

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

**Annual Report
Project Year 4 (FY 2003)**

**Submitted to
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Support for Analysis and Research in Africa

Annual Report Project Year 4 (FY 2003)

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Acronyms and Abbreviations

ABIC	Africa Bureau Information Center
ACP	AIDS control programs
AED	Academy for Educational Development
AFR/SD	Bureau for Africa/Office of Sustainable Development (USAID)
AGOA	African Growth and Opportunity Act
ALIVE	neonatal mortality reduction computer advocacy program
ANCDI	Africa Nutrition Capacity Development Initiative
AR	analytic review
ARH	adolescent reproductive health
ARI	acute respiratory infection
ART	antiretroviral therapy
ARV	antiretroviral
ASRH	adolescent sexual and reproductive health
BASICS	Basic Support for Institutionalizing Child Survival
CA	cooperating agency
CAH	Child and Adolescent Health Division (WHO)
CBO	community-based organization
CCH	community child health
CCM	country coordinating mechanism
CDC	U.S. 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)
CESAG	Centre Africain d'Etudes Supérieures en Administration et Gestion
CIDA	Canada International Development Agency
c-IMCI	community Integrated Management of Childhood Illness
COPE	Client-oriented provider-efficient services
CORE	Consortium of 35 PVOs implementing child survival projects
CRHCS	Commonwealth Regional Health Community Secretariat
CTC	community therapeutic care
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
DJCC	Directors' Joint Consultative Committee
DRC	Democratic Republic of the Congo
ECOWAS	Economic Community of West African States
ECSA	East, Central, and southern Africa
ECSACON	East, Central, and Southern African College of Nursing
EHP	Environmental Health Project
EOC	essential obstetric care
EPI	Expanded Programme on Immunization
ERNWACA	Educational Research Network for West and Central Africa
ESA	East and southern Africa
ESAMI	East and Southern Africa Management Institute

ESARO	East and Southern Africa Regional Office (UNICEF)
EWG	expert working group
FANTA	Food and Nutrition Technical Assistance project
FGC	femal genital cutting
FP	family planning
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GH	Bureau for Global Health (USAID)
GIPA	Greater Involvement of People Living with AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAPAC	HIV/AIDS Policy Advisory Committee
HAPEC	HIV/AIDS Program Experts Committee
HCD	human capacity development
HEARD	Health Economics and HIV/AIDS Research Division, University of KwaZulu-Natal
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HKI	Helen Keller International
HPN	health, population, and nutrition
HR	human resources
HRH	human resources for health
HSRC	Human Sciences Research Center of South Africa

LAWG	Interagency Working Group
ICASA	International Conference on AIDS and Sexually Transmitted Diseases in Africa
ICC	interagency coordinating committee
ICIPE	International Center on Insect Physiology and Ecology
ICT	information, communication, and technology
IDSR	integrated disease surveillance and response
IDRC	International Development Research Center
IMCI	Integrated Management of Childhood Illness
IPC	intentional planning committee
IR	intermediate result
ITN	insecticide-treated bed net
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU/CCP	Johns Hopkins University, Center for Communication Programs
JSI	John Snow, Inc.
KAP	knowledge, attitudes, and practices
LAM	lactational amenorrhea method
LINKAGES	Breastfeeding, Complementary Feeding, and Maternal Nutrition project
M&E	monitoring and evaluation
MCA	U.S. Millennium Challenge Account
MDG	Millennium Development Goals
MIM	Multilateral Initiative on Malaria

MIP	malaria in pregnancy
MNH	Maternal and Neonatal Health project (JHPIEGO)
MOH	ministry of health
MRTC	Malaria Research and Training Center, Bamako, Mali
MSH	Management Sciences for Health
MTCT	mother-to-child transmission (of HIV)
NAP+	Network of African People Living with HIV/AIDS
NARESA	Network for AIDS Research in East and Southern Africa
NGO	nongovernmental organization
NHA	National Health Accounts
NIMR	National Institutes of Medical Research, Tanzania
OVC	orphans and vulnerable children
PAC	postabortion care
PATH	Program for Appropriate Technology in Health
PHNI	Population, Health, and Nutrition Information project
PHR+	Partnerships for Health Reform plus
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission (of HIV)
PP	private practitioner
PPP	public-private partnership
PRB	Population Reference Bureau
PROFILES	nutrition advocacy computer program
PVO	private voluntary organization

RATN	Regional AIDS Training Network
RBM	Roll Back Malaria
RCQHC	Regional Centre for the Quality of Health Care
REDSO	Regional Economic Development Support Office
REDUCE	safe motherhood advocacy computer program
RESAR	Reproductive Health Research Network for West Africa
RH	reproductive health
RPM+	Rational Pharmaceuticals Management plus project
SA	South Africa
SAGO	Society for African Gynecologists and Obstetricians
SANRU	Rural Health (Santé Rurale) project
SARA	Support for Analysis and Research in Africa
SFPS	Family Health and AIDS Project, West Africa (FHA)
SIDA	Swedish International Development Agency
SO	Strategic Objective
STI	sexually transmitted infection
SWAA	Society for Women against AIDS in Africa
TB	tuberculosis
TBA	traditional birth attendants
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS

UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing (for HIV)
WAHO	West African Health Organization
WARP	West Africa Regional Program (USAID)
WARO	West Africa Regional Office (BASICS project)
WHO/AFRO	World Health Organization/Regional Office for Africa
WHO/HQ	World Health Organization, Geneva Headquarters
ZVITAMBO	Zimbabwe Vitamin A for Mothers and Babies Trial

I. Introduction

The Support for Analysis and Research in Africa (SARA) II is pleased to submit this report for Project Year 4, which describes SARA's activities in support of the USAID, Bureau for Africa, Office of Sustainable Development. 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 crosscutting activities that touch on all 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.

II. Overview

SARA has maintained good momentum this year, despite some staff changes within the project and at AFR/SD and uncertainties as to the whether SARA will end in September 2004 or be able to run for an extra year on a no-cost extension until September 2005.

SARA support to AFR/SD has become more targeted and significant in some technical areas, in response to the changing needs of the Bureau. This been especially true for HIV/AIDS and reproductive health. Malaria and integrated disease surveillance and response (IDSR) also had an active year. In the health reform area, SARA work on human resources and HIV/AIDS and the analysis of funding issues for child health was particularly important. The project continues to play a key role internationally and in Africa in the area of the prevention of mother-to-child transmission of HIV (PMTCT) and HIV-related nutrition issues. The SARA self-assessment process was an important one and included interviews with AFR/SD staff and other key partners. The results were extremely positive, for the most part. The project is taking active steps to address some issues that were raised as areas for improvement.

There has been some staff turnover this year, with the departure of Oscar Picazo, senior health reform/financing advisor, and Youssef Tawfik, senior child survival specialist, in the third and fourth quarters. Maritita Marx joined the project in the third quarter, bringing renewed strength to the project's child survival expertise.

This year the SARA project ceased engaging in education activities following the Agency's reorganization. Yolande Miller-Grandvaux left the project in November 2002, and the few remaining education activities were closed out by June 2003.

SARA Goals

SARA project goals are to:

- ◆ Assist AFR/SD develop and manage its Strategic Objectives and results;
- ◆ Increase the use of research and information through dissemination and advocacy in priority areas of AFR/SD concern;
- ◆ Develop linkages with African institutions that foster capacity building, 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; and
- ◆ Develop and promote the use of generic tools/instruments to improve the practice of health programs.

Overview

1. Assist AFR/SD with the Development and Management of its Strategic Objectives and Results

The SARA team participated in the strategic objective AFR/SD-SARA core teams periodically during this fiscal year. The core teams shared information on activities, discussed strategies, and developed scopes of work for selected AFR/SD-funded activities. SARA team members also maintained regular contact with AFR/SD colleagues through phone and electronic exchanges. This was particularly important this year, which was one of high staff turnover and shortage at AFR/SD.

Some key SARA support activities this year included:

- ◆ Developing, with the Population, Health and Nutrition Information (PHNI) project, a report on USAID investments and programming approaches for malaria prevention and control in Africa;
- ◆ Planning a “taking stock” exercise of USAID programming in child survival in Africa, to include extensive interviews with USAID mission staff and key informants;
- ◆ Planning and organizing health sessions for the 6th Leon H. Sullivan Summit in Nigeria, including a plenary and workshops on HIV/AIDS, malaria, and nutrition;
- ◆ Reviewing country plans for PMTCT programming;
- ◆ Developing a draft strategy paper on nutrition, food security, and HIV;
- ◆ Producing and disseminating an interactive CD-ROM with over 100 AFR/SD-supported materials on reproductive health;
- ◆ Planning and organizing a high-profile technical consultation on orphans and vulnerable children (OVC), scheduled to take place in early FY 2004;
- ◆ Assisting in preparing various sections of the AFR/SD annual report in some technical areas; and
- ◆ Finalizing and disseminating *Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices*, developed by SARA in coordination with the USAID-PVO Steering Committee.

2. Increase the Use of Research and Information through Dissemination and Advocacy in Priority Areas of AFR/SD Concern

SARA dissemination staff continued to participate in the technical core groups. They collaborated with AFR/SD colleagues on several key publications and meetings this year and have worked to keep dissemination and advocacy part of the various AFR/SD portfolios.

SARA documents were again in high demand though this year, and much of the demand was electronic. Of the approximately 13,000 documents distributed this year, about 80 percent were requested. The reduction in percent requested is attributed to a few publications, including *The Health Sector Human Resource Crisis in Africa*, that were sent to targeted mailing lists. An analysis of SARA web site statistics (July-September 2003) showed that several key SARA publications were downloaded in large quantities. The top three downloaded documents for this three month period include: *Multisectoral Approaches to HIV/AIDS: A Compendium of Promising Practices* (731), *Prevention of Mother-to-Child Transmission of HIV/AIDS* (613), and *Using Data to Improve Service Delivery* (284). The dissemination team has also uploaded SARA documents onto various internet portals, including the World Bank's Development Gateway and Population Reference Bureau's Infoshare.

SARA staff worked with African institutions on dissemination and advocacy issues. In particular, SARA worked with the Commonwealth Regional Health Community Secretariat (CRHCS) on repackaging safe motherhood information and identifying resources for a communications coordinator, with the Network of African People living with HIV/AIDS (NAP+) on communication issues, and with the World Health Organization, Regional Office for Africa's (WHO/AFRO) IDSR team to ensure dissemination was captured during the documentation exercise and in repackaging the country information into briefs.

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

- ◆ Organizing a meeting on multisectoral approaches to HIV/AIDS for private voluntary organizations (PVOs);
- ◆ Providing technical guidance on dissemination to WHO/AFRO's IDSR documentation teams and repackaging assistance; and
- ◆ Producing 21 documents and 2 interactive CD-ROMs, many in 2 languages, and disseminating approximately 13,000 documents mostly to Africa and on request.

3. Develop Linkages with African Institutions that Foster Capacity Building, as well as Produce Quality Research, Analysis, Dissemination and Advocacy

The table on the following page summarizes the key areas of SARA collaboration with African institutions this year.

Overview

Technical Area	Institution/Network	Collaborative Activities
Reproductive Health	CRHCS	<ul style="list-style-type: none"> – Review and repackaging of safe motherhood guidelines – Reproductive health (RH) strategy development – Review of implementation guidelines for malaria in pregnancy – Approaches to integrating PMTCT into RH – Development of maternal health advocacy monitoring tool
	CEFOREP	– Managing secretariat for postabortion care initiative
	CERPOD	– Adolescent health update
	Mwangaza Action	– Community mobilization for reproductive and child health (potential area)
	WAHO	– Maternal and neonatal health strategy development
	WHO/AFRO	<ul style="list-style-type: none"> – Advocacy on maternal and neonatal mortality – RH priority issues identification
HIV/AIDS	CERPOD	– Rapid assessment of HIV/AIDS monitoring and evaluation and management capacity in selected countries
	CRHCS	<ul style="list-style-type: none"> – Revision of HIV/AIDS preservice curriculum – Consultation on human resources for health – Resource mobilization for HIV/AIDS activities in the region – Assessment of impact of HIV/AIDS on the health workforce – Improved coordination between National AIDS Council and AIDS Control Program managers
	SWAA	– Workplan training workshop
	RATN	<ul style="list-style-type: none"> – PMTCT training program for East and southern Africa (ESA) – HIV/AIDS management course development offered at 3 ESA institutions
	NAP+	<ul style="list-style-type: none"> – Strengthening of NAP+ secretariat – Regional communications strategy for NAP+ – Regional resource mobilization strategy developed

Technical Area	Institution/Network	Collaborative Activities
Nutrition	CRHCS	– Nutrition Focal Points in ECSA focusing on noncommunicable diseases in 2003
	WAHO	– Nutrition Focal Points in West Africa: micronutrient deficiencies focus in 2003 – Nutrition advocacy workshops (Francophone and Anglophone)
	ZVITAMBO	– Research on PMTCT issues
Child Survival and Infectious Diseases	CRHCS	– Documentation of innovative TB-HIV linked programs
	Groupe Pivot	– Regional NGO workshop on malaria prevention control
	WAHO	– Support to Dr. Maiga to attend MIM conference
	WHO/AFRO	– Documentation of IDSR implementation in countries and dissemination of lessons learned – Advocacy on including private practitioners in child health and malaria
Health Management and Economics	CESAG	– NHA, contraceptive logistics, and human resources management in WCA (potential areas)
	CRHCS/ECSA	– NHA and equity analysis
Dissemination and Advocacy	CRHCS	– Support for establishing information dissemination coordinator
	WHO/AFRO	– Training of IDSR documentation team and support to VPD unit

4. Implement Activities in Research, Analysis, Dissemination, and Advocacy for Which SARA Has a Comparative Advantage and That Complement the Efforts of Others

Illustrative activity highlights this year in the different technical areas included:

Child Survival

- ◆ Important funding flow analysis and economic perspective provided as input to the multiagency analytic review of IMCI and child health.
- ◆ Joint work agenda developed with WHO/HQ to accelerate the involvement of private providers in child health and malaria.
- ◆ WHO/AFRO included presentations on private providers in the 2003 Anglophone and Francophone IMCI Focal Points meetings and also in the RBM/IMCI Task Force meeting.
- ◆ Community child health/c-IMCI facilitators guide finalized and used by WHO/AFRO in regional training sessions as well as country planning efforts.

Infectious Diseases

- ◆ Tuberculosis (TB) and gender study completed and findings disseminated at national and regional meetings, including the International Conference on AIDS in Africa held in Nairobi, September 2003.
- ◆ Based on the TB and gender study findings, CRHCS included the reduction of gender disparities in TB care on its reproductive health policy agenda for the coming year.
- ◆ A WHO/AFRO dissemination strategy developed with assistance from SARA to share IDSR findings with various stakeholders.
- ◆ Malaria in pregnancy advocacy brief revised, produced, and widely disseminated in English and French.
- ◆ A successful CORE regional workshop organized for NGOs/PVOS in Francophone Africa on rolling back malaria (SARA provided technical and financial support).
- ◆ WAHO established contact with other key Roll Back Malaria players in West Africa (SARA facilitated the process).

Nutrition

- ◆ HIV and infant feeding policy decisions influenced in Ethiopia through the use of SARA-supported infant mortality risk analysis.
- ◆ Twenty-seven program managers and nutritionists from national nutrition services in West and central Africa trained in nutrition advocacy.

- ◆ Four new tools for improved nutrition-related policies and programs developed in collaboration with African and international partners.
- ◆ USAID nutrition tools and approaches integrated into the training curricula of public health schools in Cameroon, Guinea, Niger, and Senegal.

HIV/AIDS

- ◆ Guidelines on roles and functions of NACs and ACPs used by Kenya, Malawi, Tanzania, and Uganda to develop country action plans.
- ◆ Funds leveraged from partners (WHO, POLICY, and MOH) to assess the impact of HIV/AIDS on the health workforce in Kenya and Malawi.
- ◆ Preservice HIV/AIDS training content incorporated in curricula and teaching in Kenya, Mauritius, Seychelles, Tanzania, and Zimbabwe.
- ◆ Guidance paper on impact of HIV/AIDS on health workforce and summary white paper summarizing factors influencing demand and supply of health workforce used by several USAID missions (e.g., Mozambique).
- ◆ Young, but vibrant, private and public partnership established to respond to HIV/AIDS in Nigeria and serve as a model for similar initiatives in the region.

