CERPOD in Bamako to enable them to provide technical assistance to national programs on monitoring and evaluation of HIV/AIDS programs.

Being a new member of the SARA staff, Dr. Kinoti visited or communicated with AFR/SD Cooperating Agencies to familiarize himself with their activities. These agencies included the Horizons project of the Population Council, the Impact project at Family Health International (FHI), Global Health Council, the International Alliance Against AIDS, the LINKAGES project, the FANta project, the Quality Assurance project, the Policy project, Save the Children, and Partnerships for Health Reform. During these contacts SARA's role and niche in working with African institutions, especially those in the ECSA region that Dr. Kinoti is very familiar with, were shared and possible mechanisms for collaboration with them discussed.

### *The Impact of HIV/AIDS on Educational Systems*

A two-page concept paper outlining potential steps to undertake action research on the impact of HIV/AIDS on the educational systems was prepared by SARA for AFR/SD/HRD consideration. Dr. Yolande Miller-Grandvaux, SARA education advisor, played a lead role in this effort. Samba Duale attended a meeting of AFR/SD/HRD and representatives of UNDP and UNESCO to discuss potential collaboration of the three institutions in addressing the issue of HIV/AIDS and the education sector.

SARA sponsored two participants from West Africa to attend the AFR/SD/HRD and HEARD-sponsored workshop for representatives of Ministries of Education and Finance from SADC countries to discuss the impact of HIV/AIDS on the

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education systems. SARA is exploring the possibility of organizing a similar workshop for West African Francophone countries.

### ***HIV/AIDS Prevention, Care and Support in West Africa***

The LIFE Initiative offers an opportunity to enhance HIV/AIDS prevention, care and support in Africa. In this regard SARA has been assisting AFR/SD in exploring ways in which the LIFE Initiative resources can be used to improve HIV/AIDS responses in West and Central Africa (WCA). Initially this will involve preparation of a discussion paper on sub-regional approaches to HIV/AIDS in West and Central Africa.

### ***AIDS 2000 Conference, Durban, South Africa***

SARA was represented at the AIDS 2000 Conference in Durban, South Africa, by Stephen Kinoti and Ellen Piwoz. Ellen Piwoz prepared and shared a summary of research results on MTCT of HIV during the conference. The conference called for improved political leadership and commitment towards implementation of available strategies for prevention, care and support for HIV/AIDS. It further called for scaling up of proven interventions and implementing of an expanded response that makes use of new technologies including drugs such as Nevirapine for the prevention of MTCT of HIV.

### ***SADC HIV/AIDS Strategic Framework***

Dr. Kinoti participated in the SADC regional meeting of Health Ministers from South Africa, Lesotho, Swaziland, Zambia and Mozambique and other senior officials from the SADC member states to launch their HIV/AIDS Strategic Framework. The meeting called for urgent action to operationalize the Strategic Framework in the member states. Participants decried the financial constraints that are limiting their effective response and called for regional and international collaboration to strengthen the response against the epidemic particularly in providing technical assistance and finances to support capacity building needed for an expanded response. Whereas SARA can not be involved in the country interventions, it will contribute through supporting policy dialogue, building capacity and providing technical assistance (TA) to identify feasible and applicable approaches in this process.

### ***Southern Africa AIDS Information Dissemination Service (SAfAIDS)***

Southern Africa AIDS Information Dissemination Service (SAfAIDS) is a regional NGO working to share information, strengthen policy, build capacity,

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and promote effective program responses to HIV/AIDS in southern Africa. It works with a wide range of development partners including NGOs, the media, government, and private sector groups.

Dr. Kinoti held discussions with (SAfAIDS) representatives during the AIDS 2000 Durban Conference and during the Biennial AHILA Congress both held during the year. The organization expressed a desire to collaborate with SARA in efforts to retrieve and compile information on the impact of HIV/AIDS on the health sector and the sectors' response to these impacts. It was agreed that further consultation by e-mail would be undertaken to move these discussions forward after appropriate consultations with other partners.

### *Identification of Health Systems Research Priorities in HIV/AIDS*

Dr. Stephen Kinoti participated and facilitated the WHO/AFRO Health Systems Research (HSR) consultative meeting on HIV/AIDS held in March 2000 in Pretoria, South Africa, aimed at developing research priorities to improve the capacity of the health system to respond to the HIV/AIDS crisis in the region.

The following is a list of priority research questions developed by the HSR consultative meeting on the impact of the HIV/AIDS epidemic on the health system:

- ◆ What is the impact of HIV/AIDS on the human resources within the health system and how does this affect the quality of health care provided?
- ◆ How is the health system responding to the factors influencing performance of the health workers in the light of the growing HIV/AIDS epidemic in the context of the ongoing health sector reforms?
- ◆ What is the extent of availability and provision of drugs, medicines and commodities for the treatment and care of HIV/AIDS at various levels of the health system?
- ◆ How can and to what extent are HIV/AIDS care drugs, medicines and supplies integrated into the essential drugs and supplies kits at the primary health facility?
- ◆ What strategies are being implemented to mitigate burnout among health workers in Africa?

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- ◆ What factors are influencing quality of care for HIV/AIDS at health facilities?
- ◆ What are the needs and expectation of PLWHA from the health system and how do PLWHA finance care?
- ◆ What are the direct and opportunity costs of home-based care for HIV/AIDS? What is the minimum package that constitutes adequate home-based care in SSA?
- ◆ How best can health systems make services more youth-friendly?
- ◆ What is the nature of collaboration between modern and traditional health care providers in the treatment and care of HIV/AIDS?
- ◆ What factors are influencing attrition of health service providers out of the health service system?
- ◆ What are the institutional behaviors influencing admission, discharge, and resource sharing policies in response to HIV/AIDS?
- ◆ What are the capacities for information and research result management for HIV/AIDS prevention, care and support?
- ◆ To what extent is the current health infrastructure responding to HIV/AIDS epidemic in the context of providing quality care?
- ◆ To what extent are the regulatory and coordinating mechanisms actually working in response to the HIV/AIDS crisis?
- ◆ What innovative ways can be used to reduce the occupational risk of caring for HIV/AIDS among health workers (standards, protocols, better procedures, commodities, materials, regulation, stewardship, etc.)?
- ◆ To what extent have the strategic plans and their operational frameworks met their operational objectives and what are the contributing factors?

Dr. Stephen Kinoti also joined HSR focal point persons and policy analysts from 32 countries in SSA in Harare to develop modalities for the implementation of an assessment of the impact of HIV/AIDS on the health system particularly on human resources at country level. SARA provided funding for 12 participants from Francophone countries. During this meeting it was agreed that CRHCS would play a lead role in facilitating the assessment but would collaborate with WHO, SARA, and other partners in providing TA and financial assistance.

### **Research and Analysis**

#### *Monitoring of HIV/AIDS Policies*

The SARA/CRHCS Policy Development and Monitoring Manual was presented and distributed to all the participants of the regional meeting of HSR Focal Points and Policy Analysts that met to review the World Health Report 2000 and provide feedback with a view to improving the methodology and data collection for similar future reports. The Policy Manual was used as background reference material when developing action plans for future national level assessments of the Health System Performance. It was agreed that that the HSR network will play a very important role in collecting data for monitoring the performance of the health system on a regular basis. Feedback from participants revealed that they found the policy manual to be very useful.

#### *Strengthening HIV/AIDS Policy Development, Implementation, and Monitoring in East and Southern Africa*

Dr. Bill Rau worked closely with CRHCS to develop training activities aimed at application of CRHCS/SARA policy manual guidelines for monitoring HIV/AIDS policies in the region. Follow-up activities, including mobilizing resources for the training and actual monitoring activities, are included in the SARA/CRHCS sub-contract estimated to be effective February 2001.

Dr. Kinoti, through discussions with Dr. Ties Bourma of Measure Evaluation at the University of North Carolina, facilitated the presentation by a consultant, Dr. Frank Mburu, of the UNAIDS/WHO/USAID indicators for monitoring national AIDS control programs at the DJCC meeting. The DJCC received the indicators well and are keen to participate in their adoption at country level. It is expected that REDSO/ESA will play an important role in supporting this activity.

#### *Support for Approaches to Reducing Mother-to-child Transmission of HIV*

Prevention of mother-to-child transmission (MTCT) of human immunodeficiency virus (HIV) has become an important priority consistent with the goal of improving child health and survival. Drs. Stephen Kinoti and Ellen Piwoz coordinated the writing of a guidance paper on prevention of MTCT. This paper has provided bilateral and regional USAID programs and missions with state-of-the-art information about MTCT and will provide guidance for investing in a comprehensive strategy of MTCT prevention in Africa which is safe, affordable, feasible, culturally acceptable, and effective.

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Further, the paper can also be used for policy dialogue and coordination of efforts with other partner agencies at international, regional and country levels.

To facilitate this process, SARA will provide support for a panel discussion during the upcoming 8<sup>th</sup> SWAA conference due to be held April 2001 to discuss MTCT.

### **Dissemination and Advocacy**

#### ***Support and Promotion of Multi-sectoral Approaches to HIV/AIDS Prevention and Mitigation***

SARA was represented by Dr. Kinoti, Dr. Duale, and Ms. Shafritz in the AFR/SD/HRD Inter-Sectoral AIDS Group meetings. Specifically, SARA has contributed significantly in the review of HIV/AIDS sector briefs and toolkits produced by HEARD and disseminated them at a Department of Labor conference (100), the Africa Summit (150), USAID Mission Directors meeting (40), Ghana Health Foundation Conference (60), the DJCC (25 copies), and the AIDS 2000 and HPN SOTA meetings. The revised AIDS Sectoral Briefs and AIDS Toolkits were also disseminated to various African regional forums including WHO/CRHCS Health Systems Research meetings on HIV/AIDS, the DJCC, and the Health and Finance Ministers' meetings in East, Central and southern Africa.

#### ***HIV/AIDS Advocacy and Information Dissemination through African Institutions and Networks***

One of the Nutrition Briefs prepared and disseminated with the assistance from SARA is "Nutrition and HIV/AIDS." SARA provided support to strengthen MTCT/HIV training at the Regional Centre for Quality of Health Care at Makerere University in Kampala, Uganda. Sambe Duale and Ellen Piwoz provided technical advice to REDSO/ESA staff on setting the agenda, selecting speakers and identifying priority HIV/AIDS issues for the Quality of Care Network meeting held in February 2000 in Entebbe, Uganda.

During the Health Systems Research consultation held in Pretoria, South Africa, March 2000, with the support of WHO/AFRO, the following documents were shared: AIDS Briefs for Professionals; AIDS Toolkits; USAID Health Sector HIV/AIDS research questions; and SARA's Research to Policy Guidelines. Participants were from Ministries of Health and universities in East, Central and southern Africa. The documents were found useful in developing research priorities for HIV/AIDS.

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At another meeting organized by WHO/AFRO in Harare involving WHO/ Geneva, WHO/AFRO, and SARA, the need to strengthen health information dissemination through improved connectivity and networking was emphasized by Dr. E. Samba, the WHO/AFRO Regional Director. He hoped that the agencies represented would each contribute towards realizing this goal. Dr. Kinoti informed the meeting of the proposed activity to improve regional and national connectivity in collaboration with CRHCS/ECSA with support from USAID/AFR through the Leland Initiative and SARA.

### **Capacity Building and Collaboration with African Institutions**

As part of SARA's mandate to work with and strengthen the capacity of African institutions to enable them to respond better to the needs of the countries they serve, the following activities were undertaken:

#### ***CERPOD***

SARA supported CERPOD consultant Dr. Fode Coulibaly for several months this year to follow up on the regional M&E meeting held by CERPOD in July 1999. Because of CERPOD management and organizational difficulties, progress has been slow in implementing HIV/AIDS activities. Nevertheless, SARA has facilitated dialogue between CERPOD and other partners, such as Measure Evaluation and UNAIDS on optimizing CERPOD's role in M&E of HIV/AIDS programs. At SARA's request, Dr. Mohamadou Gueye of CERPOD was invited to attend the UNAIDS, WHO and Measure-sponsored Global Meeting on Monitoring and Evaluation of National AIDS Programs held April 12-14, 2000, in Berlin. Dr. Sambe Duale met with Dr. Gueye in Berlin to discuss HIV/AIDS activities during the difficult time that CERPOD was going through.