Reproductive Health

- ◆ Nine West African countries developed maternal and neonatal country action plans during a regional best practices workshop sponsored by WAHO and organized by SARA and JHPIEGO.
- ◆ Repositioning family planning incorporated as a key component WHO/AFRO, CRHCS/ECSA, and WAHO reproductive health strategies.
- ◆ Funds leveraged from WHO/AFRO and the World Bank for REDUCE/ALIVE activities (application and/or follow-up) in Ethiopia and Uganda. An Africa regional application is also being widely used for advocacy by WHO/AFRO. REDUCE advocacy in Mauritania led to an agreement to use Poverty Reduction Strategy Paper (PRSP) funds to increase compensation to obstetricians and gynecologists working outside of Nouakchott.
- ◆ Interactive CD-ROM with AFR/SD-supported RH initiatives produced and widely distributed.

Crosscutting Issues

- ◆ Review of CERPOD past performance and current status/potential and design of plan for continued (although reduced) USAID funding through USAID/WARP.
- ◆ Francophone West Africa NHA network planned and launched (joint collaboration with the PHR+ project, WHO/AFRO, and other stakeholders).

Overview

5. Develop and Promote the Use of Generic Tools/Instruments to Improve the Practice of Programs in Health and Human Resources

Toolkits for Scaling-up ARV Treatment and VCT

Dr. Kinoti participated in two separate WHO/Geneva-led task forces to develop toolkits for scaling up ARV treatment and VCT services. He reviewed the terms of reference and the first drafts of the toolkits and helped write sections of the final drafts (e.g., service management of ART and VCT, monitoring and evaluation, and advocacy). The toolkits will be a resource for program managers and implementers, including NGOs, community-based organizations, and the private sector.

MTCT of HIV

Dr. Piwoz, in collaboration with the LINKAGES project, assisted in developing the HIV and Infant Feeding Risk Model to estimate HIV-free survival in different population contexts.

HIV and Infant Feeding Tools

Dr. Piwoz completed work on a formative research manual entitled *What Are the Options: Using Formative Research to Adapt Global Recommendations on HIV and Infant feeding to the local context*. This manual was distributed for the first time at ICASA and will be produced and disseminated by WHO.

SARA is giving technical support to WHO to develop, test, and produce a package of counseling tools for use by health workers in counseling HIV-positive mothers about infant feeding issues. The package includes a set of generic counseling cards and take-home flyers, a technical reference guide for health workers, and an orientation manual. The field test was carried out in South Africa, and the materials should be available in 2004.

In collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and its university partners, JHPIEGO and the University of New Jersey, Dr. Piwoz prepared a training module on HIV and infant feeding for the WHO *Generic Training Package on the Prevention of Mother-to-Child Transmission of HIV*. This training package is being field tested and will be finalized and produced by WHO and CDC in 2004. Dr. Piwoz's participation was on behalf of the human resources work stream of the President's International Mother and Child HIV Prevention Initiative.

The preservice training manual on HIV and nutrition, developed by the Regional Centre for the Quality of Health Care (RCQHC), with assistance from SARA,

LINKAGES, FANTA, and REDSO, was finalized and produced in August 2003. It will be disseminated by RCQHC.

SARA, with FANTA and LINKAGES, worked with RCQHC to develop a nutrition and HIV/AIDS counseling toolkit for community-level programming in ESA. Materials are currently being developed.

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

A. Collaboration with African Institutions and Networks

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

SARA and IntraHealth/PRIME staff worked hard this year to assist CEFORP to take on the role of Francophone PAC Initiative Secretariat. A scope of work was finalized in August after much negotiation with CEFORP and the Francophone PAC Initiative Committee. The deliverables under the SARA-CEFORP subcontract are sequenced until June 2004. SARA will be working with the new WARP project to reinforce this PAC Secretariat for Francophone Africa.

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

SARA has worked steadily with CERPOD this year on a number of issues, as the institution regroups after losing most of its personnel. It now has very few full-time technical staff and is developing a new *modus operandi* to make greater use of consultants and generate new funding sources that can support staff on “soft” money. At the request of USAID/WARP, Drs. Duale and Prysor-Jones reviewed the institution, its activities, and results, and helped to develop a proposal for a new cycle of USAID/WARP direct support to CERPOD.

CERPOD continues to want to develop a role in monitoring and evaluation (M & E) of HIV/AIDS issues in the region. With SARA support, CERPOD contracted the services of a consultant to help restart activities in this area by conducting a rapid assessment of the HIV/AIDS M & E management capacity in five countries. SARA also supported consultants to analyze adolescent reproductive health issues in the region to provide evidence for continued advocacy by CERPOD and its country partners.

CESAG — Regional Center for Advanced Management Training, Senegal

SARA was not able to concretize collaboration with CESAG this year, partly because of lack/changeover of personnel in the institution. Some discussions were held on human resources development in West Africa, and CESAG will share the research being done in this area, with a view to possible collaboration in disseminating this work next year.

Collaboration with African Institutions

CRHCS — Commonwealth Regional Health Community Secretariat for East, Central, and Southern Africa, Tanzania

This has been another year of strong joint activities for the REDSO-SARA-CRHCS partnership, particularly in HIV/AIDS. Care has been taken to make sure that REDSO and SARA support to CRHCS is complementary, through joint planning meetings and regular e-mail and phone communications.

SARA linked PRB and CRHCS—both Gates Foundation grantees—and helped to leverage co-funding to hire a senior dissemination/advocacy coordinator. Highlights of SARA-CRHCS joint work this year include:

- ◆ Clarifying the roles of the National AIDS Councils and AIDS Program Managers from the ECSA countries;
- ◆ Assessing the impact of HIV/AIDS in the health sector in two ECSA countries (Kenya and Malawi);
- ◆ Monitoring the integration of HIV/AIDS content into preservice training;
- ◆ Reviewing national policies and guidelines on preventing and controlling malaria in pregnancy in the region;
- ◆ Providing technical assistance to the CRHCS RH strategy;
- ◆ Piloting a tool to monitor maternal health advocacy activities, including REDUCE (with WHO/AFRO);
- ◆ Planning an annual nutrition focal point meeting in late 2003, to focus on non-communicable diseases;
- ◆ Preparing a concept paper to develop an HIV and nutrition preservice training manual for nurses and midwives; and
- ◆ Co-sponsoring a regional meeting to review findings and program implications of the Tanzania TB and gender study.

Mwangaza Action, Burkina Faso

Mwangaza Action is an NGO with a regional mandate to improve or develop community programs in health through social mobilization. SARA organized a series of networking meetings this year in Washington, DC for the program coordinator, Mr. Djingri Ouoba, and is discussing a Mwangaza proposal for activities to strengthen social mobilization for reproductive health in the region.

NAP+ — Network of African People Living with HIV/AIDS, Kenya

SARA continued to support NAP+ regional program development and management capacity this year. NAP+ developed communications and resource-mobilization strategies to ensure sustainability of programs. In addition, SARA support enabled NAP+ to continue implementing some of its core programs, such as Ambassadors of Hope, training, stigma reduction, and GIPA.

RATN — Regional AIDS Training Network, Kenya

The Program Management and Administration Course for HIV/AIDS program managers that SARA assisted RATN to develop was pilot tested at three management institutions this year: ESAMI in Tanzania, Malawi Institute of Management, and Managa Center for Regional Integration and Management Development in Swaziland.

SARA worked closely with RATN and the Regional PMTCT Network to develop a regional PMTCT training program. Two institutions (NARESA and the University of the Witwatersrand) were commissioned to implement the training with financial support from UNICEF and UNAIDS.

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

SARA worked with RCQHC this year on several activities to improve policies, capacity, and programming for nutrition care and support of PLWHA. SARA and other partners provided technical support to develop and produce a preservice training manual and supporting materials on HIV and nutrition. This was finalized and produced in August 2003 and will be disseminated by RCQHC. SARA, FANTA, and LINKAGES also worked with RCQHC to develop a nutrition and HIV/AIDS counseling tool kit for community-level programming that will be produced and disseminated in October 2003.

SWAA — Society for Women Against AIDS, Kenya

SARA assisted SWAA to train international and national chapter leaders to develop a workplan for the period 2003-2007. Representatives from 39 country chapters participated in the training that also included staff from the executive, regional, and international offices.

Collaboration with African Institutions

WAHO — West African Health Organization, Burkina Faso

SARA staff have supported WAHO in some key technical areas this year:

Malaria

SARA supported Professor Moussa Maiga from WAHO to attend the Multilateral Initiative on Malaria (MIM) Pan-African Malaria conference in Arusha, Tanzania in November 2002. SARA also organized an informal meeting on RBM partnership in West Africa and WHO/RBM will post a focal point at WAHO for malaria activities in West Africa.

Nutrition

As part of the African Nutrition Capacity Development Initiative, SARA worked with WAHO to prepare two workshops on nutrition advocacy for 27 program managers from 14 Anglophone and Francophone countries in West and Central Africa. SARA also provided technical and financial assistance to plan and organize the annual meeting of the nutrition focal points in Guinea. The theme for the 2003 meeting was “Micronutrient Deficiencies: The Way Forward.”

Maternal Health

SARA facilitated collaboration between WAHO and MNH/JHPIEGO to cohost a regional meeting on best practices in maternal and neonatal health and move country action plans to the implementation stage. SARA also helped to link WAHO with WHO/AFRO, and WAHO participated this year in the in WHO/AFRO regional reproductive health task force meeting.

WHO/AFRO — World Health Organization, Regional Office for Africa, Zimbabwe and Brazzaville

Collaboration with WHO/AFRO this year has taken place in several technical areas, including:

Child Health

SARA staff made presentations on private providers at the annual RBM/IMCI Task Force and the Francophone IMCI Focal Point meetings. Issues discussed with WHO/AFRO staff included the way forward in supporting the involvement of

NGOs, the issue of newborn health, the future of the c-IMCI interagency working group, and wider advocacy in the region for involving the private sector. SARA provided technical assistance to WHO/AFRO to finalize the c-IMCI Facilitators Briefing package this year.

Malaria and Infectious Diseases

SARA staff assisted WHO/AFRO in developing the protocol and tools to document IDSR implementation in Africa. SARA oriented the WHO/AFRO IDSR documentation team on dissemination and worked with WHO/AFRO and its partners to package lessons learned and progress to date on IDSR.

Reproductive Health

As a member of the WHO/AFRO RH Task Force, SARA facilitated discussions at the 2003 meeting on next steps and recommendations for attaining the millennium development goals for maternal and neonatal health. SARA and WHO/AFRO held a joint meeting with the World Bank on REDUCE/ALIVE and also with country representatives from Benin, Burkina Faso, Guinea-Conakry, and Mali to discuss their expressed interest in applications in their respective countries. A maternal health advocacy activity monitoring tool was developed jointly with WHO/AFRO and CRHCS and tested in Uganda and Nigeria. SARA and WHO/AFRO met to discuss the strengthening of RAOPAG, the new francophone network to reduce malaria during pregnancy's in West Africa.

HIV/AIDS

SARA has facilitated linkages between WHO/AFRO and CRHCS on health workforce and migration issues and on strengthening health systems for scaling up HIV/AIDS responses in the region (including care and antiretroviral treatment).

Health Reform

SARA staff assisted WHO/AFRO, the PHR+ project, and other stakeholders in planning and launching the Francophone West Africa National Health Accounts (NHA) Network in January 2003. Further exchanges with CRHCS and WHO/AFRO were facilitated to discuss the potential use of additional NHA funds from the U.K. Department for International Development.

B. Dissemination and Advocacy

Renuka Bery	Dissemination and Advocacy Manager
Antonia Wolff	Dissemination Specialist
Rebecca Nigmann	Meeting Coordinator/Program Associate for Publications
Raymond Lambert	Publications Coordinator
H.J. Lee Bennett	Computer Specialist
Jean Marceau Lohier	Dissemination Assistant

Introduction

Again this year the dissemination team has operated mainly from its Washington base on dissemination and advocacy activities in Africa—collaborating with AFR/SD colleagues and with U.S.-based organizations. Activities continue to be Africa-based and focused on key AFR/SD strategic areas. They have involved materials production and dissemination, electronic communications, and building the capacity in Africa to disseminate and advocate more effectively. WHO/AFRO has taken on some leadership roles in this respect, especially in the areas of malaria and pregnancy, integrated disease surveillance responses and HIV/AIDS. SARA continued to share its dissemination and advocacy expertise with other USAID projects.

The dissemination team remains strong and personnel has been constant throughout this year. Renuka Bery and Antonia Wolff continue to provide dissemination support to the SO teams. Rebecca Nigmann has supported several meetings and has been essential in the extensive preparations for the OVC Technical Consultation being held in early November 2003. Raymond Lambert has taken the lead on several publication efforts, including managing the *Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices* (while Ms. Bery was on maternity leave) and coordinating efforts to develop the private practitioners toolkit. Lee Bennett has provided essential graphics design support and has worked with ABIC and SARA to ensure the web site development is smooth. Jean Marceau Lohier has continued to provide valuable assistance in distributing documents in both hard copy and electronically.

Support to AFR/SD Activity Managers in SOs 19-22

SARA dissemination team members have continued to meet with AFR/SD strategic objective team members both formally and informally. The core groups have functioned somewhat erratically this year largely due to considerable turnover/reductions in Africa Bureau staff. SARA's dissemination team has been able to keep abreast of the different activities within each sector and has ensured that dissemination and advocacy activities are properly addressed in the different technical areas.

Dissemination and Advocacy

SO 19—Child Survival, Nutrition, Infectious Diseases, Health Care Financing

Renuka Bery, Antonia Wolff, Raymond Lambert, and Rebecca Nigmann worked closely with SARA and AFR/SD technical staff in the areas of child survival, nutrition, and infectious diseases on a number of documents and tools that are being developed by SARA and other partners. These include the private practitioners toolkit and HIV and infant feeding counseling materials for WHO. The *Training Manual on the Implementation of the Essential Nutrition Actions for Health and Social Workers* in sub-Saharan Africa was sent to BASICS for formatting and production. We anticipate that they will be available in FY 2004.

In May, Antonia Wolff with support from Rebecca Nigmann facilitated another session on dissemination and advocacy for the Malaria in Pregnancy Working Group. The working group still operates as a coalition of organizations, however the structure of the group has now been formalized and will serve under the auspices of the Roll Back Malaria Initiative Secretariat. The purpose of this session was to facilitate the review process of the revised SARA malaria-in-pregnancy brochure and to explore strategic ways in which the working group could reinvigorate their advocacy efforts.

SO 20—Reproductive Health

The AFR/SD reproductive health team leader stepped down in March to pursue other activities within the agency. Her position was not filled until September. Holley Stewart and Antonia Wolff managed a number of reproductive health activities in the interim. Many of these activities are described in the reproductive health section, however, those relating specifically to dissemination are described here.

Antonia Wolff assisted the SO 20 team produce a new brief on adolescent reproductive health. In January, the SARA publications team compiled, packaged and shipped 500 packets to Africa in preparation for a World Bank's video conference on adolescent health and development in Africa. The packets were sent to 15 Francophone African countries, all of whom participated in the video conference.

Renuka Bery substantively edited the postabortion care report that followed the March 2002 meeting in West Africa. This will be published in October 2003 following USAID's final review to ensure language around this sensitive topic is consistent with USAID's message. It is likely that Ms. Bery and Holley Stewart will serve as cochairs of the PAC Consortium's communication working group in the upcoming year.

This year, the SARA publications team produced an interactive CD-ROM at the request of AFR/SD. Antonia Wolff managed the process and several SARA dissemination staff compiled and electronically archived over 100 AFR/SD-supported materials, including documents, PowerPoint presentations, fact sheets, policy briefs, posters, and more. These materials date back to 1996 and provide a comprehensive portfolio of AFR/SD-supported work in reproductive health. The CD was finalized in February and roughly 400 of the 1,000 were disseminated this year.

SO 21—HIV/AIDS

Renuka Bery worked closely with AFR/SD staff to document the public-private partnership activities in Nigeria that Percy Wilson has been engaged in under the SARA contract. This work has included repackaging a report based on country experiences and developing a brochure for countries interested in involving the business sector in HIV/AIDS responses.

Ms. Bery also worked closely with AFR/SD to plan and organize a technical consultation on orphans and vulnerable children (OVC). This meeting started out being a strictly technical meeting for about 60 people, but as more interest developed and more players became involved, the meeting has transformed into a three-day meeting where the first day is scheduled to be for 400 people and the remaining two days will be for up to 200 participants. This activity will encompass much of the first quarter of next fiscal year. The logistics will be spearheaded by Rebecca Nigmann.

Ms. Bery took the lead this year in working with South Africa Partners to develop a proposal to strengthen the capacity of the Department of Health in the Eastern Cape Province of the Republic of South Africa to efficiently provide resources in the delivery and management of HIV/AIDS and related services. The proposal has been submitted to AFR/SD for support and is being reviewed.

Raymond Lambert finalized the *Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa*. This involved working with review committee members of the USAID-PVO Steering Committee to develop document criteria; communicating with authors and contributors to ensure that proper material was submitted; and completing the editing and layout of the document. The final compendium, published in April 2003, was very well received and was reprinted in September 2003.

Dissemination and Advocacy Skills in Africa

Throughout the year, Renuka Bery and Antonia Wolff were in contact with Grace Kagundu at WHO/AFRO to support her in hiring a dissemination staff person for the Vaccine and Preventable Disease (VPD) unit. The SARA team provided guidance on the type of person the unit should consider and worked with Ms. Kagundu to develop interview questions to find the right person for the job. WHO/AFRO hired Zora Machekanyanga in August 2003, and SARA engaged in electronic discussions to critique the VPD Unit's communication strategy and provide other guidance in dissemination and advocacy activities. A technical assistance trip was planned for this year, but it was postponed due to scheduling conflicts at WHO/AFRO. Ms. Wolff will provide this assistance in FY 2004.

In November 2002, Antonia Wolff facilitated a dissemination workshop for a team of infectious disease experts who were engaged in a WHO/AFRO-sponsored activity to document the experiences/progress of integrated disease surveillance and response (IDSR) efforts in six African countries. This workshop reinforced the ongoing effort to assist WHO/AFRO in developing systematic approaches to dissemination, advocacy, and resource mobilization. The workshop, using a participatory methodology, was designed to help participants understand the process of dissemination, why dissemination is important, what is necessary for effective dissemination, and what the main constraints are in disseminating materials. Ms. Wolff ended the session by developing a draft workplan with the participants that identified the desired products/activities, the channels and formats to reach the intended audience, responsibilities, a timeline, and next steps or follow up actions. Since this workshop, Ms. Wolff worked with the team to finalize the six country draft reports, which were disseminated at the May IDSR Task Force meeting in Bamako, and develop a packet of policy/country briefs that were produced in September.

While in Zimbabwe working with the IDSR documentation team, Antonia Wolff participated in the 2002 Annual Communication and Social Mobilization Advisory Meeting. This annual meeting was established as a working group of the Task Force on Immunization (TFI) to review and advise the TFI of the regional strategies and action plans for social mobilization, facilitate coordination of partners involved, and monitor progress and assess impact.

SARA also continued to provide technical guidance to CRHCS as it slowly developed terms of reference for a communications coordinator. The SARA manual *Introduction to Advocacy: A Training Guide* is still used and often quoted by organizations as an excellent resource for advocacy.

Production and Dissemination

This year was another full production year for the dissemination team. SARA produced 23 publications and 34 trip reports; fulfilled over 1,500 requests; and disseminated over 13,000 documents around the world, mostly in Africa. The publications ranged from manuals to research papers to brochures. As in the past, most of the design, formatting, and editing was accomplished in-house, and documents were translated as appropriate. SARA also reprinted several popular publications, such as *Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices*.

The SARA dissemination team meets on a regular basis to ensure that it remains proactive and able to meet and prioritize the multiple demands in an efficient and effective manner. Because dissemination work sometimes seems intangible, SARA produces a monthly report of the dissemination team's major activities, which helps to inform both the SARA project staff and AFR/SD team of the various tasks undertaken, status of publications, etc.

Tracking Publications and Monitoring Their Use

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

This year SARA has successfully assessed the use of two older publications: *Making a Difference to Policies and Programs* and *Making the Internet Connection Count*. The strategy for monitoring document use includes reviewing data reports, reviewing requests for and letters about the publication, and following-up with users who have requested more than 20 copies of the publication. Summaries of the findings are described below.

Making a Difference to Policies and Programs

This document has had a great impact on research and public health training around the world, particularly in Africa. Findings indicate that guide has been used to increase communication in research in the United States. In Africa, the guide has helped increase the effectiveness of information, education, and communication interventions at the regional level and enhance stakeholder participation with policy and decision makers at the community level. The guide has been used in workshops and conferences throughout Africa; it has been used by 70 African orga-

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nizations and over 40 universities/training schools and has been implemented in internal training programs and academic courses.

From 1997 to 2002, 5,600 English copies and 1,700 French copies of the guide were distributed. Nearly 90 percent of all copies were requested. It has been published on numerous CD-ROM compilations and web sites and was adapted for an agriculture audience in Africa. Both the English and French versions of the guide are available in electronic (PDF) format, and a Google internet search yielded 96 unique listings for the guide.

Making the Internet Connection Count

This document is a simple, yet effective tool that has been used widely throughout Africa. More than 3,000 copies have been disseminated and over 1,600 Africans have been trained using this guide. The guide is available in English, French, and Portuguese and is available in various electronic formats and referenced across multiple Internet sites. Some comments from users include: “This publication helps to open pathways to dreams they may never have thought possible...,” and, “It will improve our organization’s efficiency in information and communication outlets and distribution.”

Electronic Communications

SARA continues to use a variety of electronic resources to disseminate information in the United States, Africa, and elsewhere. This year, SARA continued to expand its use of electronic dissemination by producing more CD-ROMs, emailing documents, and continuing the quarterly publications distribution email.

Web Site

SARA expanded its web site by making it more interactive. In particular, Lee Bennett, SARA computer specialist, developed a subsite on the SARA web site specifically for individuals interested in the USAID-PVO Multisectoral Approaches to HIV/AIDS conference. This site was an information resource for prospective participants to register and examine presentations, publications, materials and resources directly related to the conference. Online visitors still use this site and have been downloading the conference report and the *Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices*.

SARA plans to develop a comparable site for the upcoming OVC technical consultation in early November 2003.

SARA contacted the Africa Bureau Information Center (ABIC) to find out the status of the new USAID web redesign and to learn how this might impact the Africa Bureau's pages. The meetings were timely as all bureaus were being redesigned to conform to the new structure. SARA prepared a presentation for AFR/SD staff to get their input. The information was ultimately elicited through email, and USAID appointed Randolph Augustin, an intern for Hope Sukin, to spearhead this initiative from RRB. SARA has since been in touch with Mr. Augustin to offer support and technical assistance as desired.

Quarterly Publications Mailing Distribution

For three years now, Antonia Wolff has disseminated an electronic publications list on a quarterly basis. This list is directed to USAID missions, global and field-based PHN officers, desk officers, African regional institutions, and various other CAs to keep them informed of AFR/SD's activities in the health and basic education sectors. Distribution has grown from 150 to 317 recipients. This list generates responses and requests for materials (at least 5-10 per quarter) and is updated each quarter to keep up with changes in personnel, transfers, etc.

CD-ROM Development

In addition to the RH CD-ROM described in this dissemination and advocacy section under support to SO 20, SARA produced another web-based CD-ROM for the Sullivan Summit where USAID sponsored the health sessions on malaria, nutrition and HIV/AIDS. SARA staff collected relevant materials and put them on a CD-ROM for easy distribution.

Working with U.S. and European Groups

Members of the SARA dissemination team gave support and guidance on dissemination, communication, and advocacy issues to a number of U.S. groups. The support took the form of consultations, participation in meetings, presentations, and conference exhibits. While most of the support is described under the technical areas in which the support was given, below is a list of the groups that the dissemination team supported.

- ◆ ABIC
- ◆ Advance Africa
- ◆ BASICS II
- ◆ CDC
- ◆ CHANGE
- ◆ Dot.Com
- ◆ FANTA

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- ◆ JHPIEGO
- ◆ JHU/CCP
- ◆ JSI
- ◆ LINKAGES
- ◆ Minority Health Professions Foundation (Historically Black Colleges and Universities)
- ◆ PATH
- ◆ PHNI Project
- ◆ RBM Consortium
- ◆ SFPS
- ◆ South Africa Partners
- ◆ The Futures Group International
- ◆ WHO

**Information Dissemination
Annual Summary
October 2002 - September 2003**

Technical Assistance

- ◆ 2 TDYs related to dissemination and advocacy
- ◆ 22 dissemination and advocacy advisory meetings with CAs
- ◆ 3 dissemination and advocacy presentations
- ◆ 6 institutions in Africa receiving explicit dissemination and advocacy guidance
- ◆ 14 DC-based meetings on dissemination and advocacy

Electronic Update

- ◆ Most downloaded web-based documents from the SARA web site:
 - *Multisectoral Responses to HIV/AIDS*
 - *Prevention of Mother-to-Child Transmission of HIV in Africa*
 - *Qualitative Research for Improved Health Programs*
 - *Using Data to Improve Service Delivery (English)*
 - *Recherche qualitative pour des programmes de santé améliorés*
- ◆ **903** new names/organizations added to database

Publications—Final

- ◆ **23** publications (21 documents and 2 interactive CD-ROMs)
- ◆ **8** documents translated
- ◆ **63** trip reports
- ◆ **19** covers created in-house
- ◆ **3** reprints

Publications in Production

- ◆ **5** in production

Distribution

- ◆ **13,224** documents sent
- ◆ **11,113** documents were requests [94% of total distribution]
- ◆ **67% (8,886)** of these documents were sent to Africa

TRACKING OF KEY PUBLICATIONS

CHART 1.
(Oct.2002- Sep.2003)

	<i>HIV/AIDS & Nutrition</i>	<i>Prevention of Mother-to-Child Transmission of HIV in Africa</i>	<i>Using Private Practitioners in Child Survival</i>	<i>Health Sector HR Crisis in Africa</i>	<i>HIV/AIDS Multisectoral Compendium</i>	<i>RH CD ROM/ RH Briefs</i>	
S t a t i s t i c s	Total Disseminated	1,565	733	637	569	462	366/ 743
	Copies Requested (% of Total)	100%	100%	100%	34%	58%	56%/ 100%
	# of Requests	148	118	97	23	40	22/ 40
	# of African Countries Reached	29	14	25	31	19	18/ 50
	# of Requests for 20 Copies or More	18	10	7	5	2	6/ 2
	# of Downloads from sara.aed.org?	309	1,053	N/A	N/A	1,633	N/A
	Language Version	Eng/Fre	Eng/Fre	Eng/Fre	Eng	Eng	Eng/Fre
	Downloadable on	10+ Sites	4 Sites	6 Sites	3 Sites	20+ Sites	Sites

S | A | R | A

TRACKING OF KEY PUBLICATIONS

CHART 2.
(Oct.2002- Sep.2003)

		<i>HIV/AIDS & Nutrition</i>	<i>Prevention of Mother-to-Child Transmission of HIV in Africa</i>	<i>Using Private Practitioners in Child Survival</i>	<i>Health Sector HR Crisis in Africa</i>	<i>HIV/AIDS Multisectoral Compendium</i>	<i>RH CD Rom/ RH Briefs</i>
A f r i c a O t h e r	Total Disseminated	1,565	733	637	569	462	366/ 743
	African Organizations	654	326	107	211	10	69/ 28
	University Training Schools	6	0	1	6	4	1/ 1
	Ministry	6	10	13	1	1	0/ 0
	USAID/ AFR	0	0	0	95	66	9/ 5
	Donors/ CAs/ AFR	275	129	83	55	2	26/ 12
	USAID/ WDC	10	14	2	37	51	10/ 125
	Donors/ CAs/ Non- AFR	583	227	387	140	195	85/ 70
	Universities/ Non- AFR	1	1	0	5	4	0/ 0
	Conferences/ Workshops/ Non- AFR	11	0	21	2	109	142/ 501
	Other Individuals & Agencies	209	40	25	19	17	24/ 1

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

IV. Activities in AFR/SD-SARA Analytic Areas

A. Child Survival (SO 19)

SARA Advisors:

Suzanne Prysor-Jones, Project Director, AED

Youssef Tawfik, Senior Child Survival Advisor, AED (until June 2003)

Oscar Picazo, Senior Health Reform Advisor, AED (until August 2003)

Martita Marx, Senior Child Survival Advisor, AED (from June 2003)

Renuka Bery, Dissemination and Advocacy Manager, AED

SARA activities support the following ARF/SD intermediate results for improving child health:

- IR 1: Approaches developed to scale up IMCI, especially through community approaches
- IR 2: Approaches developed to integrate quality improvement/problem-solving approaches into national systems for child health
- IR 3: Increased African capacity at regional, subregional, and national levels to provide technical assistance for child health, especially at community level
- IR 4: Approaches developed to improve preservice training for child health at facility, community, and home-care levels
- IR 5: Approaches developed for improving the availability at community level of critical supplies for child and maternal health

Technical Support to AFR/SD Child Survival Team

SARA staff met with AFR/SD on a reasonably regular basis this year. Meetings usually took place around specific technical tasks (e.g., the Taking Stock exercise, the WHO/AFRO grant review, etc.). Routine core group meetings were less frequent, given AFR/SD temporary staff shortages for much of the year.

SARA child survival staff represented AFR/SD at a number of international meetings this year, including the IMCI Francophone Focal Points meeting in Benin and the IMCI/Roll Back Malaria Task Force meeting in Harare. Suzanne Prysor-Jones also participated in community IMCI (c-IMCI) interagency working group (LAWG) conference calls and a video conference with the key parties to discuss the future of the working group in the post-Ottawa context. There was consensus that the LAWG can still play an important role in ensuring interagency coordination in support of implementation at the country level.

Child Survival

Suzanne Prysor-Jones made a presentation in Baltimore for the new Health Communications Partnership project, discussing the current child survival situation in Africa, and needs and opportunities for communications and advocacy.

Issues Identification

Analytic Review of IMCI

Oscar Picazo served as the health economist of the global IMCI Analytic Review Team. For this activity he:

- ◆ Attended the London meeting in October 2002 to plan the team's country visits of the review and scope out the extent of the analytical activity;
- ◆ Visited Mali in October 2002 and produced a country child health and financing profile;
- ◆ Participated in the interviews of global stakeholders in child health in December 2002 and drafted minutes of the meetings;
- ◆ Searched relevant materials and documents pertaining to child health financing which will be used by the review team;
- ◆ Traveled to Geneva in January 2003 to participate in the "exchange of findings" between the IMCI Multicountry Evaluation Team and the Analytic Review (AR) Team (his scheduled trip to Brighton to attend the report drafting exercise of the AR Team was cancelled due to the war in Iraq, as was his trip to London to participate in the planning of the Ottawa Millennium Development Goals Meeting of heads of agencies); and
- ◆ Submitted a draft report on the financing and economic aspects of IMCI for inclusion into the final draft of the Analytic Review. The AR team has suggested that Mr. Picazo's report be included as an annex to the AR report.

USAID Review of Child Survival Trends, Issues, and Constraints

SARA staff played a key role in organizing a consultative meeting at USAID to assist AFR/SD in planning for future investments in child survival. Youssef Tawfik and Oscar Picazo made presentations summarizing data trends and policy/program issues, with a focus on health financing and sustainability issues as they affect USAID's child survival programs. The presentations helped launch a series of internal discussions within AFR/SD on USAID's future role as a major investor in child health in sub-Saharan Africa.

Taking Stock of USAID Investments in Child Survival

Following the consultative meeting at USAID, AFR/SD decided to undertake a more in-depth review of current USAID child survival programs in Africa. Martita

Marx is the lead on this activity for SARA. Several meetings were held with USAID to discuss the methodology of this exercise, which is currently ongoing. A profile is being developed for over 10 countries in Africa, and funding data compiled for child survival interventions. Interviews are being held (by phone and during visits to Africa) with 14 USAID HPN Officers, along with local staff members, where possible. Key informants are also being interviewed. The interviews cover the rationale for current USAID approaches/interventions and how these “fit” with what governments and other donors are supporting in each country. Successes and obstacles to working at scale are highlighted as are ideas on how to make the best use of USAID financial and technical resources in the changing national and international environment. The Taking Stock exercise will be completed in early 2004. SARA will then develop several dissemination products for different audiences, following discussions with AFR/SD.

Scaling Up Community Child Health Interventions through NGOs

Suzanne Prysor-Jones had several exchanges with Drs. Colette Geslin of BASICS and Tigest Ketsela of WHO/AFRO on the follow-up of the nine-country West Africa NGOs and ministries of health meeting organized by BASICS in 2002. BASICS/WARO took the lead in collecting follow-up information from the countries that had participated. Highlights reported this year from eight of the countries were:

- ◆ Seven countries did an inventory of potential NGO partners for community child health (CCH)—Benin, Burkina Faso, the Democratic Republic of the Congo (DRC), Guinea, Mali, Senegal, and Togo;
- ◆ Partnerships for CCH formed and/or strengthened in Benin, DRC, Mali, and Senegal;
- ◆ National workshops with NGOs organized in Benin, DRC, Guinea, and Senegal;
- ◆ Multiyear plans for CCH developed in DRC and Mali and updated in Senegal;
- ◆ Documentation of community approaches developed in Benin, Burkina, and Guinea;
- ◆ Involvement of mayors for multisectoral involvement in CCH in Burkina; and
- ◆ District planning and implementation in Benin, Burkina, DRC, Mali, and Senegal.