SARA staff have worked electronically with colleagues at CERPOD on developing a work plan for HIV/AIDS activities under the new sub-contract. Following Suzanne Prysor-Jones's discussions with Baba Traore, Director of CERPOD, SARA team members (Caroline Blair, Sambe Duale, Renu Bery, Suzanne Prysor-Jones and Joe Coblenz) met in early September to discuss and update the CERPOD proposal for SARA support. CERPOD seems to be in a period of relative stability at the moment, now that salary issues have finally been clarified, after about 10 months of uncertainty.

Forward movement is therefore expected in a small number of activities in the areas of reproductive health, HIV/AIDS, dissemination, and in finalizing and promoting the Self-Assessment Guide. The paperwork to put these agreements

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in place was prepared and discussions with USAID counterparts undertaken. The sub-contract should be effective early 2001.

### ***CRHCS/ECSA***

SARA provided support in collaboration with REDSO/ESA to a number of regional activities implemented by CRHCS in the FY. These included providing financial and technical support to the Directors' Joint Consultative Committee (DJCC) meeting, the Conference of Health and Finance Ministers, and ongoing TA to CRHCS in the development of its programs and implementation of specific activities.

A proposal developed by CRHCS was shared with SARA and other partners, like REDSO/ESA, Partners in Population and Development (the South to South Initiative), and WHO, as the basis for the development of a sub-contract between SARA and CRHCS. The sub-contract includes activities in HIV/AIDS, reproductive health, nutrition, human resource and capacity development, and information dissemination and communication. This will guide collaborative activities between CRHCS and SARA over the next few years.

### ***Capacity Building for Research and Analysis through African Institutions***

During the fiscal year, Dr Kinoti held discussions with Dr. Florence Musime of the Rockefeller Foundation Regional Office in Nairobi that revealed renewed interest by the Foundation in capacity building for research and analysis for HIV/AIDS through local African institutions such as CRHCS. SARA and CRHCS will follow up on this issue with the Foundation.

In addition, as a result of the above discussions, the Rockefeller Foundation subsequently supported a meeting involving finance and health ministers, "Resource Mobilization for an Expanded Response to HIV/AIDS in the Region," in Nairobi, June 2000. This meeting was implemented in collaboration with CRHCS/ECSA. Country-level ways for resource mobilization, including establishment of Round Tables, were identified.

### ***DJCC Meeting "Responding to the HIV/AIDS Disaster in ECSA"***

The SARA HIV/AIDS advisor, Dr. Stephen Kinoti, assisted with planning and organizing the DJCC meeting in Arusha that brought together directors of health, health research, and medical schools from 13 countries. Managers of HIV/AIDS programs from Ministries of Health in these countries were also present. SARA financed the costs of a facilitator, Professor G. Mwaluko, and an

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information expert, Mr. William Lobulu, who worked with the DJCC and developed action plans for an expanded response to the HIV/AIDS crisis in ECSA. The SARA advisor assisted in drafting a synthesis of meeting proceedings entitled “Responding to the HIV/AIDS Disaster in ECSA.” He also assisted in compiling “Recommendations and Actions Plans for an Expanded Response to the HIV/AIDS Crisis in ECSA,” which were presented at the June 2000 Health and Finance Ministers’ meeting and subsequently adopted as resolutions by the October 2000 ECSA Conference of Health Ministers held in Swaziland.

### ***Health and Finance Ministers Conference***

SARA, in collaboration with AFR/SD, provided TA in the preparation for and staging of the Ministers of Health and Finance from East, Central and Southern Africa (ECSA) conference held in Nairobi on August 10-11, 2000. The theme of the meeting was “Mobilizing Resources for an Expanded Response to HIV/AIDS in ECSA.” Other participants were representatives from regional and international agencies, donors, foundations, and NGOs. AFR/SD was represented by Rose Smart, a consultant to HEARD at the University of Natal through the SARA project.

The delegates reviewed progress made in combating HIV/AIDS and identified critical issues relating to resource mobilization including: improving information resources, increasing financial resources to support pharmaceuticals and laboratory needs, strengthening community resources for care and support, strengthening institutions especially in human and managerial resources, and increasing capacity for monitoring and evaluation of national HIV/AIDS policies and programs. SARA will contribute to strengthening the capacity of CRHCS in monitoring implementation of these decisions.

### ***Strengthening Pre-service Training in HIV/AIDS***

It has become increasingly clear that there is very limited capacity to launch an expanded response to the HIV/AIDS crisis in Africa. While ongoing efforts to upgrade skills among service providers are well recognized, the need for strengthening pre-service training in these areas is essential to ensure that the majority of health and related professionals receive essential skills in various aspects of HIV/AIDS prevention, care and support as part of their pre-service training. In this regard SARA assisted CRHCS to develop a proposal for “Improving pre-service training in medical, nursing, nutrition and allied training institutions in ECSA in response to the HIV/AIDS epidemic.” The

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proposal is to hold a workshop involving heads of these teaching institutions to review, harmonize and strengthen teaching content for HIV/AIDS prevention, care, and support in the region.

### ***University of Natal***

During the AIDS 2000 meeting in Durban, the University of Natal team, comprising Peter Badcock Waters, Jeff Gow, Rose Smart and Allan Whiteside, USAID staff comprising Ishrat Hussain (AFR/SD), Paurvi Bhatt of the Global Bureau, and Stephen Kinoti of SARA, and the HEARD team were introduced to the activities of CRHCS and encouraged to work with them in the adaptation and application of the AIDS toolkits at the country level through training a core number of country participants in a regional workshop. Another issue discussed was the need for further development of the AIDS toolkits.

Subsequently, Rose Smart, a consultant to HEARD, represented the University and AFR/SD in the August 2000 Health and Finance Ministers Conference that addressed resource mobilization for an expanded response to AIDS and presented the toolkits and their use in designing programs to respond to these impacts.

### ***Regional AIDS Training Network (RATN)***

SARA has in the past worked with RATN in advocacy training and facilitated collaboration with other regional institutions such as CRHCS and NARESA. Through exchange of letters and electronic consultations and a visit by SARA staff, plans have been initiated for RATN to assist the CRHCS in the development of a course to train national representatives in advocacy and application of the policy development and monitoring manual developed jointly by SARA and CRHCS. This would initially target HIV/AIDS policies recently adopted by the Conference of Health Ministers.

This course when implemented will assist in building the needed capacity for HIV/AIDS policy analysis and monitoring in the region.

### ***Society for Women Against AIDS (SWAA)***

In FY99 SARA provided TA and financial support to the 7<sup>th</sup> SWAA International Conference in which issues relating to MTCT were reviewed. SARA will provide financial support for regional experts to participate in a panel discussion during the upcoming 8<sup>th</sup> International (SWAA) Conference in April

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2001, which will develop recommendations and action plans for the prevention of MTCT in the region.

### *African Medical and Research Foundation (AMREF)*

During the FY, Dr. Stephen Kinoti and Caroline Blair met with Lynne Elliot, the Director of International Training at the AMREF International Office in Nairobi, and discussed AMREF's collaboration with CRHCS, CAFS, and RATN, particularly as they related to updating practical skills among various cadres of health workers. This information was shared with the four institutions subsequently, encouraging them to develop activities that would take full advantage of the facility in the spirit of African partnership.

One possible way to achieve this is through optimal use of AMREF's IT-assisted Training Center and the proposed improvement in internet connectivity in collaboration with CRHCS/ECSA and the national Information Dissemination Focal Points.

### *East and Southern Africa Management Institute (ESAMI)*

Dr. Kinoti visited ESAMI and discussed the Institute's possible role in the regional response to the HIV/AIDS epidemic. The Director General, Dr. Bornard Mwape, indicated that the Regional Ministers had instructed ESAMI to get involved in programs that would strengthen health management in the context of HIV/AIDS. In response to this and with encouragement from SARA and the CRHCS, the Research Director at ESAMI participated in the DJCC meeting that discussed action plans for an expanded response to HIV/AIDS in ECSA.

ESAMI was encouraged to consider recruiting a professional with experience and training in public health and health management in particular to enable this very strategically placed organization to participate fully in this effort. SARA will follow up on this in collaboration with CRHCS.

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

The Network of AIDS Researchers in East and Southern Africa (NARESA) has the potential to provide leadership and data-based evidence to other regional institutions and national programs. Through electronic communication, SARA explored the role of NARESA in providing regional leadership in HIV/AIDS research and research results dissemination. Further consultation including

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field visits and development of specific activities will be undertaken in the coming fiscal year.

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## *Crisis Prevention, Mitigation, and Transitions*

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### **G. Crisis Prevention, Mitigation, and Transitions (Strategic Objective 22)**

#### **SARA Advisors:**

Sambe Duale, Senior Research Manager, Tulane University

#### **Results Package: Epidemic preparedness**

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

IR 22.1: Promote Country and Sub-Regional Approaches for Epidemic Preparedness and Response

#### **Introduction**

In its first year, the SARA II project worked with AFR/SD to plan and organize an assessment to document the results of the past four years of joint WHO/AFRO, USAID, and CDC efforts to improve capacity for epidemic preparedness and response in the Africa region. SARA will assist in packaging the results of the assessment, share them with all partners and stakeholders, and advocate for sustained efforts for epidemic preparedness and response in the Africa region.

#### **Review of the Joint AFR/SD, WHO/AFRO & CDC Initiative on Epidemic Preparedness and Response**

For several years, the monitoring, reporting, and response to outbreaks of epidemic-prone diseases such as cholera, dysentery, measles, meningitis, plague, viral hemorrhagic fever, yellow fever, and malaria have been ad hoc and short-term in nature. During the severe meningitis epidemic that occurred in 1996, USAID joined WHO/AFRO and other partners to step up efforts for systemic tracking, reporting, and strengthened epidemic preparedness and response (EPR) in the African region.

After almost four years of implementation of the first protocol, WHO/AFRO and USAID decided to organize a joint mission to document the experiences and share them widely with all partners and stakeholders, and to advocate for sustained effort for improving epidemic preparedness and response in the

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## ***Crisis Prevention, Mitigation, and Transitions***

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African region. From July 26 to August 3, 2000, Dr. Marc Debay of Johns Hopkins School of Public Health and Dr. Sambe Duale conducted the review of the WHO/AFRO program to strengthen epidemic preparedness and response. A draft of the report has been sent to WHO/AFRO and USAID for review and comments.

### **Dissemination and Advocacy**

As a follow-up to the review of the WHO/AFRO program to strengthen epidemic preparedness and response, Dr. Duale was invited to join the OFDA, G-Bureau/PHN, and Africa Bureau Working Group on health issues during disasters. The group discussed how to optimize coordinated responses to disease-specific epidemic disasters. Dr. Duale has worked with the Group to draft a joint cable (USAID-PHS/CDC) which discusses epidemic preparedness and response, especially to raise awareness about the upcoming meningitis season in Africa, and advises USAID missions and US embassies in Africa to discuss meningitis preparedness with MOHs, WHO, and other partners.

## ***H. Cross-Cutting Issues***

### ***Manual for the Use of Data at Periphery-level Health Facilities***

This CERPOD manual, *Using Data to Improve Service Delivery: A Self-Evaluation Approach*, designed to improve the use of information by health workers at the periphery, is nearing completion and should be available in both French and English in 2001. It has been sent out for review and Anne Lafond from MEASURE II is incorporating the comments received. Bilateral USAID projects in Guinea and Mali have expressed interest in the document, but widespread promotion will be undertaken once a final product is available. SARA will be following up with CERPOD, as well as with MEASURE and other potential partners, to ensure dissemination and use of the manual.