Research and Analysis

Packaging and Use of Health Care-seeking Behavior Data

The SARA project collaborated with the RPM+ project to include specific questions on health care seeking for childhood illness, including sources of care and sources of medicine, in a survey conducted in Senegal. Data showed differences in

Child Survival

the use of the private sector across districts. For children with rapid breathing, 28 percent were taken to private clinics in Thies, compared with eight percent in Kaolack. In all, 41 percent of cases sought treatment in the private sector in Thies, and 20 percent in Kaolack. RPM+ is planning to repeat this survey in a number of countries, and data will be presented to decision makers.

SARA Consultant Elisabeth Sommerfelt will be doing some in-depth analysis of DHS data early next year to take a broad look at the use of the private sector for the care of children under five years old across a number of countries. SARA will be coordinating with the World Bank on this activity, which will highlight differences between economic quintiles.

Formative Research on Household Practices for Neonatal Care

SARA continued to advocate for increased attention to this important area. Unfortunately, budget restrictions at WHO/AFRO precluded the work that had been planned for Nigeria. Suzanne Prysor-Jones discussed with WHO/AFRO the possibility of holding a multicountry capacity building workshop with small country follow-up activities instead of investing a large sum in one country. While this idea seemed acceptable, budget constraints are still an issue.

Dissemination and Advocacy

Consultative Meeting on Child Health and the Private Sector

In coordination with the World Bank and WHO/HQ, SARA staff organized an informal consultation to advance the engagement of the private sector in child health. Fifteen agencies shared experiences, discussed opportunities for expansion, and suggested the way forward to go to scale in involving the private sector in child health and malaria interventions. Recommendations included:

- ◆ Use a multichannel approach to change country agendas. A coordinated effort must be made to share information (data and lessons learned) for evidence-based advocacy to influence bodies, such as Interagency Coordinating Committees (ICCs) and country coordinating mechanisms (CCMs) for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).
- ◆ Coordinate advocacy efforts, so that governments hear the same message from all groups involved and the public sector plays an enabling role for private sector involvement in child health.
- ◆ Continue field work on the local level, but do more work on a large scale. Large-scale strategies and interventions must be proven to be successful and sustainable.

- ◆ Enlist the support of and form partnerships with other agencies, such as UNICEF, U.K. Department for International Development (DFID), Canadian International Development Agency (CIDA), Swedish International Development Agency (SIDA), and the U.S. Millennium Challenge Account (MCA).
- ◆ Organize one or several forum(s) at the regional, subregional, and county levels, bringing (public and private) decision makers and field people together to identify the way forward in engaging the private sector in child health.
- ◆ Use existing documentation and lessons learned as basis for developing a research agenda, with a view to providing additional evidence on “what works” to decision makers.

Facilitators Briefing Package for Community IMCI

Based on a request from WHO/AFRO and in coordination with BASICS, SARA recruited a consultant, Ms. Gail Naimoli from the Manoff Group, to continue to work started under BASICS, and finalize the Facilitators Briefing Package for community IMCI. Development of the package was started in 2000, following the suggestions of the c-IMCI IAWG.

The package has now been used by WHO/AFRO and its partners to orient 37 facilitators from 23 countries in Anglophone and Francophone Africa. So far, it has served to guide community child health planning in at least four countries.

Strengthening NGO collaboration between IMCI and Malaria

Youssef Tawfik and Sambe Duale both contributed to the design and organization of the CORE Francophone workshop on NGO participation in malaria and IMCI in Mali in June 2003. Suzanne Prysor-Jones worked with Dr. Malick Diara from the NETMARK project to develop a presentation on private providers for child health for presentation at the workshop. The presentation was adapted from one given by Dr. Prysor-Jones at the WHO/AFRO Francophone IMCI Focal Points meeting in Benin. Dr. Diara’s presentation encouraged NGOs to collect care-seeking behavior to establish the current use of private providers and to work with government counterparts to develop locally appropriate intervention strategies.

In addition, SARA had discussions this year with a number of individual NGOs, such as Africare, HOPE, World Vision, and Project Concern International to promote NGO support for collaboration with private providers for child survival.

Child Survival

Treatment of Fever at the Community Level

Suzanne Prysor-Jones attended a small working group convened under the USAID aegis by Johns Hopkins University and the CORE Group. She contributed to the development of an advocacy document, based on evidence from field experiences, to promote the treatment of acute respiratory infection (ARI) with cotrimoxazole at the community level, through adequately supervised community resource person.

User Fees/Equity and Costing Issues

Oscar Picazo made a slide presentation on user fees and equity during the Francophone Africa Flagship Course on Improving Health Services for the Poor that was sponsored by the World Bank Institute in Cape Town, South Africa in May 2003. He also handled the session on achieving value-for-money in health. These twin sessions reiterated the continuing critical role that fees play in improving the sustainability of services, even in an era of large availability of global health financing. The meeting was attended by delegations from nine countries (representing the ministries of finance, health, and planning), NGO representatives, and donors.

Oscar Picazo met with Dan Kraushaar of BASICS, David Oot of the Save the Children Foundation, and Michael Bernstein of the Global Justice Now Coalition to consider an exercise to estimate the marginal and “systems” costs of delivering essential child health interventions, and projecting the resource requirements at the global level.

Advocacy for Reducing Neonatal Mortality

SARA staff continue to promote the use of the REDUCE and ALIVE tools for advocacy to address maternal and newborn mortality and morbidity in Africa. The REDUCE presentation in Ethiopia, funded by WHO/AFRO, included some slides and text on newborns. Upcoming applications in Mali and Malawi will also include both maternal and newborn issues. It has been difficult, however, to find the funding to meet the demand for REDUCE and ALIVE that has been expressed by several countries. The World Bank is contributing a small amount for follow-up activities in Ethiopia and Uganda. Mainstreaming these advocacy tools will require much greater investment from multiple partners. Data presented in the recent *Lancet* articles on child survival clearly show the need to address the newborn period, to meet the child health-related MDGs. This reinforces the need for advocacy in this area. Several “best practices” of community approaches to improving newborn care are currently underway in Africa, and SARA will seek to join with partners to ensure that these are shared and discussed in the region. WHO/AFRO agreed in principle to have more of a focus on newborns at the 2004 IMCI Focal Point meetings.

Publications to Promote the Involvement of Private Practitioners in Child Survival

The paper *Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival: Situation Analysis and Summary of Promising Interventions* was produced and disseminated in French this year. 325, all requested, were disseminated this year, and the English version will be reprinted.

Hugh Waters' paper, *Working with the Private Sector for Child Health*, has been finalized, printed, and disseminated by both the World Bank (which funded the printing) and SARA. The paper is now out of print, and a second printing is being funded by the World Bank. An abridged version of the paper has been accepted by the *Journal of Health Policy and Planning* for publication.

SARA assisted the Uganda Ministry of Health to print and disseminate three key documents describing the development of the Ugandan national strategy to involve private providers in child health. These are *Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival in Uganda: Situation Analysis and Outline for Developing a National Strategy*; *National Strategy for Utilizing the Potential of Private Practitioners in Child Survival*; and *Inventory of Private Health Practitioners in Lwero, Ntungamo, and Rakai Districts*. SARA has helped make these documents available throughout Uganda. They have been disseminated at district health officers' meetings and to a wide audience in the ministry of health, other NGOs, and projects working with private practitioners and to districts where the baseline surveys were conducted. The public-private partnership (PPP) unit in the ministry has further distributed these documents to private practitioners with whom they work.

Youssef Tawfik continued to work with Uganda IMCI Program to develop/revise tools for district-level interventions. These included tools for a private providers inventory, simulated visits, and negotiation sessions.

Participation in WHO/HQ/CAH Technical Steering Committee (TSC)

Dr. Youssef Tawfik presented at the annual TSC for WHO/HQ/CAH on the progress in developing a strategy to include formal and informal private practitioners in child survival programs. This included a summary of the national strategy in Uganda and the tools used for advocacy and field implementation. As a result, the TSC recommended that WHO/CAH continue to support this activity and collaborate with SARA in developing a toolkit (see below).

Development of Toolkit on Working with Private Providers for Child Health and Malaria

Several countries are now developing national strategies to involve private providers (PP) in child health and malaria, based on local situation analyses. In addition, different types of field interventions are being undertaken in several countries. Tools for situation analysis, advocacy, strategy development, planning, implementation, and monitoring/evaluation have been used in these processes and could benefit other countries who decide to address this gap.

SARA, in close collaboration with WHO/HQ's Child and Adolescent Health Division (CAH), is developing a toolkit to share these field experiences and tools to accelerate national and subnational efforts to involve private providers in national child survival and malaria programs. The toolkit has two parts:

1. An overview of the national strategy development process, with reference to relevant tools.
2. A CD-ROM containing:
 - tools/examples for national strategy development (rapid assessment/situation analysis, advocacy, stakeholder involvement, planning, monitoring/evaluation, etc.);
 - tools for different types of interventions (regulation, motivation, education/persuasion, negotiation, regulation, prepackaging, client education,);
 - general papers related to private providers; and
 - intervention-related documents (program descriptions, evaluations, research findings, etc.).

The toolkit will be useful for various types of people and organizations interested in increasing and improving the role private providers in child health and malaria, including:

- ◆ National-level MOH staff (child health units, public-private partnership units, etc.);
- ◆ Provincial and district MOH staff and their partners;
- ◆ NGOs;
- ◆ Private associations (medical, pharmacists, midwives, nurses, patent medicine vendors, etc.);
- ◆ Donor and technical assistance agencies; and
- ◆ Those interested in operations research.

The overview of national strategy development is designed to assist countries in their reflections and planning for their own situation analyses and national strategy development processes. Many people are interested in working with private provid-

ers at the country level, but they often lack the information and tools that they might require to spearhead a national effort. The toolkit should provide ideas to these latent “champions” on how to identify and engage the relevant stakeholders in their countries, and present the locally generated evidence needed for advocacy and consensus building. We hope the examples of national strategies from other countries will be useful for country teams in designing their own country-specific strategy to improve child health through increasing the involvement of private practitioners.

The CD-ROM part of the toolkit will be constructed like a searchable web site. A user will be able to indicate an area of interest, drawing from a table of contents, and will be able to download documents and tools for reference and local adaptation. The CD-ROM will include discussion papers, program overviews, and research findings as well as program tools. It should therefore be useful for a wide range of interested parties—those starting to reflect on policies and strategy development on one end of a continuum and those preparing for program design, implementation, and evaluation at the other.

Promoting the Use of COPE Methodology for Child Health

SARA staff participated in a meeting at USAID where EngenderHealth presented a draft report on the application and evaluation of COPE in Guinea and Kenya. Results were quite positive in terms of the changes made at the clinic level, many of which could be expected to have an impact on child health outcomes. SARA advised EngenderHealth on key persons in Africa who should receive and be invited to comment on the draft.

Capacity Building and Collaboration with African Institutions

WHO/AFRO

Suzanne Prysor-Jones attended the June 2003 IMCI Focal Points meeting, held in Benin, and the RBM/IMCI Task Force meeting in Harare later in the year. She presented on private providers at both these events. She also discussed with WHO/AFRO staff the way forward on a number of issues of common interest with AFR/SD (e.g., plans to ensure the documentation of IMCI, especially community IMCI, at the country level; the future of the community child health/IMCI working group; how to integrate newborn health into child health initiatives; the need for “coaching” of child health managers so that they can better integrate child health into PRSPs and GFATM and RBM proposals.) Also discussed was the participation of WHO/AFRO in a possible international forum on the private sector for child health and malaria, which might be held in Africa in 2004.

Illustrative Results

- ◆ Important funding flow analysis and economic perspective provided as input to the multiagency analytic review of IMCI and child health.
- ◆ Joint work agenda developed with WHO to accelerate the involvement of private providers in child health and malaria.
- ◆ WHO/AFRO included presentations on private providers in the 2003 Anglophone and Francophone IMCI Focal Points meeting and also in the RBM/IMCI Task Force meeting.
- ◆ Community child health/c-IMCI facilitators guide finalized and used by WHO/AFRO in regional training sessions as well as country planning efforts.

B. Infectious Diseases (SO 19)

Technical Area: Malaria

SARA Advisors:

Dr. Sambe Duale, Senior Research Manager, Tulane University

Dr. Youssef Tawfik, Senior Child Survival Advisor, AED

Antonia Wolff, Dissemination Specialist, AED

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

- IR 2: Improving the enabling environment to design, manage, and evaluate malaria control programs
- IR 3: Improving policies, strategies, and approaches for child survival and maternal health

Technical Support to AFR/SD for Malaria Activities

Preparation of a Report on USAID Malaria Programs in Africa

The SARA and PHNI projects worked together to prepare a report on USAID investments and programming approaches for malaria prevention and control in Africa. The draft report was circulated to USAID missions for review and comments. A final draft is currently being edited by SARA and will be produced and disseminated early next year.

Issues Identification

Integrated Vector Management for Malaria Control

The malaria situation is worsening in Africa due to the resistance of malaria parasites to drugs, the resistance of vectors to insecticides, environmental modifications taking into account the impact on health, and the weakness of national epidemiological surveillance systems. SARA staff has been in dialogue with Environmental Health Project (EHP), WHO/AFRO, ICIPE, and USAID colleagues on ways to promote integrated vector management approaches to fight malaria. SARA plans to join WHO/AFRO and other partners in co-sponsoring a meeting next year to assist national malaria control programs in Africa to develop and adapt viable alternative methods of disease vector control as part of their malaria control strategies that go beyond insecticide-treated nets (ITNs).

Dissemination and Advocacy***Support for Initiatives to Prevent Malaria in Pregnancy in Africa***

Ms. Wolff and Dr. Duale participated in the inaugural meeting of the Malaria in Pregnancy (MIP) Working Group of the Roll Back Malaria Partnership (RBM) held in May 2003 in Washington, DC. SARA presented and discussed the MIP brochure revision. SARA produced this revised brochure, which is currently being disseminated to various stakeholders, especially to members of MIP networks in Africa. SARA will continue to be involved in advocacy and dissemination activities with the RBM MIP working group and African networks in support of improved policies and programs to prevent malaria in pregnancy.

Dr. Duale led the planning and organization of sessions on malaria in pregnancy during the CORE Regional Workshop for NGOs/PVOs held in June 2003 in Bamako, Mali. Speakers at the MIP sessions included experts from WHO/AFRO, MRTC, and selected national malaria control programs. The sessions stimulated the interest of participating NGOs/PVOs to consider implementing MIP activities within their health programs. Dr. Suzanne Prysor-Jones worked with Dr. Malick Diara from the Netmark project on a presentation for this meeting to promote the involvement of the private providers for malaria and child health.

Participation at the 3rd MIM African Conference

In November 2002, Dr. Duale represented SARA at the 3rd Multilateral Initiative on Malaria (MIM) Pan-African Malaria Conference in Arusha, Tanzania. The conference was jointly organized by the National Institute for Medical Research (NIMR) of Tanzania and the Fogarty International Center of the U.S. National Institutes of Health. MIM was launched in 1996 in Dakar, Senegal to promote malaria research to develop new and improved control interventions. It aims to address the enormous disparity between the burden of malaria and global malaria research efforts. MIM organizes a pan-African malaria conference every three years to review scientific progress and potential in malaria research to promote the exchange of scientific ideas and discuss the policy and program implications for malaria prevention and control in Africa.

The MIM conference provided an opportunity for Dr. Duale to discuss SARA involvement in the following planned activities:

- ◆ CORE Regional FreshAir Malaria Workshop for Francophone African countries planned for Spring 2003 in Bamako, Mali;
- ◆ The development of a network on malaria in pregnancy in West Africa;

- ◆ A proposed consultative meeting by the West African Health Organization (WAHO) on strengthening programs on ITNs in ECOWAS countries; and
- ◆ CRHCS's assessment of policies and guidelines on malaria in pregnancy in ECSA countries.

The SARA and EHP Projects contributed most of the materials distributed at a USAID booth set up during the MIM conference. SARA also sponsored the participation of Prof. Moussa Maiga of WAHO to attend the MIM conference.

The 6th Leon H. Sullivan Summit, Abuja, Nigeria

The 6th Leon H. Sullivan Summit, formerly the African-African American Summit, was held in 2003 in Abuja, Nigeria. The late Reverend Leon H. Sullivan founded the summit movement as a tool to assist the human, economic, and business development of Africa with special emphasis on sub-Saharan Africa. As did the preceding summits, the 6th Leon H. Sullivan Summit brought together African heads of state, top U.S. officials, U.S. private sector leadership, and thousands of delegates from both the United States and Africa. The summit organizers requested USAID assistance to organize the health-related sessions. At AFR/SD's request, SARA led the planning and organization of health sessions -consisting of a plenary followed by parallel workshops on HIV/AIDS, malaria, and nutrition. The objectives of the malaria session were to:

- ◆ Provide an overview of the RBM partnership and progress made to date in Africa;
- ◆ Review successful public-private programs to protect women and children against malaria; and
- ◆ Identify future strategic partnerships to meet the Abuja goals for rolling back malaria. Assistant Administrator of USAID, Bureau for Africa Constance Newman and WHO/AFRO Malaria Advisor Dr. Magda Robalo co-chaired the session.

SARA joined other USAID-funded projects in sponsoring speakers for the malaria, HIV/AIDS, and the nutrition sessions. SARA also put together a CD-ROM specifically for this summit, consisting of SARA and other related documents/reports on malaria, nutrition, and HIV/AIDS. About 500 copies of the CD-ROM were distributed at the meeting.

Capacity Building and Collaboration with African Institutions***Malaria Research and Training Center (MRTC), Bamako, Mali***

Dr. Duale worked with Prof. Ogobara Doumbo and colleagues at MRTC to plan their participation at the CORE Regional Workshop on malaria for PVOs in Francophone Africa held in June 2003 in Bamako, Mali. Three MRTC staff members made key presentations at the workshop, including one on findings from ongoing research on prevention of malaria in pregnancy. Dr. Duale also visited MRTC during his stay in Bamako to follow up on the status of AFR/SD-funded activities.

Commonwealth Regional Health Community Secretariat (CRHCS) for East, Central and Southern Africa, Arusha, Tanzania

SARA has been providing technical and financial support to CRHCS to review national policies and guidelines on preventing and controlling malaria in pregnancy in the subregion. A CRHCS consultant is to undertake selected country visits and prepare a report which will be used as a basis for advocacy efforts to improve programs for preventing malaria in pregnancy. The findings from the review will serve as a basis to design advocacy and technical support activities by CRHCS to assist countries in moving the MIP agenda forward.

West African Health Organization (WAHO), Bobo Dioulasso, Burkina Faso

As mentioned, SARA supported Prof. Moussa Maiga to attend the MIM Pan-African Malaria Conference in November 2002 in Arusha. This participation at the MIM conference offered Prof. Maiga an opportunity to meet a number of players and partners in the fight against malaria in Africa.

SARA had planned to support Prof. Maiga to attend the CORE workshop on malaria for NGOs/PVOs in Francophone Africa, but he was not able to attend. Seizing the opportunity of Dr. Kabba Joiner's (Director General of WAHO) visit in Bamako for a meeting with the WARP leadership, Felix Awantang asked Dr. Duale to organize a small meeting of key stakeholders attending the malaria workshop for an informal exchange on potential regional activities to address malaria in ECOWAS countries. Dr. Duale orchestrated a meeting for an informal exchange on the RBM partnership in West Africa between Dr. Nafo (RBM), Dr. Joiner (WAHO), Mr. Awantang (USAID/WARP), and representatives of WHO/AFRO, Netmark project, CORE group, Child Survival Technical Support project, and Freedom from Hunger. WHO/RBM will post a focal point at WAHO for malaria activities in West Africa. SARA will continue to assist WAHO, as appropriate, on malaria-related activities.

CORE Regional Workshop for PVOs on Malaria Prevention and Control in West Africa.

Dr. Duale joined a CORE Malaria Working Group team of resource persons to assist Groupe PIVOT and Plan International/Mali to plan and organize a regional NGO/PVO workshop on malaria prevention and control in Francophone Africa in June 2003 in Bamako, Mali. Dr. Duale was the principal technical responsible person for the fifth day of the workshop devoted mainly to addressing malaria in pregnancy. The SARA project sponsored representatives of the National Malaria Control Programs of the Democratic Republic of the Congo and Togo to present at the meeting. A number of SARA publications were also displayed and disseminated at the workshop. A CD-ROM containing all the presentations was burned and distributed to workshop participants. Dr. Duale will continue to consult with the CORE Malaria Working Group on follow-up activities.

Infectious Diseases (TB)

Technical Area: Tuberculosis (TB)

SARA Advisors

Dr. Samba Duale, Senior Research Manager, Tulane University

Renuka Bery, Dissemination and Advocacy Manager, AED

Antonia Wolff, Dissemination Specialist, AED

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

- IR 2: Improving the enabling environment to design, manage, and evaluate TB control programs
- IR 3: Improving policies, strategies and approaches to prevention and control of TB and other infectious diseases

Research and Analysis

Pilot Study of Women's Access to TB Control Services in Africa

The Tanzanian research team completed the data collection, analysis, and report writing of the TB and gender study. It appears from study findings that Tanzanian communities are aware of TB as a major and growing problem in the community. On health-seeking behavior, it is shown that women tend to delay seeking treatment compared to men for a variety of reasons, including domestic responsibilities, lack of financial resources and social support, stigma, and time-consuming TB diagnosis procedures. Unless the symptoms are really serious, many women delay seeking care. Furthermore, even when they cannot cope with the seriousness of the symptoms, the decision to seek care is often highly dependent on availability of money from her husband or elsewhere. The study findings show that women delay seeking medical care for 8 weeks compared to 6 weeks for men. Once on treatment, male dropouts are higher compared to women and women show better compliance to treatment compared to men. SARA is now working with Healthscope and CRHCS to disseminate the study findings.

Dissemination and Advocacy

A Subregional Meeting to Review TB and Gender Study Findings

In August 2003, a subregional meeting to review findings and implications of the pilot study on TB care and management to reduce gender disparities was held in Arusha, Tanzania. Findings from a WHO/TDR-funded study on gender and TB

control in Malawi were also presented and discussed. The meeting was organized by CRHCS as a follow-up to the Expert Working Group (EWG) meeting that was held earlier in 2001. Epidemiologists, social scientists, and TB and reproductive health program managers from Kenya, Malawi, Tanzania, Zambia and Zimbabwe participated. Representatives from Mozambique and Uganda were invited but did not attend. Dr. Duale attended the meeting, joining representatives of CRHCS, HealthScope, USAID/REDSO, and WHO.

The objectives of the meeting were to review and compare the findings of the SARA-funded TB and gender study in Tanzania and the WHO/TDR-funded study in Malawi; to identify immediate and long-term actions needed to strengthen TB care and management and reduce gender disparities in diagnosis, notification, and care at the community, facility, district, and national levels; and to identify regional advocacy approaches for member states to implement proposed recommendations for improved TB care and management and mitigation of gender disparities.

The two studies confirmed that there are gender disparities in TB diagnosis, case notification, and treatment outcome. Participants at the meeting recognized the urgent need for ministries of health to develop and implement comprehensive behavior change communication strategies for TB. CRHCS plans to assist countries in implementing recommendations that are emerging from the TB and gender studies.

13th International Conference on AIDS and STDs in Africa (ICASA), Nairobi, Kenya

Dr. Justin Nguma, the study's principal investigator, presented the TB and gender study findings at ICASA in September 2003.

Final Report of the TB & Gender Study

The research team gave SARA a revised report that incorporated comments from Tanzanian stakeholders and the expert working group meeting mentioned above. The SARA dissemination team is editing the report and will produce and disseminate it in collaboration with CRHCS as part of its advocacy and technical assistance efforts to member countries to get gender issues on health agenda.

Capacity Building and Collaboration with African Institutions

Technical Support to CRHCS for Documentating Innovative TB-HIV Linked Programs

Dr. Duale exchanged e-mails with Dr. Davis of REDSO/ESA and CRHCS colleagues to discuss a CRHCS proposal to review progress in implementing collaborative TB-HIV activities in selected East and southern African countries. CRHCS staff will develop a concept paper for this activity after consultation with WHO/AFRO. SARA plans to provide technical assistance to CRHCS to implement this activity.

Technical Area: Integrated Disease Surveillance and Response (IDSR)

SARA Advisors

Dr. Samba Duale, Senior Research Manager, Tulane University
Antonia Wolff, Dissemination Specialist, AED

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

- IR 2: Improving the enabling environment to design, manage, and evaluate disease surveillance and response systems
- IR 3: Improving policies, strategies and approaches for integrated disease and response

Technical Support to AFR/SD for IDSR Activities

Support for Joint Partners Information Exchange on Programming IDSR Activities

Dr. Duale and Ms. Wolff continue to work closely with Mary Harvey of AFR/SD to coordinate of IDSR activities with other partners, especially with WHO and the U.S. Centers for Disease Control and Prevention (CDC). During the year, SARA facilitated conference calls, electronic exchanges, and face-to-face meetings involving AFR/SD and its partners on IDSR implementation in Africa.

Research and Analysis

Support for the Documentation and Dissemination of Findings on the Implementation of IDSR in Africa

SARA joined CDC, USAID, WHO/AFRO, and WHO/HQ to provide technical and financial support to develop a protocol and tools to document how the IDSR strategy has been implemented in six selected countries (Burkina Faso, Ethiopia, Ghana, Mali, Uganda and Southern Sudan. The main purpose of the documentation exercise was to identify lessons learned, successes, challenges, and opportunities in implementing IDSR in the countries so as to develop a framework to scale up IDSR implementation in the African region. The documentation will also allow field testing of methodologies that countries can adapt and use in documenting the implementation of their own IDSR programs.

Infectious Diseases (IDSR)

Dissemination and Advocacy:

Dissemination of Findings of the IDSR Documentation

SARA edited and produced six country reports of the IDSR documentation. These were disseminated at the IDSR Task Force meeting in Bamako, Mali in May 2003, which Dr. Duale attended. SARA also worked closely with WHO/AFRO and other partners to prepare advocacy/policy briefs on IDSR implementation in Africa. A packet of six country briefs was produced in English and French and disseminated. A regional policy brief is planned for the future.

Capacity Building and Collaboration with African Institutions

WHO/AFRO

SARA staff provided technical support to WHO/AFRO to develop protocols and tools to document IDSR implementation in African countries. As part of the protocol development, Ms. Wolff, SARA dissemination specialist, organized a session on dissemination for WHO/AFRO IDSR staff and other members of the documentation team. A plan for the dissemination of the IDSR documentation findings was developed. SARA will continue to assist WHO/AFRO to implement the IDSR dissemination plan.

Illustrative Results

- ◆ Malaria in pregnancy advocacy brief revised, produced, and widely disseminated in English and French.
- ◆ A successful CORE regional workshop organized for NGOs/PVOS in Francophone Africa on rolling back malaria.
- ◆ WAHO established contact with other key Roll Back Malaria players in Africa.
- ◆ Tuberculosis (TB) and gender study completed and findings disseminated at national and regional meetings, including at ICASA in Nairobi.
- ◆ Based on the TB and gender study findings, CRHCS included reducing gender disparities in TB care on its reproductive health policy agenda for the coming year.
- ◆ A WHO/AFRO dissemination strategy developed with assistance from SARA to share IDSR findings with various stakeholders.

C. Nutrition (SO 19)

SARA Advisors:

Dr. Ellen Piwoz, Nutrition Advisor, AED

Dorcas Lwanga, Nutritionist, AED

Kinday Samba Nutritionist, AED

SARA activities support the following AFR/SD intermediate results for improving nutrition programs and policies:

- 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

SARA continued to provide technical support to AFR/SD this year to manage the nutrition results package, including increasing attention to HIV-related issues. This support included:

- ◆ Participation in core groups for nutrition (SO 19) and HIV/AIDS (SO 21);
- ◆ Review of country plans for programming on the prevention of mother-to-child transmission of HIV (PMTCT);
- ◆ Development of a draft strategy paper on nutrition, food security and HIV;
- ◆ Continued technical support to AFR partners on nutrition issues; and
- ◆ Organizing a symposium on food security and nutrition at the Sullivan Summit in Abuja, Nigeria.

Participation in Nutrition (SO 19) and HIV/AIDS (SO 21) Core Groups

SARA assisted AFR/SD to organize two nutrition and HIV core group meetings this year. The first was to review the AFR/SD portfolio and identify key priorities

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for the next year in light of reductions in AFR staff and other resources. The second meeting, held in April 2003, was to identify key issues related to nutrition, food security, and HIV in Africa.

The nutrition core group identified the following priorities:

- ◆ Advocacy using PROFILES and other tools and support for implementation of the Essential Nutrition Actions for child survival, PMTCT, and reproductive health within USAID and its missions;
- ◆ Research, analysis, information dissemination, and advocacy for PMTCT, with special emphasis on postnatal HIV transmission and safe infant feeding for children born to HIV-positive mothers;
- ◆ Research, analysis, information dissemination, advocacy, and capacity development for nutrition counseling, care, and support for people living with HIV/AIDS (PLWHA) in Africa; and
- ◆ Research and analysis related to the food crises and overlapping HIV/AIDS epidemic in southern Africa.

Through participation in the HIV/AIDS core group, the following priority nutrition-related actions were identified:

- ◆ Identify appropriate tools and approaches for assessing food and nutrition vulnerability in populations that are highly affected by HIV;
- ◆ Analyze issues and experience surrounding nutrition care for orphans and vulnerable children, including those living with HIV; and
- ◆ Identify locally-produced and nutritionally appropriate and affordable foods for replacement feeding of children who stop breastfeeding early because of HIV.

Steps have been taken to address each of these issues. These are described throughout this chapter of the report.

Review of PMTCT Country Plans

Dr. Ellen Piwoz, assisted AFR/SD with technical reviews of initial program proposals for the President's International Mother and Child HIV Prevention Initiative this year. The initiative is supporting 12 African countries to expand PMTCT programs. The countries involved are Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.

Development of a Draft Strategy on Nutrition, Food Security, and HIV in Africa

SARA assisted AFR/SD to develop a draft strategy paper on nutrition, food security, and HIV in preparation for discussions on the new Presidential Emergency HIV/AIDS Response, which includes support for food and nutrition. In the draft strategy, SARA identified these priorities for USAID support:

- ◆ Nutrition counseling, care, and support for HIV-positive adults and children, including nutrition management of antiretroviral therapy and treatment for opportunistic infections;
- ◆ Improved infant and young child feeding for HIV-affected households and communities;
- ◆ Identifying of new or improved foods for therapeutic care of HIV-positive adults and children; and
- ◆ Improved nutrition and mitigation of food insecurity for households and communities affected by HIV/AIDS.

The draft strategy was discussed with the Global Bureau's Office of HIV/AIDS in August 2003 and recommendations were incorporated into its draft strategy for food and nutrition intervention priorities under the new Presidential HIV/AIDS Emergency Response.

Continued Support to AFR Partners on Nutrition Issues

SARA provided continued technical support to AFR/SD partners on nutrition issues some of which are nutrition and HIV issues. SARA involvement included:

- ◆ Support to LINKAGES for technical updates on PMTCT and infant feeding;
- ◆ Support to FANTA for preparing guidelines, tools, and training materials on nutrition care and support for PLWHA;
- ◆ Support to BASICS for capacity development and dissemination of tools and approaches for the Essential Nutrition Actions in West Africa;
- ◆ Support to the U.S. Centers for Disease Control and Prevention (CDC) and WHO to develop a generic training package for PMTCT programs;
- ◆ Participation in two UNICEF interagency meetings on implementation of the Global Strategy for Infant and Young Child Feeding; and
- ◆ Participation in an interagency meeting with UNICEF to discuss nutrition, food security, and HIV in southern Africa.

Nutrition

Organization of Symposium on Food and Nutrition Security at the Sullivan Summit

SARA assisted AFR/SD to organize a three-hour symposium *Food and Nutrition Security in Africa: The Future Begins Today* at the Sullivan Summit, held in Abuja, Nigeria in July 2003. The symposium, cochaired by Mr. Shawn Baker, Helen Keller Worldwide West Africa regional director, and Rosana Agble, director of nutrition for the Ministry of Health in Ghana, included speakers from Botswana, Cote-d'Ivoire, Ghana, Tanzania, and Uganda. The objectives of the symposium were to:

- ◆ Describe the many faces of malnutrition in Africa and how malnutrition affects education, economic development, and the health of future generations;
- ◆ Discuss the problems of chronic food insecurity and acute food crises on the continent;
- ◆ Present successful government programs and public-private partnerships to turn the tide in the fight against food and nutrition insecurity; and
- ◆ Identify priority actions for the future.

Speakers represented ministries of health, NGOs, universities, private sector organizations, and regional institutions. SARA prepared fact sheets on nutrition issues in Africa, with a focus on Nigeria for this symposium. The SARA-produced nutrition briefs for West Africa and East and southern Africa were distributed. Helen Keller Worldwide produced a CD-ROM containing all the presentations and case studies presented at the symposium.