### ***Policy Development, Implementation and Monitoring Manual***

This manual is based on work done by SARA staff member (later consultant) Bill Rau with the Commonwealth Secretariat (CRHCS/ECSA). CRHCS is concerned with the development of health-related policies in the region and monitoring the progress of resolutions approved annually by the Health Ministers Conference. Bill worked with several CRHCS staff to develop a series of aids for this process, which he later, with SARA staff, repackaged as a single manual entitled *Policy Development, Implementation, and Monitoring for Health*.

Dr. Rau assisted CRHCS staff to do a first test of the monitoring part of the manual. Five countries (out of fourteen) in the region responded to questionnaires and sent information on six selected policy resolutions adopted at the 1997 Health Ministers Conference. The information was collected by the CRHCS country Focal Points (Institutional Scientific Officers - ISOs), who conducted interviews and reviewed documents. The resolutions concerned life skills teaching for adolescents, adolescent-friendly substance abuse policies, cervical cancer screening in primary health care programs, improving service accessibility, policies to improve the morale of health workers involved in HIV/AIDS work, and coordination of external resources for HIV/AIDS programs.

For the most part, each of the reporting countries had acted to implement the resolutions. Internal mechanisms for drafting and implementing policies had been used, and inter-ministry collaboration had taken place, where necessary. Only the resolution on improving the morale of health workers dealing with HIV/AIDS had received little attention.

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## ***Cross-Cutting Issues***

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At the request of CRHCS staff, who even offered to pay his expenses, Bill presented this analysis at the November 1999 Conference. The work was well-received and CRHCS is keen to continue and improve their monitoring role using the tool. Interest has also been expressed in the tool by several other institutions in the region (RCQHC, RATN, etc.). SARA is planning to edit the manual, and make it more user-friendly for training purposes. This should be done in early 2001. Both RATN and CRHCS would like to join in orienting country focal persons so they can begin to monitor policies in the HIV/AIDS field, and give feedback to authorities at all levels. Stephen Kinoti presented the manual at the Health Systems Research project regional meeting this year, which had HIV/AIDS as a main theme. It was well received there also and HSR units are interested in its use at the country level.

### ***Support for NAPHI Institutions for the Development of Public Health Curricula***

Dr. Fred Wabwire of the Makerere Institute of Public Health visited SARA in November to brainstorm with Suzanne Prysor-Jones and Sambe Duale on how to energize NAPHI. A concept paper on this was submitted by SARA to the World Bank Development Marketplace and short-listed, but in the end not selected for funding. Dr. Duale also exchanged e-mails with Prof. Manlan of WHO/AFRO on potential collaboration on NAPHI activities. The development of improved curriculum materials on emergency preparedness had been identified some time ago as a priority for NAPHI and all seemed to agree that the need for this was still a priority.

Dr. Duale has discussed this with Dr. Christopher Orach of Makerere Institute of Public Health, with a view to organizing a collaborative process for strengthening selected NAPHI member institutions in the area of training, research and information sharing on the management of disasters and complex health emergencies.

### ***Improving Skills in Health Management and Health Economics***

Suzanne Prysor-Jones held several discussions early in the year with CESAG health management staff and their partners. Among issues addressed were leadership training, for which WHO/AFRO has contacted CESAG, the training of a cadre of facilitators for Francophone Africa, human resources management in West Africa, and the monitoring of advocacy trainees. Unfortunately, CESAG had several months of turbulence this year, with staff turnover and administrative problems, which have caused a hiatus in the pursuit of these common objectives. The situation will hopefully be clarified in 2001, since the institution is planning to recruit additional staff in the areas of health economics and man-

agement. CESAG has continued its connections with the Measure II project, and will host the second regional program evaluation course in late 2000. Contacts with the World Bank have also born fruit, leading to the development of the World Development Institute course on health reform and reproductive health programs for Francophone Africa at CESAG. CESAG joint activities with MSH have continued at a lesser rhythm. Both the Abt Associates Partnerships for Health Reform (PHR) project and the MSH Family Planning Management Development (FPLM) project were in their last year of operations, which has probably been an additional factor in the reduced collaboration with CESAG.

#### ***Human Resources Development and Management***

Dr. Duale was in contact with WHO/AFRO, universities in the U.K., and others this year to gather information on existing efforts and approaches to dealing with the bottleneck of human resources for health. This bottleneck is being experienced in a critical way in the public sector in particular, often preventing investments from achieving their desired impact. Given the paucity of practical work in this area and the concern of AFR/SD and others, SARA has developed a scope of work for an in-depth review of the issues as they impact on selected country health programs. The review will be carried out in early 2001 and coordinated by Jenny Huddert, who is based in Zambia and works with Initiatives—a SARA collaborating institution.

#### ***Introducing Health Systems Research into Universities and Training Schools***

SARA staff have maintained contact with HSR/WHO and Corlien Varkevisser of the University of Amsterdam, who has just completed revisions of the HSR Modules. These will be forwarded to WHO/AFRO for finalization and reproduction. SARA will follow up with AFRO to facilitate their use in pre-service trainings.

#### ***HIV and Education***

A two-page concept paper outlining potential steps to undertake action research on the impact of HIV/AIDS on the educational systems was prepared for AFR/SD/HRD consideration by SARA.

SARA sponsored two participants from West Africa to attend the AFR/SD/HR and HEARD-sponsored workshop for representatives of Ministries of Education and of Finance from SADC countries to discuss the impact of HIV/AIDS on the education systems. SARA is exploring the possibility of organizing a similar workshop for Francophone West African countries.

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## ***CERTI***

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### ***I. Complex Emergency, Relief, and Transition Initiative (CERTI)***

#### **SARA Advisors:**

Sambe Duale, Senior Research Manager, Tulane University

Nancy Mock, CERTI Coordinator and SARA Consultant, Tulane University

#### ***CERTI Partners Workshops***

Dr. Sambe Duale represented SARA at the Spring and Fall workshops of USAID and CERTI partners, at the Tulane University Institute for International Development in Arlington. CERTI is an interagency initiative funded in part by USAID/AFR/SD to improve performance under its Strategic Objective on Preventing Mitigating, and Transitioning Out of Crisis.

The main purpose of the workshops was for different CERTI partners to present various tools, documents, and activities that they are working on. The workshop served as a forum to integrate the work of the partners within the broader CERTI framework, provide input for each others' work, and obtain critical comment from USAID representatives and from a few outside experts. The presentations and discussions centered around: a) human security in crisis and transition settings; b) conflict early warning, vulnerability analysis, and early response in sub-Saharan Africa; c) psycho-social aspects and trauma-related mental illnesses of conflict and complex emergencies; d) inter-agency curricula for regional training approaches for crisis prevention and management; e) health as a bridge to peace; and f) civil-military approaches to combat HIV/AIDS in conflict settings.

#### ***Management and Maintenance of the CERTI Web Site***

The CERTI web site has been updated with the posting of background papers and presentations of the Regional Consensus Forum on Health and Human Security held earlier this year. Further information on the CERTI and the above mentioned workshops can be obtained by visiting its web site <http://www.cert.org>.

***A CD-ROM library on the management of emergency and transition programs in Africa***

The SARA project has contracted the services of Tulane University Payson Center for International Development and Technology Transfer to develop a CD-ROM library on management of complex emergencies, disasters, and transition in Africa.

Good public health practices in crisis and transition settings is key to mitigating the impact of complex emergencies on the well-being of affected populations. For multiple reasons literature and operational material (e.g., national disaster plans) is very difficult to obtain in Africa.

The CD-ROM-based literature database being developed will have full text and search capabilities for reference and training. The CD-ROM is now in a demo version that has about 300 publications for a total of close to 25,000 pages of full text. The publications come from various sources, especially UN agencies and humanitarian NGOs. The CD-ROM has a powerful search engine, allowing searches by subject and key word. The CD-ROM is aimed at training institutions and programs involved in management, training, and research in this area. The CD-ROM demo version contains very few French documents because they are not readily available and the process of obtaining authorization for their inclusion is complex. The CD-ROM will have an interface in English, French, and Portuguese. The final version of the CD-ROM will be produced next year.

***Training Manual for NGOs Working on Management of Disasters, Complex Humanitarian Emergencies, and Transition Programs***

Johns Hopkins School of Public Health in conjunction with the International Federation of Red Cross and Red Crescent Societies has been developing a curriculum to build the capacity of National Red Cross Societies in Africa to manage humanitarian emergencies, and particularly in the transition out of emergencies. It is the intent for these materials to be used in capacity building of other indigenous African health or development-focused organizations. The course contains modules on important public health considerations such as basic planning principles, emergency epidemiology, environmental health, vector control, managing health services, nutrition and feeding issues, reproductive health programs, common communicable diseases, and psycho-social issues following crisis. SARA, under the Tulane sub-contract, has concluded a sub-agreement with JHU School of Public Health Center for the Study of Refugees and Migration for the production and dissemination of the manual.

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## ***CERTI***

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A documentation and dissemination of NGO/PVO promising practices in transition interventions was initiated by Dr. Doris Storm, a Tulane University consultant. Health and family events have not permitted the completion of her work.

### ***J. Monitoring and Evaluation***

#### **SARA Advisors:**

Anne Inserra, Monitoring and Evaluation Advisor, AED

“Planning” is one of the three key functions in USAID’s results-based programming system, along with “Achieving” and “Assessing and Learning.” Planning functions are integrally linked to performance monitoring and reporting (an organization plans in order to establish goals and objectives, uses performance indicators and sets targets to track progress toward those objectives, and monitors/evaluates to determine the extent to which the goals and objectives have been achieved). A number of different tools and techniques can be used to help strategic objective teams perform planning functions.

“Assessing and Learning” refers to the whole set of efforts that a team makes to anticipate and measure the impact on a strategic objective that USAID-sponsored activities will have. The “Learning” part involves making adjustments to strategies and implementation plans based on performance data, and sharing lessons learned throughout the Agency and the broader development community. Monitoring and evaluation tools and techniques are used by staff to carry out assessment and learning functions.

The SARA team provided assistance to AFR/SD/HRD with various monitoring and evaluation (M&E) activities throughout the course of the year. Anne Inserra, M&E advisor on the SARA team, worked closely with Suzanne Prysor-Jones, Sambe Duale, Renuka Bery, and other SARA staff to coordinate SARA’s involvement in monitoring and evaluation-related work. M&E advisor Anne Inserra has worked with AFR/SD/HRD staff on a number of different monitoring and evaluation tasks throughout the portfolio. Some of these tasks are being developed with the assistance of a core monitoring and evaluation group.

#### **Core Monitoring and Evaluation Group**

Anne Inserra, SARA M&E advisor, worked with AFR/SD/HRD counterparts to establish a core monitoring and evaluation group to serve as the focal point for monitoring and evaluation issues within the SD/HRD portfolio. The core M&E group is designed to include some representation from each of the core SO teams. In addition, the following staff who have particular responsibilities in the M&E area are envisioned as key members: Subhi Mehdi, Tracy Brunette,

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## ***Monitoring and Evaluation***

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Hannah Searing, Suzanne Prysor-Jones, Sambe Duale, and Anne Inserra. The M&E group was initiated to provide a forum for discussion and decision-making within SD/HRD on issues relevant to performance monitoring and reporting, as well as evaluation and assessment. The functions of the M&E core group are to identify potential problems or aspects of monitoring or evaluation-related systems that could benefit from improvement, and to make recommendations for any needed changes. The group is also charged with testing any innovations and providing assistance to SO core teams to implement any changes that may be ultimately approved. The core M&E group was launched in April 2000 and met four times during the first year of SARA II. Ms. Inserra prepares an agenda for each meeting, and updates a table that tracks the status of various ongoing initiatives or actions in the M&E area.