Issues Identification

HIV and Infant Feeding

Bringing clarity to issues surrounding postnatal transmission of HIV and appropriate strategies for improving HIV-free survival of children has been an important priority of the SARA project and AFR/SD. This year, as the Presidential PMTCT Initiative has gathered momentum, many unanswered questions remain over how best to scale up support for HIV-positive mothers in their infant feeding decisions and whether USAID PMTCT programs should provide commercial infant formula for replacement feeding by HIV-positive mothers. This question has been raised by several countries because of a recent decision by UNICEF to discontinue its program providing free formula for HIV-positive mothers. Put simply, several organizations working in PMTCT are seeking alternative sources of free or subsidized infant formula.

To better advise AFR/SD on this important issue, Dr. Ellen Piwoz, in collaboration with LINKAGES, conducted an analysis of four different program interven-

tions for preventing postnatal HIV transmission. The analysis applied the LINKAGES HIV and Infant Feeding Risk Model (*American Journal of Public Health*, in press), which uses the most recent epidemiologic data on risks of HIV transmission during 7 time intervals up to 24 months of age and the risks of not breastfeeding during the same time intervals, to estimate HIV-free survival in different populations contexts. These contexts were defined by the population's infant mortality rates, breastfeeding patterns, and antenatal HIV prevalence rates.

The four intervention scenarios compared were: 1) short course ARV prophylaxis to HIV-positive mothers but does not intervene to prevent postnatal HIV transmission (a common scenario in many countries); 2) ARV prophylaxis and replacement feeding from birth for HIV-positive mothers; 3) ARV prophylaxis and HIV-positive mothers breastfeed for 6 months only; and 4) ARV prophylaxis and an intervention to reduce early breastfeeding transmission by 50 percent followed by complete breastfeeding cessation at 6 months.

This analysis revealed that the effects of these different interventions on HIV-free survival by 24 months varies significantly, depending on the population infant mortality rate, which reflects the risk of death from not breastfeeding and other non-HIV causes. The intervention to reduce early breastfeeding transmission by half (#4) produced the best outcome in all setting where infant mortality was greater than 37/1000 live births. Research is currently underway to assess the efficacy of different ARV prophylaxis and breastfeeding counseling interventions to prevent early postnatal HIV transmission. Findings from this research should be immediately put into practice, as failing to address postnatal HIV transmission will undermine the success of both PMTCT and child survival programming.

In addition to the risk analysis submitted for publication, Dr. Piwoz also worked with LINKAGES to apply this model to specific country settings and to use the data-driven analysis for advocacy and decision making at the country level. Two analyses were conducted and presented, one in Haiti in June 2003 and a second in Ethiopia in September 2003. In both instances, the risk model was used to compare different policy options and to estimate the number of HIV infections and deaths in children born to HIV-positive mothers for the purposes of informing national dialogue about PMTCT and child survival. LINKAGES plans to conduct similar analyses for all remaining Presidential Initiative countries.

Development of Nutrition Guidelines and Recommendations for People Living with HIV/AIDS

Dr. Ellen Piwoz was invited to join WHO's newly formed Technical Advisory Group on Nutrition and HIV/AIDS and to participate in the first meeting and international consultation on Nutrient Requirements for PLWHA, held in May 2003

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in Geneva. Dr. Piwoz prepared the first draft of the consultation's conclusions and recommendations, and these are now being finalized for publication.

Community Models of Nutrition Care and Support

Through a series of informal consultative meetings, SARA worked with AFR/SD to identify different models of community-based nutrition care that could be extended to care for adults and children living with HIV/AIDS. One particular model was identified—the community therapeutic care (CTC) approach—for managing uncomplicated severe malnutrition in children as a promising practice for nutrition care and support of PLWHA.

CTC has been implemented in several African countries, most widely in rural Malawi. Evaluations of CTC, supported in part by USAID through the FANTA project, have shown that the approach effectively reaches large numbers of severely malnourished children; that it is effective for nutrition recovery; and that moving management of noncomplicated severe malnutrition to the community may reduce relapse requiring repeat program entry and improve child survival.

During this year, SARA worked with FANTA and colleagues at Valid International, a UK-based NGO that is providing and evaluating the CTC approach in Malawi, to develop a proposal to evaluate the effectiveness of using CTC as an entry point for community-based care of adults and children living with HIV. The proposal includes two interrelated studies:

- ◆ A qualitative study among CTC families, community leaders, and home care providers to assess the feasibility of adapting this intervention, which uses management of severe malnutrition as an entry point, for community-based HIV care; and
- ◆ An analysis of clinical records among past and current CTC program participants to assess the effectiveness of the CTC approach for reversing severe malnutrition in HIV-infected children and among children orphaned due to maternal death.

The study is planned for October 2003 through July 2004.

Research and Analysis

The ZVITAMBO Trial

Dr. Ellen Piwoz has continued to serve as a co-investigator on the ZVITAMBO infant feeding counseling study. ZVITAMBO is a clinical trial to assess whether vitamin A, given within 96 hours of delivery to mothers and babies, can reduce

infant mortality, HIV transmission through breastfeeding, and the incidence of 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.

Dr. Piwoz traveled to Zimbabwe twice this year to work with the ZVITAMBO team to analyze the study findings. In November, she worked with the study investigators to review the quality of the database and to identify the key analyses and papers that would be produced from the study. She returned in May for two weeks to analyze the impact of early infant feeding patterns (exclusive breastfeeding, predominant breastfeeding, early solid food introduction, and early introduction on nonhuman milks) on HIV transmission during breastfeeding. Several of the ZVITAMBO investigators came to the United States in July to continue the analysis, particularly of aspects related to the main trial on vitamin A supplementation.

The analysis of the study findings is complex and continues. A paper describing the relationship between early infant feeding patterns and HIV transmission through breastfeeding is in draft and should be submitted for publication in early FY 2004. Other papers describing the impact of the education and counseling intervention on behaviors and HIV transmission are planned for next year.

Malawi Safe Mother-Safe Baby Study

With financial support from CDC and the University of North Carolina (UNC), Dr. Ellen Piwoz has been a co-investigator on the Malawi Safe Mother/Safe Baby research study, a clinical trial being implemented by UNC in Lilongwe. The purpose of the trial is to evaluate the effectiveness of maternal nutrition supplementation for maintaining and improving the health of HIV-infected mothers, compare the efficacy of antiretroviral (ARV) triple therapy and infant ARV prophylaxis to reduce HIV transmission during breastfeeding, and examine the feasibility and impact of early breastfeeding cessation and replacement feeding with locally produced foods on infant growth, health, and survival. The study includes a team of investigators from UNC School of Medicine, CDC, UNC Project Malawi, and Dr. Piwoz.

This year, Dr. Piwoz traveled to Malawi in January 2003 to explore the feasibility of producing locally a maternal nutrition supplement for breastfeeding women, and to explore the use of a locally produced ready-to-use food (RTUF) that is high in energy and protein and fortified with micronutrients for replacement feeding. The RTUF contains 100 percent of the recommended daily allowances for all micronutrients, with the possible exception of iron, and 75g of RTUF contains about 545

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calories, which is the energy value of breast milk consumed by most developing country infants from 6-11 months of age. Furthermore, the cost of RTUF for replacement feeding is about US\$4.50 per child per month, significantly lower than the cost of commercial infant formula.

Other activities under the Safe Mother/Safe Baby Study this year included additional formative research on informed consent and a maternal food supplement, finalization of the study protocol, submission and approval by institutional review boards in Malawi and the United States, development of training materials, and finalization of data collection instruments. Papers describing the formative research (carried out in 2002) and the clinical study research design were presented at the meeting of the Association of Applied Anthropology in March and at the Retrovirus Conference, held in Paris in July. Two papers describing different aspects of the study were accepted for oral presentation at the Annual Meeting of the American Public Health Association, to be held in November 2003.

HIV and Infant Feeding Operations Research Workshop

Dr. Ellen Piwoz was invited to act as a technical facilitator at a WHO-sponsored regional workshop on operations research on HIV and infant feeding, held in Harare, Zimbabwe in November 2002. The workshop's purpose was to introduce formative research on HIV and infant feeding and to assist research teams prepare fundable proposals for small operational studies on infant feeding counseling and support in the context of HIV and PMTCT programs. To date, WHO has funded three proposals developed at the workshop and the studies are currently underway.

Evaluation of the West Africa Nutrition Focal Points Network

At the request of the International Planning Committee (IPC) of the West African Nutrition Focal Points Network (WANFPN), the SARA West Africa nutrition advisor, Ms. Kinday Samba, together with BASICS II/WARO (Dr. Serigne Diene, Dr. Ismael Thiam, and Mrs. Aïssatou Wade) and Helen Keller Worldwide (Dr. Mohamed Ag Bendeck) carried out an evaluation of the WANFPN. The purpose of the evaluation was to:

- ◆ Document the evolutionary process through which the regional network was formed and is operating, highlighting its major milestones and accomplishments; and
- ◆ Assess the direct or indirect impact that this network has had on nutrition policy and programming; human capacity building, and institutional strengthening in the region and beyond.

An evaluation tool was used to collect information on: 1) how the network evolved; 2) the contribution of the network and its annual meetings to nutrition policies and programs at the national and regional levels; 3) the contribution of the network and its annual meetings to institutional capacity development; 4) nutrition priorities in the future; and 5) the sustainability of the network. Evaluation informants included the nutrition focal points, network partners from African regional institutions, bilateral and multilateral organizations, and policymakers from ECOWAS member countries.

Key findings from the evaluation include:

- ◆ WANFPN has contributed to an increased visibility for nutrition in the West Africa. This is attributed to the increased technical and institutional capacity of network members.
- ◆ WANFPN has only had limited influence on nutrition policies and programs. One reason for this is the apparent reluctance of member states to establish national nutrition networks. National networks are needed to guide regional network actions and to serve as a mechanism for implementing the recommendations of this network at the national levels.
- ◆ Major achievements of the network were the development of PROFILES in the majority of member countries; the implementation of programs to prevent and control micronutrient deficiencies; and an increase in demand for technical capacity development and information and experience exchange.
- ◆ The network has improved communication between members and also serves as a framework for dialogue among partners to facilitate the implementation of joint programs and as an entry point for nutrition activities in certain countries. The evaluation noted improvements in the network's organization and its principal activity, the annual nutrition forums, but also recommended a more participatory management strategy, strengthening communication particular between meetings and getting member governments to finance network activities to make it more sustainable.

The evaluation report is now being reviewed and finalized by the IPC. It will be translated and disseminated in early FY 2004.

PROFILES Monitoring and Evaluation

The final analysis and report on the impact of PROFILES in Africa was completed in January 2003. The evaluation included telephone and face-to-face interviews with 49 key informants who were involved in funding or carrying out PROFILES applications between 1997 and 2000 in Burkina Faso, Ethiopia, Ghana, Kenya, Madagascar, Mali, South Africa, Tanzania, Togo, and Uganda and in three regional workshops in Africa.

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The evaluation revealed that PROFILES was successful in raising awareness about nutrition among different policy audiences and succeeded in making nutrition a policy priority in several countries. This was evidenced by a reallocation of resources to support objectives and outcomes identified by PROFILES in Burkina Faso, Ethiopia, Ghana, Kenya, Mali and Niger. PROFILES was viewed to be a flexible communication tool that helped establish consensus, build confidence of nutritionists by providing data-driven advocacy arguments, and improve networking among different nutrition-relevant policy actors and organizations.

To facilitate dissemination of the evaluation, SARA consultant Linda Kean prepared a short brief describing the key results and lessons learned for the future. A draft of the brief was reviewed in August and a final version is expected in October 2003 along with recommendations on how to disseminate the results electronically and through other media.

Dissemination and Advocacy

Nutrition Care and Support

WHO Technical Guidelines for Nutrition Counseling, Care and Support of HIV-Positive Women

Dr. Ellen Piwoz, completed a paper on nutrition counseling, care, and support for HIV-positive women in resource-limited settings for WHO/HQ's Department of HIV Prevention. This paper will be published as part of a comprehensive guide for the care, treatment, and support of HIV-positive women and their children. It is also being adapted by the editors of *Clinical Care of HIV-Positive Women*.

National Guidelines and Policies on Nutrition Care and Support for PLWHA

This year, the SARA nutrition team provided technical assistance to a variety of projects and institutions to enhance development and dissemination of guidelines on nutrition care and support.

- ◆ Ms. Dorcas Lwanga, SARA nutritionist, provided technical assistance to the FANTA project to update its nutrition care and support guide and to review a technical note on the nutritional management of ARV treatments, including side effects and food-drug interactions. Throughout the year, Ms. Lwanga has also worked in collaboration with FANTA to moderate a new electronic discussion forum, ProNut-HIV, based at AED. The aim of the forum is to share current information, knowledge, and experiences on nutrition care and support of PLWHA, to enhance positive living through proper nutrition care and support.

- ◆ Ms. Lwanga also provided technical assistance to the Commonwealth Regional Health Community Secretariat (CRHCS) to review and finalize the nutrition and HIV/AIDS policy guidelines for nutrition care and support of PLWHA in the ECSA region.
- ◆ Ms. Kinday Samba, SARA West Africa nutritionist, provided technical assistance to WHO/AFRO on HIV and nutrition issues. This support included participating in a regional meeting to review draft nutrition guidelines in November 2002 and developing a plan for supporting the development of national guidelines for nutrition care and support in West Africa. The plan was based on experience in East and southern Africa.

Preservice Training on Nutrition and HIV/AIDS

From the beginning of 2002, SARA, in collaboration with LINKAGES, FANTA, and REDSO, provided technical support to the Regional Centre for the Quality of Health Care (RCQHC) to develop and produce a preservice training manual and supporting materials on HIV and nutrition. The training manual is intended for preservice training of health workers and nutritionists in the ECSA and includes nine modules. Dorcas Lwanga prepared the module and related materials on nutrition care and support of HIV-positive pregnant and lactating women and adolescent girls. The complete training package was finalized and produced in August 2003 and will be disseminated by RCQHC.

Ms. Lwanga also worked with LINKAGES and FANTA on a concept paper that was submitted to REDSO in June 2003 to develop an HIV and nutrition preservice training manual for nurses and midwives in ECSA. CRHCS will collaborate on this REDSO-funded activity. CRHCS sent a questionnaire to assess what information is needed for preservice training on nutrition and HIV/AIDS in nursing and midwifery training schools to the 14 ECSA country nursing focal points. The analysis should be completed in October 2003 and will be used to develop an HIV and nutrition training manual.

Development of Counseling Tools for Nutrition Care and Support for PLWHA

To improve nutrition care and support of PLWHA in Africa, SARA, FANTA, and LINKAGES worked with the RCQHC to develop a nutrition and HIV/AIDS counseling toolkit for community-level programming. The goal of this REDSO-supported activity is to provide counselors with user-friendly materials that enable proper negotiation of nutrition and HIV/AIDS messages and actions.

To kick-off this activity, RCQHC hired a consultant, Ms. Mary Materu, to conduct a comprehensive assessment of existing nutrition and HIV/AIDS counseling at the community and health facility levels in Uganda. The assessment also included a

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desk review of materials being used for nutrition and HIV/AIDS counseling in the region. The report on these activities is expected in October 2003. The findings from these activities will help to identify and develop appropriate counseling materials for health facility and community-based counselors to use while working with PLWHA in Uganda.

Next steps include materials development and field testing, followed by two workshops—one to review the materials developed for Uganda and the second to introduce and adapt the materials for other countries in the region. Work on this activity is expected to continue into the next year.

HIV and Infant Feeding

Development of Counseling Tools for HIV and Infant Feeding

SARA worked on and completed four activities in collaboration with WHO/HQ to improve the counseling of HIV-positive women on infant feeding issues.

- ◆ Dr. Ellen Piwoz was an external reviewer for WHO's updated guidelines for policymakers and program managers on HIV and infant feeding. These guidelines are now in production and were distributed for the first time at the ICASA meeting in September 2003.
- ◆ Dr. Piwoz completed work on a formative research manual entitled *What are the Options: Using Formative Research to Adapt Global Recommendations on HIV and Infant Feeding to the Local Context*. This manual was distributed for the first time at ICASA and will be produced and disseminated by WHO.
- ◆ With support from the SARA dissemination team, SARA Consultant Ms. Elizabeth Thomas, helped to field test the package of counseling tools for helping health workers to counsel HIV-positive mothers about infant feeding issues. These tools, developed by AED with technical and financial support from WHO/HQ/CAH include a set of generic counseling cards and take-home flyers, a technical reference guide for health workers, and an orientation manual. The field test was carried out in South Africa, with support from the ministry of health and social welfare, and final revisions to the materials are being made. The final materials will be produced by WHO, with technical support from SARA, and should be available in 2004.
- ◆ In collaboration with CDC and its university partners, JHPIEGO and the University of New Jersey, Dr. Piwoz prepared a training module on HIV and infant feeding for WHO's *Generic Training Package on the Prevention of Mother-to-Child Transmission of HIV*. This training package is being field tested and will be finalized and produced by WHO and CDC in FY 2004. Dr. Piwoz's participation was on behalf of the human resources work stream of the President's International Mother and Child HIV Prevention Initiative.