### **Summary of Activities**

#### ***Planning Arrow Tool***

Under the SARA project, the M&E core group has begun to experiment with a potentially useful planning tool for activities, referred to as the Arrow Tool. A chart developed for the activity Impact Reviews was adapted slightly to create the Planning Arrow Tool. The purpose of the Arrow Tool is to help SO team members think through the logic of an activity carefully during the planning and design stage. The Tool is intended to help core SO teams ensure that there is clarity and agreement on the rationale for the activity before implementation begins (in other words, that the impacts, in terms of policy/program change, that are ultimately expected to result are clearly articulated before the activity is approved). It also is designed to help teams lay out the major outputs that need to be attained in key categories in order to achieve the desired results/impacts. Beginning on the left side of the table and stretching across most of it, are columns for the major categories of outputs: Research and Analysis, Tool Development, Capacity Development, Dissemination, and Advocacy. Going through the exercise of enumerating all the required outputs is intended to help teams think through the logic of an activity. What needs to happen in order for us to achieve our desired program/policy changes? The higher results or impacts sought—the desired changes in policies and programs—are listed in the far right column in the table.

The Tool is still being tested—three different activity examples have been drawn up and different SO core teams are experimenting with filling in the Arrow Tool for each of them. Next steps will involve sharing examples of draft Tools among the SO teams. Analysis of the usefulness of the Tool, possible

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## *Monitoring and Evaluation*

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revisions, and recommendations regarding its use will follow, led by the M&E core group.

### *Activity Database*

One monitoring tool that the M&E core group has been working on is the development of an activity database. For some time, members of different SO teams within AFR/SD/HRD have expressed the need for a centralized, systematic way to track their activities.

A few years ago AFR/SD/HRD sponsored the development of a rather elaborate computerized database to track activities. For a number of reasons, the system was never fully implemented. While there was a growing consensus among HRD staff that a centralized database was needed to provide accurate, updated information on all activities and their corresponding funding amounts, there was also agreement that any new system would have to be kept as simple and user-friendly as possible. The infectious diseases results package team under SO 19 initially took the lead in trying to develop a new computer database system that it was hoped would prove useful to the other results package and strategic objective teams in HRD. The impetus came from the more rigorous and detailed Congressional requirements for tracking infectious diseases (ID) funding, requirements that the ID group has been meeting by using multiple spread sheets. Hannah Searing worked with Niloufer DeSilva and others from the Mitchell Group, and Anne Inserra participated in discussions on a preliminary design for the database. After some initial design work, the effort was turned over to the SARA project team (Anne Inserra and Soe Lin Post) to take the lead.

After many drafts, a proposed structure for the database was approved by the CTO in early October 2000. Efforts have been made to keep the system as simple as possible by restricting the number of data fields. The current proposal includes identifying information on the activity, the implementing organization, and annual obligated funding amounts. In an effort to keep the management burden down, AFR/SD/HRD decided that the system would not attempt to track performance indicators and data for the SOs and IRs, as had originally been thought.

The current plan is for SARA staff to provide assistance in creating the database system. Soe Lin Post will work on creating the database using Access software, with technical assistance from a computer consulting firm, and Anne Inserra will continue to provide some technical advice on the structure and functions of the database while it is under development

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## ***Monitoring and Evaluation***

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### ***Activity Monitoring Reports***

All of the AFR/SD/HRD strategic objective teams follow the USAID agency-wide performance management guidelines. All of the SO core teams monitor the progress of activities they are sponsoring, collect and report data for the performance indicators for the Intermediate Results and Strategic Objectives, and summarize progress achieved in the annual Results Review and Resource Request (R4) report. Within that broader framework, however, there is considerable variation in the types of detailed monitoring reports that are received by SD/HRD core team members from the various implementing organizations.

A common activity monitoring report format was suggested as one potential tool for helping to standardize approaches across the portfolio. Anne Inserra prepared several different drafts of a prototype report for monitoring activity implementation that could be used on a semi-annual or annual basis, and shared it with members of various core SO teams. The report format includes brief paragraphs describing major progress and problems, and actions planned for the next (six-month or annual) reporting period.

The monitoring and evaluation core group has discussed the idea of instituting standardized activity monitoring report formats at various times. The feasibility of requesting a new monitoring report from implementing agencies, particularly in the case of field support activities, will also need to be studied.

### ***SO/IR Performance Indicator Data Collection Tables***

USAID operating units, including SD/HRD, report data for performance indicators for Strategic Objectives and Intermediate Results once a year in the R4 (Results Review and Resource Request). SO teams need to keep adequate records to document the data totals they report for SO and IR indicators. According to USAID's Automated Directives System, each Strategic Objective must have a Performance Monitoring Plan (PMP) that provides a detailed description of each performance indicator and specifies the source, method and schedule for data collection, among other things. Agency guidance also requires SO teams to reassess data quality for each indicator reported in the R4 performance data tables at least once every three years, by verifying and validating performance information to ensure that data are of reasonable quality, and checking that data collection, maintenance and processing procedures are consistently applied and adequate. Some core SO teams expressed interest in getting help to devise supplementary data collection tables to assist them in keeping more detailed records.

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## *Monitoring and Evaluation*

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In response to a request for assistance from SO 20, Anne Inserra of the SARA project worked with Renuka Bery to devise some prototype data collection tables or worksheets for indicators. Tables were shared with some SD/HRD staff on the core SO teams. Rhonda Smith of the SO 20 core team worked with Anne to develop some customized worksheets for some SO 20 indicators, and is currently testing the draft worksheet formats. Data collection tables were also discussed at a M&E core group meeting, where there was broad agreement that supplemental tables should remain as optional tools for possible use by core SO teams.

### *Impact Reviews*

Toward the end of SARA I, the “Impact Review” tool was developed to assess the effectiveness of selected individual activities. Over thirty impact reviews were completed during SARA I. (Some were completed under the SANA cooperative agreement.) The purpose of the Impact Reviews was to document what happened, what worked, and what did not, and to identify lessons learned to guide future activity planning. The Impact Reviews are based on a standard conceptual model for how changes in policies and programs occur. They summarize “What Happened,” and “What Changed.” Key sections of the report are the overview summary, objectives of the activity, what happened, outcomes (such as research findings and products), complementary activities, results of the activity (problem description, identification of alternative solutions, advocacy, changes in policies and programs, and capacity building), lessons learned, and suggested next steps. Information to conduct the assessments is gathered through review of existing documentation, and interviews with relevant staff from USAID, SARA, and implementing agencies.

Given the proven usefulness of the Impact Reviews under SARA I, additional reviews were undertaken during the first year of SARA II. Impact Review activity that has occurred to date under SARA II (and SANA in FY00) includes:

- ◆ Draft Impact Review of Male Involvement (SO 20, Reproductive Health) prepared
- ◆ Draft Impact Review of Integrated Nutrition Program (SO 19, SANA) prepared
- ◆ Draft Impact Review of the CARE Initiative (for early childhood care, survival, growth and development)
- ◆ Shorter briefs prepared for existing Impact Reviews for SO 18, Basic Education

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## ***Monitoring and Evaluation***

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Next steps will involve finalization of the existing draft Impact Reviews listed above, and preparation of the shorter briefs for the existing SO 20 Reproductive Health Impact Reviews. It is anticipated that an additional four or five new Impact Reviews will be undertaken each year, based on a list of preliminary topics identified by the different SO core teams.

### ***Evaluations (Activity or Program Level)***

A number of different evaluations and assessments have been planned during the first year of the SARA II project. SARA staff provided assistance to SD/HRD staff to develop scopes of work, recruited consultant expertise to conduct reviews, and participated in review activities.

- ◆ **SO 19 – Child Survival:** A portfolio assessment of child survival programs was tentatively planned in the fall of 1999. SARA staff provided some technical assistance to conduct a preliminary analysis of maternal and child health trends. Preliminary discussions were held with a potential consultant to conduct the more in-depth portfolio assessment.
- ◆ **SO 19 – Child Survival:** Dr. Duale and Dr Debay conducted the assessment of the WHO/AFRO epidemiological block approach to epidemic preparedness and response in Africa.
- ◆ **SO 20 – Reproductive Health:** SARA technical staff provided assistance to the SO 20 team to draft terms of reference for a planned portfolio review.
- ◆ **SARA I – Dissemination and Advocacy:** Consultant Kathy Attawell completed an assessment of dissemination and advocacy under SARA I.
- ◆ **SARA I – Work with African Institutions:** Terms of reference have been drafted for an assessment of the work that took place with African institutions under SARA I activities.
- ◆ **SANA – Final Evaluation:** SARA technical expert Ellen Piwoz worked on preliminary plans for the required final evaluation of the SANA cooperative agreement. The evaluation will take place some time between the fall of 2000 and the spring of 2001. (Consultant Bill Rau is drafting some Impact Reviews on selected topics to provide more detailed documentation for key activities that took place under SANA. It is anticipated that these Reviews will provide valuable information to the SANA evaluation team.)

## ***K. Management***

### **SARA Operations Staff:**

Joseph Coblenz, Operations Manager

Jose Molina, Program Associate/Operations

Rocio Cortez, Program Assistant/Operations (started April 2000)

Molly Davis, Program Assistant/Operations (part-time for 6 months)

Joseph Diederich, Financial Manager (1/2 time)

### **Ongoing SARA Management Activities**

SARA operations staff has provided ongoing support to 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**

The first quarter of the year and part of the second involved setting up policies, systems and procedures for SARA II. Many are improvements on tracking systems used as part of SARA I, but a few are completely new. Among these were:

- ◆ A policy on travel as a way of reducing travel costs
- ◆ A policy and procedure for circulating and tracking documents within AED to ensure prompt attention of contracting and accounting staff to SARA needs
- ◆ A system for tracking CTO letters from first draft to USAID approval and follow-up that considerably reduces our response time to requests from AFR/SD for information
- ◆ A system for tracking consultant and vendor outputs from drafting of original CTO letters to final payments

As a result, SARA operations staff processed the following:

- ◆ 107 CTO letters
- ◆ 19 purchase orders with US, Canadian and African organizations and firms
- ◆ 17 consultants who provided 13 person-months of short-term technical assistance

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## ***Management***

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- ◆ The travel of about 50 staff, consultants and African meeting participants
- ◆ Periodic requests from AFR/SD for funding committed under various strategic objectives.

## **Project Reporting**

SARA operations staff created formats for the annual work plan and quarterly reports as required by the SARA II contract, and managed the development and submission of the initial work plan and the first three quarterly reports. Under SARA II, both progress and financial reports are submitted together. For the latter, financial management staff developed a format that tracks both expenditures and level of effort. The result has been a near on-pace performance for both dollar and level of effort burn rates through September 30, 2000.

## **Other SARA Operations**

Finally, SARA operations staff carried out the following additional activities:

- ◆ Wrote or reviewed job descriptions for 4 new SARA staff
- ◆ Developed and provided administrative orientation to this staff
- ◆ Reviewed job descriptions and participated in the interviews of AED financial and contracting staff that would work with SARA
- ◆ Provided specific guidance to African institutions working under 5 purchase orders on how to implement and invoice for purchase orders, including the development of written instructions in French and English
- ◆ Assisted AFR/SD in preparing for 10 SARA management meetings
- ◆ Assisted the AED Contracts Department in finalizing scopes of work and budgets for core subcontractors Tulane University and Population Reference Bureau, and collaborating institution African Consultants International
- ◆ Drafted scopes of work and budgets for potential African subcontractors CERPOD and CRHCS, which are currently under discussion, with a CTO letter circulating in USAID for CERPOD.

## **Development of Subcontracts**

Considerable time and effort have been needed this year to manage the transition of SARA I to SARA II, and, in particular, the SARA subcontract relationships. It took some time to close out SARA I subcontractor activities since there were final invoices to receive and issues to address with earlier ones. These were eventually solved by financial management staff working with the

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## *Management*

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Operations Manager. By August 2000, we had received the final invoices from all subcontractors and were processing the last ones by the end of the fiscal year. The start-up of subcontractor activities under SARA II has been managed through a series of transitional purchase orders leading to subcontracts. Subcontracts with Tulane and PRB, who provide two of the project's key personnel, have been signed. JHPIEGO is undergoing major staffing changes, so their subcontract is being revised to reflect some new orientations. A similar situation exists for the Morehouse School of Medicine. Technical staff will follow up with them this year as they attempt to re-define their program under SARA II. Meanwhile, SARA concluded transitional purchase orders with both JHPIEGO and Morehouse early in the year that covered them for several months.

The development of contractual mechanisms with African institutions has been challenging this year. After considerable investigation, we determined that our most productive relationship with African institutions was through the well-known subcontract mechanism rather than as grantees (as the current contract language states). This will allow for greater collaboration in the development of programs that would advance the AFR/SD agenda more than a grant mechanism would. The project CTO agreed, and AED/Contracts submitted a letter to USAID/Contracts in early June 2000 requesting that the SARA contract be modified to allow for subcontracts with African institutions. AED/Contracts staff has so far received verbal approval for the modification.

### **Conclusion**

AFR/SD and SARA technical staff have been more aware of the amount of time and effort it takes to administer activities. This, and the team spirit that animates the project, has allowed the administrative staff to meet everyone's needs. In addition, operations staff were able to routinize numerous processes and procedures that cut transit time for documents and improved accuracy. The routinization, in turn, made it possible for a basically minimal administrative staff to handle all requests smoothly and in a timely manner.

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## **V. Lessons Learned**

1. We have seen a tremendous demand for user-friendly advocacy tools, as evidenced by the enthusiastic response to the REDUCE tool to promote the reduction in maternal mortality and disabilities. Lessons from the similar PROFILES tool, which SARA has helped to promote in Africa, indicate that these tools must be well-integrated into broader strategy dialogue and linked to interventions that address country issues at various levels, if they are to be maximally effective. This requires adequate human resource responsiveness and flexibility in developing adaptations of the model, collaborating with many different implementation partners, developing African capacity, and ensuring follow-up and evaluation.
2. In working on the MTCT issue, we have learned that working directly with policy development, program implementation, and research to understand the practical issues and challenges first-hand, has allowed us to stay ahead of this 'new' issue. SARA issues papers help develop a common framework for discussion about MTCT with African and other colleagues. The continuing process of dealing with the issues as they evolve and providing inputs over time gave us first-hand exposure to the problems being faced by policy makers, program implementors, and families, without which we could not have written meaningful MTCT guidelines.
3. Events this year have confirmed the need for commitment, patience and a flexible, long-term view in working with African institutions. For instance, one institution is now becoming an excellent partner, after a 3-year hiatus, while some others have been so perturbed by institutional and management issues that SARA has been unable to undertake significant work with them this year.
4. Working with African institutions to achieve specified health development goals calls for more than just provision of financial resources. In most African institutions, a single professional is expected to undertake many tasks which, in developed countries, would be performed by a number of individuals. These over-worked professionals therefore have little time available for each task and few peers to critique and debate issues. These limitations call for increased technical assistance by CAs and other development partners in providing ideas, opportunities for debate, and continued support during program implementation, monitoring and evaluation. In doing this, it is essential to ensure that there is

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## *Lessons Learned*

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African leadership at all stages of program development and implementation. This ensures not only that work is accomplished faster but also that technology transfer and capacity building occurs.

5. The process of shutting down one project (SARA I) and starting up another (SARA II) has been quite time-consuming, even though the two projects have considerable overlap in terms of mandate and management. The time that it takes for the thorough integration of new staff, both in the Africa Bureau and at SARA, has also usually been underestimated, and requires special efforts to generate adequate information-sharing and communications at all levels.

# **Appendix A**

## **Subcontractors' Activities**



**Appendix A—Subcontractors’ Activities**

*Tulane University*

- ◆ Overall research and technical assistance oversight.
- ◆ 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. One highlight was supervision of a consultant to develop a malaria strategic framework for AFR/SD in the second quarter of the year.
- ◆ Dr. Sambe Duale, the key staff member provided by Tulane to the SARA project and who serves as Senior Research Manager, attended the Global Meeting on “Monitoring and Evaluation of HIV Prevention, AIDS Care and STD Control Programmes: Guide and Indicators,” April 12-14, 2000, in Berlin, Germany. Dr. Duale’s contribution was to make critical inputs during the discussion on needs for African capacity building to support implementation of better surveillance, monitoring and evaluation of national HIV/AIDS programs in Africa. He also networked with other participants and partners.
- ◆ At the behest of AFR/SD, Dr. Duale and Dr. Marc Debay, a consultant from the Johns Hopkins School of Public Health, reviewed and documented the results of the epidemic preparedness and response (EPR) teams within the WHO/AFRO West and Great Lakes epidemiological blocks in improving epidemic preparedness and response in the African region. This effort took place July-August 2000. Together, Drs. Duale and Debay produced a report that described the major activities of the EPR teams; documented the results of their efforts at regional and country levels on epidemic preparedness and response in Africa with both narrative and quantifiable data; discussed major lessons learned; and provided recommendations for sustainable efforts to address epidemic outbreaks in Africa.
- ◆ In May 2000, Dr. Duale and several African colleagues attended the 13th Conference of the Africa Region of the International Union Against Tuberculosis and Lung Disease (IUATLD), Conakry, Guinea. Dr. Duale assisted the three African participants in finalizing their presentations to the conference, networked with participants, and prepared a summary report on the conference. The report highlighted the main outcomes of the conference deliberations, as well as

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## ***Appendix A—Subcontractors’ Activities***

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discussions with African partner institutions, and provided recommendations for AFR/SD’s analytical and advocacy agenda on TB. These recommendations became part of the development of a strategic agenda process for AFR/SD in TB and its consequences, for which Dr. Duale became the principal SARA technical advisor during the year.

- ◆ In August 2000, Dr. Duale, the SARA HIV/AIDS advisor and two African colleagues attended the course given in Washington called HIV Infection and AIDS: An Update on Clinical-Pathologic Issues in the Diagnosis of Indicator Conditions, sponsored by the American Registry of Pathology. It was intended as an overview of HIV-related conditions for pathologists, clinicians, program managers and laboratory specialists. The course focused primarily on the approach to diagnosis of HIV infection, AIDS and their opportunistic diseases. Lectures gave an overview of the global epidemiology of each condition, clinical caveats and a multilevel approach to laboratory and radiologic diagnosis. The presentations by experts in their fields covered the spectrum of disease with clinical, endoscopic, morphologic, histologic and laboratory features essential in each diagnosis. A report on the experience of the four SARA-sponsored participants was done by the SARA HIV/AIDS advisor.
  
- ◆ Other selected Tulane activities this year:
  - Continued management and maintenance of the CERTI website, including enhancement of quality assurance, posting materials and expanding the listserv to include more field people.
  - Development of CD-ROM with relevant literature on management of disasters and complex humanitarian emergencies. Dissemination will occur during the next project year.
  - Development of a training manual for NGOs working on management of disasters, complex humanitarian emergencies, and transition programs.

### ***Morehouse School of Medicine***

- ◆ Under a series of purchase orders, which covered all of the following activities, Dr. Lalla Toure, Morehouse consultant, provided technical assistance early in the year to a Society of African Gynecologists and Obstetricians (SAGO) institutional strengthening workshop, one of a series of activities that SARA has been carrying out with SAGO to help it become a stronger organization and more public health oriented. During this workshop, a strategy development workshop for its

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## *Appendix A—Subcontractors' Activities*

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executive committee, SAGO developed and adopted a strategy to:

- reorient itself toward public health;
- harness the potential of its membership to influence reproductive health policy and practices;
- advocate for resource allocation for reproductive health interventions that are based on research and the state of the art; and
- improve the quality of its conference presentations and discussions to more effectively use conferences as springboards to country-level actions, which can lead to improved RH.

Her contribution was to provide detailed technical input into and ensure the quality of the SAGO-developed strategy to become more public health oriented.

- ◆ Along with the SARA reproductive health advisor, Dr. Toure attended the annual West African Reproductive Health Research Network (RESAR) meeting with the theme “Male Involvement in Reproductive Health,” Conakry, Guinea, November 17-20, 1999. By doing so, Dr. Toure continued her institutional strengthening work with RESAR, and, in this context, held various other meetings with RESAR staff on a number of institutional strengthening matters.
- ◆ In January-February 2000, Dr. Toure and the new SARA reproductive health advisor met with key officials of SAGO, CERPOD and CEFOREP to draw up an agenda for SAGO’s 2000 biennial congress and plans for its implementation, and help the three organizations define future activities better. This work has helped CERPOD develop its subcontract with SARA that is currently being reviewed at USAID, CEFOREP to complete preliminary work for an EOC brochure, and SAGO to organize its congress.

### *Population Reference Bureau*

- ◆ Ongoing oversight of technical assistance activities to AFR/SD and African institutions in reproductive health and maternal health.
- ◆ The key staff person provided by PRB under the SARA II contract, Ms. Caroline Blair, SARA reproductive health advisor, was instrumental in fostering the development, field testing and enhancement of the REDUCE model of advocating for maternal health. In the early months of the first project year, she worked with Dr. Barton Burkhalter and others on a SARA team to field test the model in

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## ***Appendix A—Subcontractors’ Activities***

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Uganda, and train staff from both the Commonwealth Regional Health Community Secretariat (CRHCS) and the Regional Centre for Quality of Health Care (RCQHC) in its use. Ms. Blair then coordinated the development of a presentation of the model that was given successfully in a number of venues during the year, within USAID and among cooperating agencies. As the year ended, she was supervising several consultants who were working on completing a Uganda REDUCE analysis and an expansion of the model to include neo-natal and STI analysis.

- ◆ Ms. Blair then worked with consultant Dr. Lalla Toure of Morehouse School of Medicine in strengthening SAGO and helping RESAR, CEFORP, and CERPOD plan reproductive health activities. These are discussed more fully in the previous section on Morehouse School of Medicine.
- ◆ Ms. Blair and the SARA HIV/AIDS advisor provided technical assistance to the facilitator of the CRHCS Directors’ Joint Consultative Committee (DJCC) meeting in March 2000. This meeting, whose theme was, “Responding to the HIV/AIDS Disaster in the ECSA Region,” brought together Directors of Health Services, Directors of National Research Institutes, Deans of Medical Schools, and national AIDS Program Managers from 12 ECSA countries to build consensus on regional and national approaches in response to the declared HIV/AIDS disaster in the region. The meeting developed action plans to be implemented at regional and national levels and monitoring and evaluation procedures for national AIDS control activities. In addition to providing technical assistance to the facilitator, she assisted the information expert and speakers as needed.

### ***JHPIEGO***

- ◆ One of the conclusions of the Francophone MAQ conference held in Dakar, Senegal in March 1999 was to carry out several follow-up activities. The third of three was the publication of a MAQ bulletin to maintain the level of interest and awareness of the issue in Francophone Africa. JHPIEGO carried this out in the early part of the year under a purchase order.

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## *Appendix A—Subcontractors' Activities*

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### *African Consultants International*

- ◆ ACI facilitated the SAGO strategy development workshop for its executive committee that was also attended by SARA staff member Caroline Blair and Morehouse consultant Dr. Lalla Toure. During the workshop, which took place early in the project year, SAGO developed and adopted a strategy to:
  - reorient itself toward public health;
  - harness the potential of its membership to influence reproductive health policy and practices;
  - advocate for resource allocation for reproductive health interventions that are based on research and the state of the art
  - improve the quality of its conference presentations and discussions to more effectively use conferences as springboards to country-level actions, which can lead to improved RH.The workshop also included an orientation on advocacy for key members of SAGO's national chapters.
  
- ◆ In May 2000, SARA also asked ACI to facilitate a consultative meeting on a qualitative research techniques training course for Francophone Africa that would be offered annually by CERPOD for five years. The course would be a month long and each year's training would revolve around a particular theme. In this consultative meeting, CERPOD staff decided on the first year's course theme and developed a plan for carrying out the course. The London School of Health and Tropical Medicine (LSHTM) provided technical assistance.
  
- ◆ ACI also conducted a training workshop in advocacy for the Anglophone chapters of ERNWACA, which include Ghana, The Gambia, Cameroon, Nigeria and Sierra Leone. The 5-day training workshop was conducted in Accra, Ghana, and was organized by the Ghana chapter in June 2000.
  