Dissemination of New Research Findings on PMTCT

SARA participated in a number of dissemination activities related PMTCT this year, with an emphasis on postnatal HIV transmission.

- ◆ In December 2002, Dr. Ellen Piwoz gave a technical update at USAID on MTCT and infant feeding issues.
- ◆ In April/May 2003, Dr. Piwoz made presentations at UNICEF/HQ and WHO/Geneva on the HIV and infant feeding risk model and analysis of infant mortality (described earlier).
- ◆ In May 2003, Dr. Piwoz made a presentation at USAID/Zimbabwe on the preliminary findings of the ZVITAMBO analysis on HIV and infant feeding.
- ◆ In September 2003, Dr. Piwoz did a technical update for LINKAGES on MTCT and infant feeding issues.

In addition to technical presentations, SARA has worked with LINKAGES on several research publications, including:

- ◆ A review paper titled “HIV Transmission during Breastfeeding: Knowledge, Gaps and Challenges for the Future,” which will be published in *Advances in Experimental Medicine and Biology* in the Fall of 2003;
- ◆ A letter to the editor of the journal *AIDS* on HIV and breastfeeding issues; and
- ◆ A manuscript submitted to *AIDS* on the HIV, infant feeding, and infant mortality risk analysis.

Dr. Piwoz also served as a peer reviewer for several international journals, including the *Journal of Nutrition*, the *Archives of Childhood Diseases*, and *Pediatric Gastroenterology and Nutrition* on HIV and infant feeding/nutrition research issues.

Essential Nutrition Actions

Nutrition Briefs: Multisectoral Involvement in Nutrition

This year, a new brief on nutrition and noncommunicable diseases was drafted for CRCHS’ popular Nutrition Briefs series. Ms. Dorcas Lwanga developed the brief that will be disseminated at the CRHCS nutrition focal point meeting in Port Louis, Mauritius in October 2003.

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Integrating Nutrition Tools and Approaches into Preservice Settings in West Africa

This year, SARA continued its work with the BASICS II West Africa Regional Office (WARO) to disseminate nutrition tools and approaches in the region. SARA and BASICS collaborated on the follow-up to the 2002 workshop held at the Institute of Public Health in Benin on integrating nutrition tools and approaches into preservice training. That regional workshop included 20 participants from 16 training institutions in nine West and Central African countries (Benin, Burkina Faso, Cameroon, Democratic Republic of Congo, Guinea, Mali, Niger, Senegal, and Togo). Following this workshop, training institutions from Cameroon, Guinea, Niger, and Senegal submitted final action plans, together with a request for support from BASICS and SARA to assist in revising the training curricula.

From April to June 2003, Ms. Kinday Samba and the nutrition advisor from BASICS II WARO facilitated four training of trainer's workshops in Cameroon, Guinea, Niger, and Senegal. At each workshop, participants were introduced to the approaches and tools being disseminated by SARA/BASICS/USAID and worked with country teams to review and determine which tools and approaches could be integrated into their existing training programs. Each country developed a detailed plan of action to implement these changes considering local constraints, notably time and human resources. Curriculum changes are anticipated to take effect in FY 2005, owing to the long process of initiating such changes at the university level.

Integrating Nutrition Tools and Approaches into NGO Programs in West Africa

SARA continued its collaboration with BASICS II to identify cost-effective strategies for integrating USAID nutrition tools and approaches into NGO programs in West Africa. This year, BASICS II WARO hired a consultant to conduct a situation analysis of nutrition activities of NGOs in West and Central Africa. Information collected from 39 NGOs in 10 countries looked at the types of activities implemented by these NGOs, the target audiences, and the types of nutrition approaches and tools used. The report identified key priority nutrition intervention areas and confirmed the need for technical updates on skills and information to improve effectiveness of activities in these areas.

Several discussions were held on how to transfer tools and approaches most effectively. During a visit to Dakar by Dr. Prysor-Jones, the Helen Keller International (HKI) regional West Africa director joined BASICS/WARO and SARA in developing a country-targeted approach that will be implemented jointly in early FY 2004. Country workshops, involving a maximum number of NGO partners working on nutrition-related activities, will be held in Burkina Faso, Mali, and Senegal. This will allow for the maximum participation of NGOs in-country, and for the transfer

of tools and approaches to be tailored to each country situation. A regional coordinating committee, including representatives from UNICEF and WAHO, will steer this initiative. Each country also established an interagency coordinating committee, to ensure maximum participation and country ownership. Representatives from three other countries, probably Benin, Guinea, and Niger, will be invited to participate in a country workshop, with the idea of future replication.

West Africa Training Modules on Essential Nutrition Actions

The nutrition training guide on Essential Nutrition Actions for Health and Social Workers in West Africa was finalized in French and English, in August 2003, and is now in the process of being published by BASICS II. The training package includes the following modules:

- Module 1: Role of nutrition in social and economic development
- Module 2: Key nutrition interventions
- Module 3: Strategies for integrating nutrition into health care
- Module 4: Importance of appropriate nutrition counseling for effective behavior change
- Module 5: Nutrition in information systems and the management of health activities.

The modules will be disseminated through the WANFPN, BASICS II, and nutrition preservice and NGO-training activities described in this report.

Capacity Building and Collaboration with African Institutions

West Africa Health Organization (WAHO)

As part of the Africa Nutrition Capacity Development Initiative (ANCDI), the SARA West African nutrition advisor provided technical support to WAHO to prepare and plan two workshops on nutrition advocacy for 27 program managers and nutritionists from 14 Anglophone and Francophone countries in West and central Africa. The workshop, held in Accra, Ghana in November 2002 aimed to strengthen skills in nutrition advocacy to develop a focused regional nutrition advocacy strategy. The SARA-produced *Introduction to Advocacy: A Training Guide* was used as a reference document. In 2004, a subregional meeting will be held to update the 10-year ANCDI action plan for West and central Africa, and WAHO intends to conduct a series of refresher workshops on PROFILES for nutrition program managers in the subregion.

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West Africa Annual Nutrition Network Meeting

In addition to its technical support for the ANCDI activities, SARA also continued to support WAHO in planning and organizing the annual nutrition network meeting. Ms. Kinday Samba, worked with the IPC to organize the 8th annual forum of the West Africa Nutrition Focal Point Network, held in Guinea-Conakry in September 2003. Other major sponsors of the meeting were HKI, the Micronutrient Initiative (who funded the technical update day), UNICEF, and the Government of Guinea. The theme of this year's meeting was "Micronutrient Deficiencies: The Way Forward," focusing on identifying strategies to consolidate achievements in preventing and controlling vitamin A and iodine deficiency disorders with expanding efforts to address iron deficiency anemia in the subregion. The following recommendations were made to be implemented by ECOWAS member states before the 2004 meeting in Benin:

- ◆ Develop strategies to reach adolescents both in and out of school, as part of the national anemia control package (which includes iron supplementation, deworming, and insecticide-treated bed nets);
- ◆ Maintain the efforts used in achieving the high vitamin A coverage during mass campaigns such as national immunization days by strengthening routine supplementation activities;
- ◆ Adopt a district approach for planning and implementing mass vitamin A supplementation campaigns;
- ◆ Continue implementing the Banjul 2002 recommendations;
- ◆ Establish national nutrition networks; and
- ◆ Hold nutrition forums every two years to sustain participation and improve the cost effectiveness, but continue to hold annual meetings of focal points and a limited number of partners to review how forum recommendations and nutrition activities at the national and regional levels have progressed.

Nutrition and HIV/AIDS was identified by the focal points as the technical theme for the 2004 forum. The AED Nutrition Center was also identified as a potential agency to coordinate the technical update session. Cape Verde was selected as the host country for the forum in 2006.

Commonwealth Regional Health Community Secretariat (CRHCS/ECSA)

Ms. Dorcas Lwanga, provided support to the CRHCS food and nutrition coordinator to monitor progress under the SARA/AED subcontract and to plan the annual nutrition focal point meeting for October 2003. The meeting's goal is to provide current information on non-communicable diseases and to advocate for effective strategies to prevent and control noncommunicable diseases (in particular obesity,

diabetes, hypertension and cardiovascular diseases) in ECSA. The technical theme for the meeting is “Strengthening the Prevention and Control of Noncommunicable Diseases in the ECSA Region: Challenges and Options.”

Makerere University Regional Center for Quality of Health Care (RCQHC)

SARA worked with RCQHC on several activities to improve policies, capacity, and programming related to nutrition care and support of PLWHA. These activities are described in detail under the HIV/AIDS section of the report. SARA will continue its multipartner collaboration with RCQHC in the coming year.

Illustrative Results

- ◆ HIV and infant feeding policy decisions influenced in Ethiopia through the use of SARA-supported infant mortality risk analysis.
- ◆ Twenty-seven program managers and nutritionists from national nutrition services in West and Central Africa trained in nutrition advocacy.
- ◆ Four new tools for improved nutrition-related policies and programs developed in collaboration with African and international partners.
- ◆ USAID nutrition tools and approaches are integrated into the training curricula of public health schools in Cameroon, Guinea, Niger, and Senegal.

***D. Population/Reproductive Health/Maternal Health
(SO 20)***

SARA Advisors:

Holley Stewart, Reproductive Health Advisor, PRB

Antonia Wolff, Dissemination Specialist, AED

Rhonda Smith, Deputy Director of International Programs, PRB

Renuka Bery, Dissemination and Advocacy Manager, AED

SARA activities support the following AFR/SD intermediate results:

- | | |
|-------|--|
| IR 1: | Improved policies and strategies to expand reproductive health programs promoted |
| IR 2: | Enabling environment to design, implement, and evaluate reproductive health programs improved. |

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

As a result of staff changes at AFR/SD, SARA has assumed greater responsibility in assisting AFR/SD to administer the SO 20 portfolio and assured continuity of activities and momentum of work on various initiatives (including contraceptive security, repositioning family planning, postabortion care, and reducing maternal and neonatal morbidity and mortality).

The reproductive health (RH) core team met frequently and regularly for the first five months of FY 2003. However, meetings were suspended for the following seven months while the permanent AFR/SD RH technical advisor position was vacant. During these months, Holley Stewart, SARA RH advisor, met with the AFR/SD health, population, and nutrition team leader and organized two consultative meetings between AFR/SD and various projects (Advance Africa, Frontiers, PHNI, POLICY, SARA, and YouthNet) on the agency-wide repositioning Family Planning Initiative. Following these meetings, USAID established an interagency working group to reposition family planning.

SARA staff worked closely with AFR/SD to review the results packages and monitor ongoing activities. This work included negotiating scopes of work for newly funded activities, guiding dissemination strategies, participating in evaluations, obtaining regular progress reports for cooperating agencies (CAs), and providing input into developing a briefing package on AFR/SD-funded RH activities. The core team also developed web content for USAID on AFR/SD-supported activities.

Population/Reproductive Health/Maternal Health

SARA prepared the SO 20 section of AFR/SD annual report. This involved contacting CAs that received funds, getting updated progress reports, and summarizing them in the required format. SARA also compiled information for the indicator tables. The draft was finalized by AFR/SD.

SARA participated in numerous meetings, workshops, conferences, and lessons learned sessions on topics related to the AFR/SD results packages. Examples include:

- ◆ A video youth teleconference (with World Bank, UNICEF, and WHO) for which SARA compiled and distributed more than 500 briefing packets on adolescent reproductive health (ARH) to delegates from 15 African countries;
- ◆ Meetings on preventing mother-to-child transmission of HIV (PMTCT), female genital cutting (FGC), postabortion care (PAC) and Roll Back Malaria's Malaria in Pregnancy Initiative;
- ◆ Technical updates on birth spacing for maternal and child survival, male involvement in RH, and repositioning family planning (FP); and
- ◆ Workshops on Advance Africa's compendium of best practices in FP and RH.

SARA produced AFR/SD's first-ever interactive CD-ROM that includes AFR/SD-supported documents, PowerPoint presentations, fact sheets, policy briefs, and posters from 1996 to the present. Four hundred copies have been disseminated to date.

Such collaboration and participation ensures that SARA and AFR/SD are up-to-date on best practices and can facilitate follow-up activities, including dissemination and advocacy.

Issues Identification

Consultative Meeting on ARH Advocacy

At the request of AFR/SD and WHO/HQ, SARA held a consultative meeting with YouthNet, Advocates for Youth, POLICY project, PHNI project, and Frontiers to determine what ARH advocacy tools are available. At the WHO/AFRO regional RH task force meeting, Dr. Peju Olukaya, WHO/HQ/CAH, asked SARA to develop an adolescent health advocacy tool like REDUCE that could be used to motivate countries to address ARH needs and issues. The consultative meeting identified several resources available that could be adapted for such a purpose.

Integration of PMTCT and Maternal, Neonatal, and Child Health Programs

Since the 22nd meeting of CRHCS's Family and Reproductive Health Program Steering Committee in March 2003, Ms. Stewart has been assisting the WHO/AFRO PMTCT coordinator conceptualize a framework for integrating PMTCT into maternal, neonatal, and child health services making use of the "3 BY 5" strategy [UN initiative to provide ARVs to 3 million AIDS sufferers by 2005] that WHO/AFRO will present to partners in FY 2004.

Female Genital Cutting Initiative

SARA continued to participate in the interagency working group to eradicate female genital cutting (FGC). Ms. Stewart participated in several discussions with Abdelhadi Eltahir, USAID/GH FGC Technical Advisor, and the working group to refine the FGC strategy and finalize the workplan.

Research and Analysis

Lactational Amenorrhea Method (LAM) of Family Planning

Ms. Stewart is a member of the technical advisory group of the LAM/LINKAGES formative research project to understand the profile of women who take up LAM and those who take up a modern method of contraception after LAM. Plans to pilot the research project in Madagascar are in place.

Integration of FP with other RH Services

Program managers and decision makers need demonstrations of evidence-based effectiveness and appropriateness of integrating FP/RH and HIV programs given a country's context. More analysis is needed to identify the right combination of interventions in appropriate settings as FP is a key intervention to reduce maternal and child morbidity and mortality, improve women's health, and reduce unwanted pregnancies and the need for postabortion care (PAC). SARA gave technical and financial support to the Futures Group International (POLICY project) to carry out two pieces of qualitative research in Kenya and Zambia, as a part of a larger POLICY study. These two studies collected data on the attitudes of FP and antenatal care (ANC) clients, providers, and women living with HIV/AIDS in high HIV prevalence countries to FP and other RH services. SARA assisted in finalizing guidelines for focus group discussions—the data collection method—and supported the consultants who collected and analyzed the data. The studies explored whether FP services respond to demand for spacing or limiting childbearing in a high HIV prevalent setting, from the vantage point of clients, providers, and women living with HIV/AIDS. The study findings revealed a decline in FP re-

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sources and a dire need for more RH services. More specifically, the study found that the integration of HIV/AIDS services into RH/FP programs at this stage is overwhelming the capacity of service delivery sites to serve its growing clientele. USAID/Zambia has agreed to support additional studies in Zambia and has allocated resources to disseminate the findings widely within the country. These studies contributed to USAID's Task Force on Repositioning Family Planning's work in sub-Saharan Africa (of which SARA is a member) and will eventually be contrasted with results from reviews in countries with lower HIV prevalence.

Review of Adolescent Sexual and Reproductive Health (ASRH) Programs and Policies and Adolescent Knowledge, Attitude, and Practice Trends in RH/FP in the Sahel

SARA is supporting CERPOD to analyze and review ASRH programs and issues in the Sahel as an update to the *Youth in Danger* activity conducted in 1996. The methodology for the update is two-fold: reviewing programs and policies on ASRH of five countries since the Plan of Action Conference in Ouagadougou in 1997 and analyzing secondary DHS data of ASRH knowledge, attitude, and practice (KAP) trends in the Sahel, specifically that of Interstate Committee for the Fight against Draught in the Sahel (CILSS) member states. The researchers reviewed national policy documents and conducted key informant interviews with program managers, policymakers, and heads of youth associations in Burkina Faso, Gambia, Mali, Niger, and Senegal. Analysis of existing DHS for Burkina Faso (2), Chad (1), Mali (3), Mauritania (1), Niger (2) and Senegal (3) focused on six trends: premarital sex, age at first marriage, births out of wedlock, family planning, adolescent knowledge of STI/HIV/AIDS, and adolescent mothers' and their neonates' health.