- ◆ Over several months this year, ACI provided technical assistance to CEFORP 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 (Mali, Burkina Faso, Senegal and Benin) for wide dissemination to decision-makers and other audiences with a view to advocating for policy reform in maternal health. A number of steps have been completed, including:
  - the final editing and desktop publishing of the scientific/

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## *Appendix A—Subcontractors' Activities*

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- technical report of the summary findings of the case studies of promising EOC interventions in the four countries;
  - the beginning of the development of a user-friendly brochure which presents the scientific/technical report findings and their implications for EOC programming in a simpler, more accessible and brief form;
  - finalization of the draft dissemination plans for both of these publications;
  - coordination of the printing of the report (1,500 copies); and
  - coordination of the mailing/distribution process of the report.
- ◆ The manual, entitled *Qualitative Research for Improved Health Programs*, produced by SARA in collaboration with Johns Hopkins University, and recently expanded, was translated by ACI into French for printing and dissemination by SARA.

## **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								
<b>A. Identification of Social Sector Issues:</b>												
1. Issues identification and discussion meetings	3	5	3	3	3	3	3	3	3	3	15	5
2. Consultative group meetings held	4	6	4	4	4	4	4	4	4	4	20	6
3. Literature reviews, technical analyses, and briefs produced by SARA	2	8	5	5	5	5	5	5	3	3	20	8
4. Technical analyses on selected issues provided to AFR/SD/HRD staff	3	5	7	7	7	7	7	7	3	3	27	5
<b>B. Agenda Development and Management Assistance for Research and Analysis (R&amp;A)</b>												
1. Number of Research and Analysis Activities undertaken in support of AFR/SD/HRD Results Packages	4	5	4	4	4	4	4	4	4	4	20	5
2. Major SARA products passed through a peer review system to ensure high quality of research, analysis and dissemination		10										10
<b>C. Dissemination and Advocacy</b>												
1. New dissemination and advocacy strategies developed	1	1	1	1	1	1	1	1	1	1	5	1
2. Major documents or technical reports (30-100 pages) published	6	6	6	6	6	6	6	6	6	6	30	6
3. Special bulletins, brochures and packets produced for target groups	10	22	10	10	10	10	10	10	10	10	50	22
4. African institutions that received technical assistance to strengthen their dissemination and advocacy capacity	2	7	5	5	4	4	3	3	1	1	15	7
5. African information-sharing networks, South-to-South exchanges, and study tours supported	2	7	3	3	3	3	3	3	2	2	13	7



**DELIVERABLES ACCOMPLISHED**

**A. IDENTIFICATION OF SOCIAL SECTOR ISSUES**

**A1. ISSUES IDENTIFICATION AND DISCUSSION MEETINGS** *(Issues identification meetings bring together African and international technical experts and policy makers to identify and discuss major issues, problems and development challenges in the priority sectors, and are at least partially organized by SARA.)*

<b><u>Name of Meeting</u></b>	<b><u>Location</u></b>	<b><u>Date</u></b>
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 consultation on priority research for HIV/AIDS	Pretoria, South Africa	Mar. 2000
4) Education in Countries in Crisis meeting (AFR/SD meeting)	Washington, DC	Mar. 2000
5) Nutrition in Africa Cooperating Agencies meeting (AFR/SD meeting)	Washington, DC	Jul. 25, 2000

## **A2. CONSULTATIVE GROUP MEETINGS HELD**

*(Consultative group meetings bring partners together to strategize on a focused issue, result in development of a plan or agenda for addressing the issue, and are at least partially organized by SARA.)*

<b><u>Name of Meeting</u></b>	<b><u>Location</u></b>	<b><u>Date</u></b>
1) CRHCS/ECSA DJCC consultation of Health and Finance ministers on responding to the HIV/AIDS crisis in ECSCA	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 24, 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 and policy analysts consultative meeting to develop action plans to implement policies and research	Harare, Zimbabwe	Sep. 2000
6) Meeting of CTOs and CAs working in maternal health to discuss REDUCE model	Washington, DC	Sep. 2000

### **A3. LITERATURE REVIEWS, TECHNICAL ANALYSES, AND BRIEFS PRODUCED BY SARA**

*(This may include documents that are posted electronically on the web site.)*

<b><u>Document</u></b>	<b><u>Type of Document</u></b>	<b><u>Date Published</u></b>
1) Nutrition Briefs	briefs	Oct. 1999
2) Improving Community Case Management of Childhood Malaria	brief	Oct. 1999
3) The Costing of Community Maternal and Child Health Interventions	issues paper	Mar. 2000
4) University of the Western Cape formative research on HIV and infant feeding	paper	June 2000
5) Exclusive breastfeeding and MTCT (Durban conference and publication)	paper	July 2000
6) HIV and Infant Feeding: Risks and Realities	paper	Aug. 2000
7) Impact Assessment Briefs in Education (1995-1999)	briefs	Sep. 2000
8) <i>Prevenir la Mortalite Maternelle par les Soins Obstetricaux D'Urgence</i> (with CEFORP)	brief	Sep. 2000

**A4. TECHNICAL ANALYSES ON SELECTED ISSUES PROVIDED TO AFR/SD/HRD STAFF** *(Analyses do not have to be published.)*

<b><u>Subject of Technical Analysis</u></b>	<b><u>Author(s)</u></b>	<b><u>Date</u></b>
1) Malaria and Anemia	Ettlting, Harvey, Piwoz	Feb. 2000
2) Education in Countries in Crisis	Miller-Grandvaux	Apr.2000
3) Draft Strategy on HIV/AIDS and Education in Mali	Miller-Grandvaux	Jul. 2000
4) Analysis of Child Survival Trends	Duale, Prysor-Jones, Inserra	Jul. 2000
5) Mother to Child Transmission of HIV (USAID discussion paper)	Preble, Piwoz	Sep. 2000

**B. AGENDA DEVELOPMENT AND MANAGEMENT ASSISTANCE FOR RESEARCH AND ANALYSIS (R&A)**

**B1. RESEARCH AND ANALYSIS ACTIVITIES UNDERTAKEN IN SUPPORT OF AFR/SD/HRD RESULTS PACKAGES**

<u>Subject of Research and Analysis Activity</u>	<u>Author(s)</u>	<u>Date</u>
1) Policy monitoring of CRHCS/ECSA HIV/AIDS programs	Bill Rau	Nov. 1999
2) HIV and infant feeding analysis for ZVITAMBO Project, Zimbabwe	Piwoz	Oct. 1999 to Sep. 2000
3) HIV and infant feeding analysis for UWC (University of the Western Cape, South Africa)	Piwoz	Oct. 1999 to Jul. 2000
4) MTCT strategy development	Piwoz	Mar. to Sep. 2000
5) Analysis for HIV and nutrition paper	Piwoz	Apr. to Sep. 2000

**B2. MAJOR SARA PRODUCTS PASSED THROUGH A PEER REVIEW SYSTEM TO ENSURE HIGH QUALITY OF RESEARCH, ANALYSIS AND DISSEMINATION**

<b>Product</b>	<b>Type of Product</b>	<b>Date Produced</b>
1) Nutrition Briefs	briefs	Oct. 1999
2) Improving Community Case Management of Childhood Malaria	brief	Oct. 1999
3) Qualitative Research for Improved Health Programs	guide to research tools	Jan. 2000
4) The Costing of Community Maternal and Child Health Interventions	issues paper	Mar. 2000
5) University of the Western Cape formative research on HIV and infant feeding	paper	June 2000
6) Exclusive breastfeeding and MTCT (paper at Durban conference and published)	paper	Jul. 2000
7) REDUCE Advocacy Model	computer model	Jul. 2000
8) Guidance to USAID Missions for the prevention of MTCT of HIV in Africa	paper	Jul. to Sep. 2000
9) <i>Prevenir la Mortalite Maternelle par les Soins Obstetricaux D'Urgence</i> (with CEFOREP)	brief	Sep. 2000
10) Monitoring and Evaluation of Nutrition and Nutrition-related Programmes	training manual	Sep. 2000

**C. DISSEMINATION AND ADVOCACY**

**C1. NEW DISSEMINATION AND ADVOCACY STRATEGIES DEVELOPED**

**Name of Dissemination/Advocacy Strategy** \_\_\_\_\_ **Date Developed**

1) Electronic networking strategy for Health Ministers Oct. 1999

**C2. MAJOR DOCUMENTS OR TECHNICAL REPORTS (30-100 pages) PUBLISHED UNDER SARA II**

<b><u>Name of Document</u></b>	<b><u>Date Published</u></b>
1) Improving Community Case management of Childhood Malaria	Oct. 1999
2) Qualitative Research for Improved Health Programs	Jan. 2000
3) <i>Partenariats pout le Changement et la Communication</i>	May 2000
4) Guidance to USAID Missions for the prevention of MTCT of HIV in Africa	Jul.-Sept. 2000
5) Monitoring and Evaluation of Nutrition and Nutrition-Related Programmes	Sep. 2000
6) <i>Prevenir la Mortalite Maternelle par les Soins Obstetricaux D'Urgence</i>	Sep. 2000

**C3. SPECIAL BULLETINS, BROCHURES, AND PACKETS PRODUCED BY SARA FOR TARGET GROUPS**

<b><u>Name of Document</u></b>	<b><u>Date Produced</u></b>
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 summary E-note	Oct. 1999
6) KEMRI E-note	Dec. 1999
7) Zambia E-note	Dec. 1999
8) <i>Entre la Volonte de Dieu et les Contraintes de la Vie</i> (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

- 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 Jul. 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

**C4. AFRICAN INSTITUTIONS THAT RECEIVED TECHNICAL ASSISTANCE TO STRENGTHEN THEIR DISSEMINATION AND ADVOCACY (D/A) CAPACITY** *(The deliverable tracks the number of different institutions that received TA, even though a single institution may receive more than one instance of TA over time. Significant separate instances of TA received by the same institution are recorded on separate lines below.)*

<u>African Institution that Received D/A Technical Assistance</u>	<u>Type of TA Provided</u>	<u>Date(s) TA Provided</u>
1) <b>CERPOD</b> (Center for Applied Research in Population & Development)	Repackaging information	Oct. 1999 to Apr. 2000
2) <b>CRAN</b> (Regional Food and Nutrition Institute)	Workshop planning & facilitation	Oct. 1999 to Sep. 2000
3) <b>CRHCS/ECOSA</b> (Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa)	Nutrition advocacy	Oct. 1999
3) <b>CRHCS</b>	Workshop facilitation	Oct. 1999
3) <b>CRHCS</b>	Repackaging information	Oct. 1999
3) <b>CRHCS</b>	IDC reintegration workshop	Feb. 2000
4) <b>ERNWACA</b> Angophone Chapters (Educational Research Network for West and Central Africa)	Advocacy training workshop	Jun. 2000
5) <b>RCQHC</b> (Regional Center for Quality of Health Care, Makerere, Uganda)	Dissemination strategy development	Jun. 2000
6) <b>UWC</b> (University of the Western Cape, South Africa)	Nutrition advocacy	Jul. 2000
7) <b>CEFOREP</b> (Center for Training and Research in Reproductive Health)	Essential obstetric care materials repackaging	May to Sept. 2000

**C5. AFRICAN INFORMATION-SHARING NETWORKS, SOUTH-T0-SOUTH EXCHANGES, AND STUDY TOURS SUPPORTED**

<u>Name of Network, Exchange, or Study Tour</u>	<u>Description</u>	<u>Date(s)</u>
1) CRHCS (Commonwealth Regional Health Community Secretariat) Information Dissemination Center (IDC) Workshop	IDC coordinators and Reproductive Health focal points from CRHCS member countries came to share information on their activities over the past 3 years and to redefine their roles and responsibilities	Feb. 2000
2) CRHCS	DJCC meeting on HIV/AIDS	Mar. 2000
3) Study Tour for education researchers from FAWE, ERNESA, and ERNWACA	Researchers presented at CIES Conference on Education Research Networks, and participated in U.S. study tour on education policy formation, research, and advocacy (electronic communication in education)	Mar.-Apr. 2000
4) Representatives of WHO/AFRO, BASICS Regional Office, and CESAG (Regional Center for Advanced Management Training) visited COPE for Child Health implementation in Guinea (AFR/SD-funded activity being carried out by AVSC)	SARA provided funds for WHO and CESAG travel, and helped liaise with AVSC, BASICS, WHO, and CESAG	Jul. 2000
5) CRHCS participation in REDUCE training at Regional Center for Quality of Health Care	2 CRHCS staff persons participated in the pilot training of REDUCE in UGANDA	Jul. 2000
6) Nutrition focal point exchange (CRAN?)	TA, information dissemination, workshop	ongoing
7) HSR (Health Systems Research)	SARA co-sponsored the meeting of HSR focal point persons from selected African countries to discuss priority HIV/AIDS issues	Jul. 2000

**C6. TOOLS, (INCLUDING CURRICULA), DEVELOPED TO FACILITATE EFFECTIVE DISSEMINATION AND ADVOCACY (D/A)**

*(Tools include generic aids to D/A as well as materials that are oriented toward D/A in specific technical areas, such as briefing packets on particular topics.)*

<b><u>Name of Tool</u></b>	<b><u>Type of Tool</u></b>	<b><u>Date Tool Developed</u></b>
1) Qualitative Research for Improved Health Programs	Guide to existing qualitative research tools	Jan. 2000
2) REDUCE Advocacy Model	Computer model	Jul. 2000
3) Monitoring and Evaluation of Nutrition and Nutrition-related Programmes	Training manual	Sep. 2000

**C8. DOCUMENTS THAT ARE TRANSLATED INTO SECOND LANGUAGES** [*Included are documents produced under SARA II, as well as documents not originally produced under SARA II.*]

<u>Name of Document</u>	<u>Original Produced under SARA II?</u>	<u>Language of Original Document</u>	<u>Language Translated Into</u>	<u>Date Translated</u>
1) Rapid Assessment: Health-Seeking Behavior for Severe and Complicated Malaria	Yes	English	French	Oct. 1999
2) Rapid Assessment: Recognition of Illness Symptoms for Severe & Complicated Malaria	Yes	English	French	Oct. 1999
3) Improving Community Case Management of Childhood Malaria	Yes	English	French	Oct. 1999
4) Training Manual for Making a Difference to Policies and Programs	Yes	English	French	Nov. 1999
5) MAQ Bulletin: Maximizing Access to Quality of Services	Yes	French	English	Mar. 2000
6) Partnership for Communication and Change (Malaria)	No	English	French	May 2000
7) Empowering Communities – Volume 1 (translated May 2000 but produced in year 2)	No	English	French	May 2000
8) Empowering Communities – Volume 2 (translated May 2000 but produced in year 2)	No	English	French	May 2000
9) Laboratory Methods for the Diagnosis of Epidemic Dysentery and Cholera	No	English	French	Jul. 2000
10) ERNWACA transnational report – Mali	Yes	French	English	Jul. 2000
11) ERNWACA transnational report – Cameroon	Yes	French	English	Jul. 2000
12) ERNWACA transnational report – the Gambia	Yes	English	French	Jul. 2000

13) ERNWACA transnational report – Ivory Coast	Yes	French	English	Aug. 2000
14) ERNWACA transnational report – Ghana	Yes	English	French	Aug. 2000
15) ERNWACA transnational report – Benin	Yes	French	English	Aug. 2000
16) HIV and Infant Feeding: Risks and Realities	Yes	English	French	Aug. 2000
17) Qualitative Research for Improved Health Programs	Yes	English	French	Aug. 2000
18) ERNWACA transnational report – Togo	Yes	French	English	Sep. 2000
19) Monitoring and Evaluating Nutrition and Nutrition-related Programs: A Training Guide	Yes	English	French	Sep. 2000

**D. AFRICAN PARTNERSHIPS AND CAPACITY BUILDING**

**D1. NUMBER OF AFRICAN NETWORKS OR ORGANIZATIONS WITH WHOM SARA HAS UNDERTAKEN MAJOR COLLABORATIVE RESEARCH, ANALYSIS, AND/OR DISSEMINATION AND ADVOCACY ACTIVITIES IN SUPPORT OF AFR/SD/HRD SOs**

<b><u>Name of Network or Organization</u></b>	<b><u>Area or Topic of Collaboration (Research, Analysis, D/A)</u></b>	<b><u>Dates of Collaboration</u></b>
1) CRHCS (Commonwealth Regional Health Community Secretariat)	Nutrition Briefs	Oct. 1999 to Dec. 1999
2) CEFORP (Center for Training and Research in Reproductive Health)	Summary report on EOC research findings	Oct. 1999 to Sep. 2000
3) CERPOD (Center for Applied Research in Population and Development)	Repackaged publications on reproductive health	Oct. 1999 to Apr. 2000
4) ERNWACA (Educational Research Network for West & Central Africa)	Packaging of transnational research results	Oct. 1999 to Sep. 2000
5) SAGO (Society of African Gynecologists and Obstetricians)	Capacity building	Jan. 2000 to Jul. 2000
6) UWC (University of the Western Cape)	Formative research on HIV and infant feeding	Oct. 1999 to Jun. 2000

**D2. NUMBER OF FUNCTIONING PARTNERSHIPS ESTABLISHED BETWEEN U.S. PRIVATE INSTITUTIONS AND AFRICAN ORGANIZATIONS** (*“Functioning” is defined as “having been active during the project year.”*)

<u>Name of African Organization</u>	<u>Name of U.S. Private Institution</u>	<u>Area of Partnership</u>	<u>Date(s) of Partnership</u>
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1)

**E. MONITORING AND EVALUATION**

**E5. NUMBER OF SPECIAL, RAPID, LOW-COST ASSESSMENTS OR REVIEWS OF SELECTED AFR/SD/HRD-FUNDED ACTIVITIES UNDERTAKEN**

<b><u>Name of Activity</u></b>	<b><u>Description of Review/Assessment Approach</u></b>	<b><u>Organization or Individuals Conducting the Review</u></b>	<b><u>Dates of Review</u></b>
1) Analysis of the use of AFR/SD/HRD-SARA tools: a) Advocacy Guide	Analysis of requests for tool, written communications on its use	SARA staff	Jul. 2000 to Sep. 2000
2) Assessment of Epidemic Preparedness	Literature review, key informant interviews	SARA staff and consultant	Jul. to Aug. 2000
3) SARA I Dissemination and Advocacy External Assessment	Key informant interviews, document review	consultant	Aug. 2000

## **Appendix C**

### **Dissemination/Publications List**



## **Appendix C —Dissemination/Publications List**

### ***SARA II Project Publications (Year 1)***

#### **Child Survival**

##### ***Nutrition***

**Monitoring and Evaluation of Nutrition and Nutrition-related Programmes: A Training Manual for Programme Managers and Implementors**, University of Nairobi, Applied Nutrition Programme, Nairobi, Kenya; Tufts University School of Nutrition Science and Policy, Boston, MA; Medical University of Southern Africa; Tanzania Food and Nutrition Centre; University of the Western Cape, South Africa; SANA Project, Academy for Educational Development, Washington, DC (September 2000) English and French.

##### ***Malaria***

**Directives pour l'évaluation rapide: *Comportement de consultation sanitaire pour paludisme grave et compliqué***, WHO Special Program for Research and Training in Tropical Diseases (TDR), Geneva; SARA Project, Academy for Educational Development, Washington, DC (December 1999).

**Directives pour l'évaluation rapide: *Reconnaissance des symptômes de maladies pour la paludisme grave et compliqué***, WHO Special Program for Research and Training in Tropical Diseases (TDR), Geneva; SARA Project, Academy for Educational Development, Washington, DC (December 1999).

**Improving Community Case Management of Childhood Malaria: *How Behavioral Research Can Help***, Carol Baume, S. Patrick Kachur, SARA Project, Academy for Educational Development, Washington, DC (October 1999) English and French.

**Partenariats pour le Changement et la Communication: *Guide de la Lutte Antipaludique***, Sunil Mehra, Malaria Consortium, London; WHO Special Program for Research and Training in Tropical Diseases (TDR), Geneva; SARA Project, Academy for Educational Development, Washington, DC (May 2000).

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## ***Appendix C—Dissemination/Publications List***

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### ***Infectious Diseases***

**Reducing the Threat of Infectious Diseases in Africa: *Highlights from 1999***, SARA Project, Academy for Educational Development, Washington, DC (August 2000).

### ***Integrated Management of Childhood Illnesses (IMCI)***

**The Costing of Community Maternal and Child Health Interventions: A *Review of the Literature with Applications for Conducting Cost-Effectiveness Studies and for Advocacy***, Hugh Waters, SARA Project, Academy for Educational Development, Washington, DC (March 2000).

**Saving Children's Lives: *The Economic Rationale for Investing in IMCI***, SARA Project, Academy for Educational Development, Washington, DC (May 2000) English and French.

**Using Consultative Research to Adapt the IMCI Feeding Recommendations to a Local Context: *Training Guide***, Maty N'Diaye Sy, Micheline Nturu, Sustainable Approaches to Nutrition in Africa (SANA) Project; SARA Project, Academy for Educational Development, Washington, DC (October 1999) English and French.

### **Reproductive Health and Family Planning**

**MAQ Bulletin: *Maximizing Access and Quality of Services***, JHPIEGO, Baltimore, MD; SARA Project, Academy for Educational Development; Volume No. 1 (March 2000) English and French.

### **Emerging Threats and Crisis Response**

#### ***HIV/AIDS***

**Report on a Consultative Meeting on AIDS as a Development Crisis in Africa: *Rethinking Strategies and Results Washington, DC, September 29 – October 1, 1999***, SARA Project, Academy for Educational Development, Washington, DC (2000).

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## *Appendix C—Dissemination/Publications List*

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### **Basic Education**

**Investments in Education: USAID Africa Bureau's Office of Sustainable Development 1992-1999**, SARA Project, Academy for Educational Development, Washington, DC (September 2000).

### **Cross-Cutting Issues**

**AFR/SD Publications List**, SARA Project, Academy for Educational Development, Washington, DC (2000)

**Indicateurs de santé et de planification familiale: *Un outil pour les cadres de résultats, Volume I***, AED, SARA Project, Academy for Educational Development, Washington, DC (October 1999).

**Indicateurs de santé et de planification familiale: *Un outil pour les cadres de résultats, Volume II***, SARA Project, Academy for Educational Development, Washington, DC (October 1999).

**Lives at Risk: *Malaria and Pregnancy***, SARA Project, Academy for Educational Development, Washington, DC (September 2000).

**Manuel de formation pour Influencer les politiques et les programmes: *Un guide pour les chercheurs***, Aliou Boly, Training for Development (TRADE), Burkina Faso; SARA Project, Academy for Educational Development, Washington, DC (January 2000).

**Qualitative Research for Improved Health Programs: *A Guide to Manuals for Qualitative and Participatory Research on Child Health, Nutrition, and Reproductive Health***, Peter Winch, Jennifer Wagman, Rebecca Malouin, Garrett Mehl, Department of International Health, Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD; SARA Project, Academy for Educational Development, Washington, DC (January 2000).

**REDUCE: *A Policy Development and Advocacy Model for the Reduction of Maternal Mortality, Morbidity, and Disability***, SARA Project, Academy for Educational Development, Washington, DC (June 2000).

**SARA Final Report: *Project Years 1992-1999***, SARA Project, Academy for Educational Development, Washington, DC.

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## ***Appendix C—Dissemination/Publications List***

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### ***Co-Produced Publications***

**A Regional Model for Successful Health Intervention in a Low Resource**

**Environment**, Michael Shereikis, Susi Wyss, SFPS Project, JHPIEGO, Abijan, Cote d'Ivoire; SARA Project, Academy for Educational Development, Washington, DC (December 1999).

**Entre la volonté de Dieu et les contraintes de la vie**, CERPOD, Bamako, Mali;

SARA Project, Academy for Educational Development, Washington, DC (January 2000).

**Family and Reproductive Health Programme Profile**, CHRCS, Arusha,

Tanzania; SARA Project, Academy for Educational Development, Washington, DC (October 1999).

**Family Health and AIDS in West and Central Africa (FHA-WCA): A Summary of Four Working Papers Describing a New Model for USAID for Delivering**

**Development Assistance in Low Resource Countries**, SFPS Project, JHPIEGO, Abijan, Cote d'Ivoire; SARA Project, Academy for Educational Development, Washington, DC (2000).

**Food and Nutrition Programme Profile**, CHRCS, Arusha, Tanzania; SARA

Project, Academy for Educational Development, Washington, DC (October 1999).

**Human Resources Development and Capacity Building Programme Profile**,

CHRCS, Arusha, Tanzania; SARA Project, Academy for Educational Development, Washington, DC (October 1999).

**Prevenir la mortalité maternelle par les soins obstétricaux d'urgence: *Un rai***

**de lumière dans le tunnel obscur de cette tragédie**, CEFORP, Dakar, Senegal; Society for African Gynecologists and Obstetricians, Dakar, Senegal; SARA Project, Academy for Educational Development, Washington, DC (September 2000).

**Public Health Guide for Emergencies**, Saade Abdallah, Gilbert Burnham

(eds.), Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; International Federation of Red Cross and Red Crescent Societies; SARA Project, Academy for Educational Development, Washington, DC (2000).

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## *Appendix C—Dissemination/Publications List*

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**SPFS Experience with Institutional Development of African Partners**, Michael Shereikis, Susi Wyss, SPFS Project, JHPIEGO, Abijan, Cote d'Ivoire; SARA Project, Academy for Educational Development, Washington, DC (April 2000).

### *Publications in Progress*

**Amelioration de la prise en charge des urgences obstetricales: *Etudes de cas***, CEFORP, Dakar, Senegal; SAGO, Dakar, Senegal; SARA Project, Academy for Educational Development, Washington, DC (February 2001).

**ERNWACA Transnational research summaries (French and English)**, ERNWACA, Bamako, Mali; SARA Project, Academy for Educational Development (2001).

**French Nutrition Briefs**, SANA Project, Academy for Educational Development; SARA Project, Academy for Educational Development, Washington, DC (2001).

**HIV and Nutrition: *A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa***, Ellen Piwoz, Elizabeth Preble, SARA Project, Academy for Educational Development, Washington, DC (December 2000).

**Méthodes de laboratoire pour le diagnostic de la dysenterie et du choléra épidémiques**, Centers for Disease Control and Prevention, Atlanta, GA; WHO/AFRO, Harare, Zimbabwe; SARA Project, Academy for Educational Development (2001).

**Prevention of Mother-To-Child Transmission (MTCT) of HIV in Africa: *A Synthesis of the Issues and Framework for USAID Investments***, Ellen Piwoz, Elizabeth Preble, SARA Project, Academy for Educational Development, Washington, DC (January 2001).

**Recherche qualitative en vue d'améliorer les programmes de sante: *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, Baltimore, MD; SARA Project, Academy for Educational Development, Washington, DC (March 2001).

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## ***Appendix C—Dissemination/Publications List***

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**USAID/AFR/SD Reproductive Health Briefing Packet**, SARA Project, Academy for Educational Development, Washington, DC (March 2001).

**Utilisation des données sanitaires pour améliorer la prestation de services: *Une approche d'auto-évaluation***, Anne LaFond, John Snow International; Lonna Shafritz, SARA Project, Academy for Educational Development, Washington, DC (April 2001).

### ***SARA FY2000 Trip Reports***

**Providing Technical Assistance on HIV and Infant Feeding.** Harare, Zimbabwe, Durban, South Africa, and Cape Town, South Africa. October 4 - 15, 1999. Ellen Piwoz.

**CESAG Visit.** Dakar, Senegal. November 23 - December 8, 1999. Roger Gosselin.

**WHO/AFRO Social Mobilization Meeting for Polio.** Harare, Zimbabwe. December 3 - 14, 1999. Renuka Bery.

**CEFOREP, SAGO, CERPOD Technical Assistance and Work Plan Development.** Dakar, Senegal, and Bamako, Mali. January 19 - February 5, 2000. Caroline Blair.

**CEFOREP, SAGO, and CERPOD Technical Assistance.** Dakar, Senegal, and Bamako, Mali. January 19 - February 5, 2000. Lalla Touré.

**Technical Support to ZVITAMBO on HIV and Infant Feeding Counseling and Research.** Harare, Zimbabwe. January 29 - February 5, 2000. Ellen Piwoz.

**Regional Centre for Quality of Health Care.** Entebbe, Uganda. February 5 - 11, 2000. Ellen Piwoz.

**Dissemination Centers Reintegration Workshop.** Arusha, Tanzania, and Nairobi, Kenya. February 21 - March 3, 2000. Renu Bery.

**Comparative International Education Society Conference.** San Antonio, Texas. March 6 - 12, 2000. Yolande Miller-Grandvaux.

**Directors' Joint Consultative Committee.** Arusha, Tanzania, Nairobi, Kenya, and Kampala, Uganda. March 24 - April 8, 2000. Stephen Kinoti.

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## *Appendix C—Dissemination/Publications List*

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**Support to CRHCS DJCC Meeting: *Planning for REDUCE Field Testing;***

*Regional Networking.* Arusha, Tanzania, Nairobi, Kenya, and Kampala, Uganda. March 24 - April 8, 2000. Caroline Blair.

**Global Meeting “*Monitoring and Evaluation of HIV Prevention, AIDS Care and***

*STD Control Programs: Guide and Indicators.*” Berlin, Germany, and Geneva, Switzerland. April 10 - 15, 2000. Sambe Duale.

**Nutrition Planning with BASICS, and Discussions with CEFOREP and CESAG.**

Dakar, Senegal. May 14 - 21, 2000. Suzanne Prysor-Jones.

**Technical Support to ZVITAMBO on HIV and Infant Feeding Counseling and**

**Research.** Harare, Zimbabwe. May 18 - 25, 2000. Ellen Piwoz.

**Conference of the Africa Region of the International Union Against**

**Tuberculosis and Lung Disease.** Conakry, Guinea. May 22 - 28, 2000. Sambe Duale.

**SOTA Course on the World Health Report.** Nairobi, Kenya. June 6 - 9, 2000.

Dr. Phil Musgrove.

**Dissemination and Advocacy for Regional Centre for Quality of Health Care.**

Kampala, Uganda, Nairobi, Kenya, and London, England. June 16 - 30, 2000. Renu Bery.

**Participation in Household and Community IMCI Meeting in Durban.**

Durban, South Africa. June 18 - 24, 2000. Suzanne Prysor-Jones.

**Consultation on Priorities for Health Systems Research in HIV/AIDS.**

Pretoria, South Africa. June 19 - 23, 2000. Stephen Kinoti.

**SAGO Executive Committee Meeting and REDUCE Implementation.** Dakar,

Senegal, and Kampala, Uganda. July 1 - 21, 2000. Caroline Blair.

**AIDS 2000 in Durban, South Africa and Adaptation of the REDUCE Model in**

**Uganda.** Durban, South Africa, and Kampala, Uganda. July 5 - 21, 2000. Stephen Kinoti.

**XIII International AIDS Conference.** Durban, South Africa. July 7 - 14, 2000.

Ellen Piwoz.

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## ***Appendix C—Dissemination/Publications List***

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**Workshop on Maternal Mortality and Morbidity Analysis and Advocacy in**

**Uganda: *Participation in Field Testing of REDUCE.*** Entebbe, Uganda. July 10 - 18, 2000. Ominde Achola and Sarah Kibuka.

**HIV Infection and AIDS: *An Update on Clinical-Pathological Issues in the***

***Diagnosis of Indicator Conditions.*** Arlington, Virginia. August 16 - 18, 2000. Stephen Kinoti.

**Inter-Country Orientation Meeting on Community IMCI.** Bamako, Mali.

August 28 - 30, 2000. Dr. Onanga Bongwele.

**Regional Meeting of Health Systems Research Focal Points and Policy**

**Analysts.** Harare, Zimbabwe. September 18 - 23, 2000. Stephen Kinoti.

**Participation in the 5<sup>th</sup> Annual Meeting of Nutrition Focal Points from**

**Members States of ECOWAS.** Bamako, Mali. September 21 - 30, 2000.  
Ellen Piwoz.

## **Appendix D**

### **Task Order Tracking List**



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## *Appendix D—Task Order Tracking List*

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### **Appendix D—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 other SO 7, 8 and 9 activity updating 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*

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## ***Appendix D—Task Order Tracking List***

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

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## *Appendix D—Task Order Tracking List*

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- 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)  
*Underway at year end*
  
- 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)  
*Draft complete; final in process*
  
- 211. Strategy paper on reducing MTCT in Africa (Beth Preble)  
*Seen next*
  
- 211a. MTCT strategy paper: 15 more days for consultant  
*In finalization*
  
- 213. Suzanne Prysor-Jones to provide support to inter-country orientation meeting on family/community IMCI  
*Completed*

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## ***Appendix D—Task Order Tracking List***

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300. Tulane University activities under SARA II, 10/1999 through 1/2000  
*Basis for subcontract*
301. Duale Sambe 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*
400. Follow-up activities to West Africa EOC Conference of December 1998  
(JHPIEGO)  
*Delayed until subcontract with JHPIEGO concluded*
401. Francophone MAQ bulletin  
*Completed*
402. Printing and dissemination of French language PAC brochure  
*Delayed until subcontract with JHPIEGO concluded*
450. Population Reference Bureau (PRB) activities under SARA II, 10/99  
through 1/00  
*Basis for subcontract*
500. Training for CERPOD in ISSA software (Victor Canales)  
*Completed*
501. Follow-up activities to West Africa EOC Conference of December 1998  
(CEFOREP)  
*Ongoing, being revised*
- 501a. Follow-up to EOC conference: 30 more days for consultant  
*Completed*

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## *Appendix D—Task Order Tracking List*

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- 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*
- 600. Sponsorship of RESAR country researchers and SARA staff to annual RESAR meeting  
*Completed*
- 601. Making presentation to CRHCS on electronic communication  
*Completed*
- 603. RESAR participation in Post-Cairo Assessment of RH Policies & programs in W. Africa  
*Completed*
- 604. SAGO biennial conference, CEFORP 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*

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## ***Appendix D—Task Order Tracking List***

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- 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*

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## *Appendix D—Task Order Tracking List*

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- 619. Review of contribution of social science to malaria control  
*Completed*
  
- 620. Expert working group meeting for TB prevention & control among African women  
*Underway at year end*
  
- 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  
*Postponed to 12/00*
  
- 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*

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## ***Appendix D—Task Order Tracking List***

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- 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  
*English completed*
- 709. Printing of “Qualitative Research for Improved Health Programs”  
*Completed*
- 710. Printing of HIV/AIDS Briefing Packets  
*Ongoing*
- 711. Development & dissemination of user-friendly brochure on best practices in EOC in West Africa  
*Completed*
- 712. Translation & printing of infectious diseases laboratory manual  
*Underway*
- 713. Printing of education assessments  
*Completed*
- 715a. Publication of ERNWACA’s transnational education studies - English  
*Consultants working on translation*
- 715b. Publication of ERNWACA’s transnational education studies - French  
*Consultants working on translation*
- 716. Reprinting of Intro to Advocacy  
*Completed*

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## *Appendix D—Task Order Tracking List*

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- 717. Disseminating empowering community documents to IMCI participants in South Africa  
*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*
  
- 802a. Ellen Piwoz TA to ZVITAMBO Project continued into FY 2001  
*To begin 10/00*
  
- 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*
  
- 807. Issues paper on public health workforce crisis in Africa  
*Awaiting consultant availability*

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