The analysis aims to 1) understand the policy landscape affecting adolescent sexual and reproductive health since the Ouagadougou conference; 2) document trends in sexual and reproductive health knowledge, attitudes and practice; and 3) understand the degree to which actions taken by these countries have translated into improved adolescent sexual and reproductive health. Preliminary findings show that:

- ◆ ASRH policies to a large extent are subsumed under HIV/AIDS policies and implemented through HIV/AIDS programs, which are relatively new. At the service-delivery level, youth are provided for *ad hoc*, especially female youth when they attend an ANC clinic.
- ◆ Knowledge varies greatly country to country—a variation that reflects the strength and focus of a country program. A majority of young females had heard of HIV, but knew little about STIs (9% in Mauritania and 50% in Burkina Faso). Less than one-third cited abstinence and fidelity as ways to prevent HIV

infection. Condom use cited as protection against HIV ranged from 8 percent in Mauritania to 65 percent in Burkina Faso and was higher in countries that had stronger youth RH policies and programs (Burkina Faso: 65%, Mali: 58%, and Senegal: 34%). Globally, urban and schooled girls had greater knowledge of STIs and primary HIV prevention behaviors than rural and unschooled girls. The effect of time on trends is being analyzed.

- ◆ Governments and their partners need to develop greater synergy to improve and mobilize resources to coordinate policy implementation, collaborate with communities, engage youth participation in designing and implementing programs tailored for them, and provide access for rural youth.

Dissemination and Advocacy

Repositioning Family Planning

This year, SARA worked closely with intergovernmental organizations (WAHO and CRHCS), the regional offices of USAID (WARP and REDSO) and WHO to advocate for repositioning FP. SARA presented the advocacy PowerPoint for repositioning FP, developed by AFR/SD and PHNI, at WHO-AFRO's first regional RH task force meeting in October 2003. SARA and USAID/WARP adapted the presentation for West Africa, adding in the CATALYST data on the effects of birthspacing; this was then presented at the maternal health workshop hosted by JHPIEGO and WAHO (with SARA support) in early March. At CRHCS's 2003 joint meeting for HIV and RH experts and the ECSA MOH FP/MNH program managers, SARA adapted and presented the repositioning FP PowerPoint for the ECSA region. Following this advocacy, birth spacing and limiting are now seen as key interventions in the subregion's RH strategies developed by WHO/AFRO, WAHO, and CRHCS.

Femal Genital Cutting (FGC) Initiative

SARA hosted Mwangaza Action, a regional African institution based in Burkina Faso known for its expertise in social mobilization, during its visit to the United States and set up meetings with U.S.-based stakeholders involved in eradication of FGC as a follow-on to Mwangaza's work with the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and USAID to adapt the Tostan model to promote abandoning the practice of FGC in Burkina Faso.

Postabortion Care (PAC) Initiative in Francophone Africa

SARA continues to participate in the PAC Consortium and the USAID interagency group on PAC. SARA was instrumental in launching the Francophone PAC Initiative during a four-day regional conference held in March 2002 in Dakar, Senegal.

Population/Reproductive Health/Maternal Health

Two hundred delegates from 15 countries and 12 delegations developed action plans for introducing and/or scaling up PAC services. Eight months after this conference, SARA followed up with IntraHealth/PRIME and CEFOREP to assess progress made toward implementing the action plans. The results were presented at the Society of African Gynecologists and Obstetricians (SAGO) meeting in January 2003 in Mali. Although most countries had formalized their plans with ministry of health authorities, political support and financial backing for implementation has been generally weak. Delegates cited the need for advocacy activities to promote the importance of PAC services and mobilize funds for equipment and training. SARA organized a meeting with the Francophone PAC Initiative Committee members present at the SAGO meeting to discuss the next steps to further the initiative.

To continue support for country action plans and to facilitate better communication and coordination among partners, CEFOREP was designated as the initiative's new secretariat, a role formerly played by IntraHealth. SARA and IntraHealth/PRIME are providing financial support for nine months and technical guidance to transfer coordination responsibilities to CEFOREP. The roles defined for the secretariat are to:

- ◆ Collect information from countries and international partners on introducing and extending PAC (including information on policies, programs, agendas and needs of countries, results achieved, PAC activities of partners, best practices, lessons learned, and new developments);
- ◆ Share information among partners and Francophone countries;
- ◆ Establish working relationships with regional institutions such as WAHO, WHO/AFRO, RESAR, and other organizations that could assist with PAC advocacy; and
- ◆ Support countries to implement action plans (e.g., identify potential funding sources and identify or provide technical assistance to extend PAC programs and prepare proposals, budgets, and monitoring and evaluation plans).

Donor Mapping (Support to WARP and Family Health and AIDS on RH Activities)

UNAIDS and WARP, through SARA, supported a 15-country donor mapping exercise in 2002. This year, the reports were compiled and the FHA project produced a CD-ROM of the reports. UNAIDS had planned to conduct in-country validations of the reports but lacked the funding; at the same time, reviewers agreed that the reports were not yet ready for general consumption. USAID/WARP will make the information available to CAs upon request. Although SARA was to support an analytical synthesis based on the country reports, USAID/WARP felt that this was not

a current priority because the quality of the reports varied greatly and the in-country validation was never conducted.

Improved Media Coverage of RH issues

The special media initiative, Pop'Mediafrique, launched by SARA in 1996 and continued by PRB/Measure, continues to bear fruit. This year, improved media coverage resulted in continued support to African media networks that include 26 West African newspapers, radio editors, and journalists. More fact-based articles and broadcasts (157) were produced for a total of 523 since 1997, surpassing the target of 400 for 2003. Forty-eight of these articles were posted on *allAfrica.com*, the largest electronic distributor of African news and information worldwide. The media initiative resulted in increased coverage of RH issues and stimulated dialogue among journalists and policymakers about sensitive topics in FP/HIV/AIDS and gender violence.

SARA engaged a Pop'Mediafrique journalist, Sie Some, to work with UNICEF and the Government of Mali to organize regional media coverage of the follow-up meeting of Vision 2010.

Maternal and Neonatal Health Advocacy

SARA provided technical and financial support for WAHO to organize a meeting to present best practices and develop country action plans to redress the dire state of neonatal and maternal health in West Africa. At this meeting, nine countries (Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Guinea Bissau, Guinea, Mali, Niger, and Senegal) developed or revised action plans to improve maternal health. Additionally, the participating MNH program managers helped inform WAHO's maternal and perinatal health strategy. The strategy includes birth spacing, emergency obstetric care (EOC), and PAC. SARA attended several meetings organized by WAHO and partners to finalize a subregional framework and implementation plan to reduce maternal and neonatal morbidity and mortality that WAHO will ask the ECOWAS health ministers to ratify in June 2004.

Ms. Stewart worked with the CRHCS's reproductive health coordinator to prepare for the 22nd meeting of the Family and Reproductive Health Program Steering Committee. The meeting highlighted, among other issues, the development of CRHCS's reproductive health strategy and presentations on two SARA-supported activities—a review of implementation of guidelines for safe motherhood and malaria in pregnancy. Ms. Stewart also presented on two issues: the status of family planning programming in the context of the HIV/AIDS epidemic and FP as a key intervention (repositioning FP) to promote women's health and child survival rates.

Population/Reproductive Health/Maternal Health

Ms. Stewart used this opportunity to strengthen the relationship with CRHCS's health program managers and Dr. Ominde Achola, the CRHCS RH coordinator, to participate in the early discussions on the development of CRHCS's reproductive health strategy, and to learn what ECSA reproductive health program managers' priorities and needs are. Ms. Stewart also organized a meeting with WHO/AFRO's PMTCT advisor, CRHCS's RH coordinator, and Stephen Kinoti, SARA HIV/AIDS advisor, to discuss approaches to integrating PMTCT and RH. Ms. Stewart and Dr. Achola also worked with the assistant commissioner of health services, Dr. A.K. Mbonye, on a plan to revitalize maternal health advocacy and to mobilize resources for maternal health in Uganda.

SARA's collaboration with CRHCS and WHO/AFRO to monitor maternal health advocacy activities and their impact on programs and services resulted in the development and application of a maternal health advocacy monitoring tool in Uganda and Nigeria.

SARA helped leverage \$100,000 from the World Bank for AED and WHO/AFRO to advocate and mobilize resources to reduce maternal and neonatal morbidity and mortality in Ethiopia, Mali, and Uganda. So far the funds have reactivated the REDUCE model in Uganda, involving new partners and expanding to the district level, and developed and disseminated advocacy tools to the regional and district levels in Ethiopia. Uganda will finalize an advocacy plan, implement advocacy activities in two districts, and develop simple advocacy materials based on REDUCE. In Ethiopia, REDUCE participants recommended creating an *ad hoc* committee under the MOH's family health department. This committee will identify opportunities, partners, technical capacities, and community mechanisms to help reduce maternal and newborn death. Mali activities will commence in FY 2004. World Bank-funded activities have been carried out in close coordination with WHO/AFRO and managed by Luann Martin at AED.

Male Involvement in Reproductive Health

SARA prepared a new brief summarizing the findings of the SARA-supported RESAR study on male involvement. A draft version was disseminated at the international *Reaching Men to Improve RH* conference held in September 2003, organized by EngenderHealth, PRB, and the interagency working group and, once finalized, will be included in AFR/SD reproductive health briefing packet. Findings from the study were also disseminated in a RESAR news bulletin.

Promoting Better Policies and Increased Attention to Malaria in Pregnancy

This year marked some changes in the USAID-sponsored Malaria in Pregnancy Working Group. In August, the working group was formally transferred to the aus-

pices of the Roll Back Malaria (RBM) Consortium and the group developed and agreed on a strategy/framework. This year, SARA presented on dissemination and advocacy to help the group identify its dissemination needs. A subgroup revised the MIP advocacy brochure, and SARA facilitated an RBM-wide review and printed 10,000 copies in English and 7,500 in French, of which over half have already been disseminated throughout Africa.

Capacity Building and Collaboration with African Institutions

CERPOD

SARA assisted USAID/WARP in assessing CERPOD's capacity for collaboration following its reorganization. The main RH activity with CERPOD is the ASRH updates described in the research and analysis section.

SARA is supporting the CERPOD/Institute of the Sahel communications specialist to ensure that the results from CERPOD research in 2004 are packaged and disseminated.

CEFOREP

SARA and IntraHealth supported CEFOREP in assuming the responsibilities of the Francophone PAC Initiative Secretariat from IntraHealth. With approval from the Francophone PAC Initiative Committee.

CRHCS

SARA coordinates with REDSO to provide technical support to CRHCS in developing its RH strategy, advocating for repositioning family planning, and managing consultancies.

Ms. Stewart, Renuka Bery, and Stephen Kinoti worked closely with the family and reproductive health coordinator of CRHCS, Dr. Ominde Achola to repackage the findings of CRHCS's review of safe motherhood guidelines in the ECSA region to produce dissemination materials on this activity. It is hoped that when CRHCS hires an information specialist, the organization will be better positioned to repackage and disseminate its work.

As mentioned above, Ms. Stewart worked with CRHCS and its RH program managers on developing a strategic implementation framework for CRHCS to move the ECSA community's RH agenda forward. A draft will be ready by January 2004 and presented at the next the DJCC and ECSA ministers' meetings.

Population/Reproductive Health/Maternal Health

SARA worked with CRHCS to develop a tool to monitor maternal health advocacy activities, including the use of REDUCE and piloted with CRHCS the application of the tool in Uganda. WHO/AFRO collaborated with CRHCS and SARA on the development of the tool and supported its application in Nigeria.

Mwangaza Action

Ms. Stewart organized networking meetings for the program coordinator, Mr. Djingri Ouoba of the African research institution, Mwangaza Action, during his visit to present Mwangaza's results of its USAID/GTZ-funded work to reduce FGC in Burkina Faso at the Reaching Men to Improve Reproductive Health conference held in September 2003. Mr. Ouoba and Ms. Stewart met with Frontiers/Population Council, The Wallace Global Fund, EngenderHealth, CEDPA, White Ribbon Alliance, and USAID's Global Bureau to discuss follow-up activities to its FGC work in Burkina Faso.

Founded in 1995 in Burkina Faso, Mwangaza is a subregional NGO with expertise in training and support to community-based organizations. It is a founding member of the regional organization Pan-African Organization for Sustainable Development headquartered in Accra, Ghana.

Mwangaza's principal objectives are to:

- ◆ Help promote and sustain community development in health-related endeavors;
- ◆ Help develop and sustain implementation of community-based operations;
- ◆ Train and provide technical assistance to different community-based organizations;
- ◆ Support/collaborate with public, national, international, nongovernmental and local organizations to promote community-based participation in promoting health;
- ◆ Design and implement training programs using community-based trainers; and
- ◆ Conceive, sustain, and execute development programs relevant to its mandate.

SARA plans to coordinate with Mwangaza on organizing a regional conference on best practices of social mobilization in 2004.

RESAR

SARA has had difficulty communicating with RESAR on the packaging of results of the formative research activity on male involvement in RH, supported by SARA and EngenderHealth. After several attempts, SARA developed a dissemination strategy and wrote a brief on the formative research findings of the four-country study to understand male participation in RH and disseminated it at an interna-

tional topical meeting in September 2003. The findings were also published in RESAR's newsletter.

WAHO

As previously described, SARA sponsored WAHO to co-host a workshop with the MNH project on best practices and country advocacy planning to promote maternal and neonatal health. This meeting followed one that WAHO and Commonwealth UK organized with the Anglophone ECOWAS countries. A synthesis of the country action plans informed WAHO's development of a subregional MNH strategy to present to the ECOWAS ministers for approval in June 2004. SARA has linked WAHO with other regional RH partners; as a result, WAHO now participates in WHO/AFRO regional RH task force meetings.

Illustrative Results

- ◆ Subregional MNH strategy for ECOWAS member states developed by WAHO with SARA assistance.
- ◆ Maternal and neonatal country action plans developed by nine West African countries during a regional best practices workshop, cosponsored by WAHO with SARA and MNH/JHPIEGO.
- ◆ Repositioning Family Planning Initiative incorporated as a key component in WHO/AFRO, CRHCS, and WAHO RH strategies.
- ◆ Funds leveraged from WHO/AFRO and the World Bank for REDUCE/ALIVE activities (application and/or follow-up) in Ethiopia and Uganda. An Africa regional application is being widely used for advocacy by WHO/AFRO. REDUCE advocacy in Mauritania led to agreement for using PRSP funds to increase compensation to obstetricians and gynecologists working outside Nouakchott. REDUCE advocacy in Mozambique led to funding from DfID for maternal health (\$10 million).
- ◆ Interactive CD-ROM with over 100 AFR/SD-supported RH materials produced and widely distributed.

E. Adoption of Cost-Effective Strategies to Prevent and Mitigate HIV/AIDS in Africa (SO 21)

SARA HIV/AIDS Team

Stephen N. Kinoti, Senior HIV/AIDS Advisor, AED
Sambe Duale, Senior Research Manager, Tulane University
Ellen Piwoz, Senior Nutrition Advisor, AED
Renuka Bery, Dissemination and Advocacy Manager, AED
Dorcas Lwanga, Nutrition Specialist, AED
Oscar Picazo, Senior Health Reform and Financing Advisor, AED
Holley Stewart, Reproductive Health Advisor, PRB

Intermediate results for HIV/AIDS (SO 21)

- IR 1: Improved strategies and models
- IR 2: Increased African commitment
- IR 3: Increased African regional and national capacity to plan, manage and implement improved HIV/AIDS programs
- IR 4: Enhanced coordination of partners to support HIV/AIDS programs in Africa

Technical Support to AFR/SD HIV/AIDS Team

SO 21 Core Team Meetings

Three substantive HIV/AIDS core team meetings were held during FY 2003. This was in part due to AFR/SD's reorganization and the schedules of parties involved. The team meetings helped to identify priority activities and follow up on subsequent actions.

New areas identified by AFR/SD as needing support from SARA were to:

- ◆ Review response to the southern Africa food crisis (surveillance and vulnerability assessment tool[s]);
- ◆ Analyze the nutrition situation of children infected and affected by HIV/AIDS in sub-Saharan Africa, especially at community, family and individual levels;
- ◆ Analyze the current political/economic structures and their role in strengthening HIV/AIDS response in sub-Saharan Africa;
- ◆ Analyze country incidence and prevalence analysis;
- ◆ Profile the rapid scale-up and intensive focus countries in Africa;
- ◆ Conduct a health sector and manpower capacity analysis;

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- ◆ Document successful models of care and treatment in Africa;
- ◆ Support REDSO to prepare a consultative meeting in ESA on care and support of people living with HIV/AIDS (PLWHA); and
- ◆ Strengthen writing of AFR/SD products.

SARA, in collaboration with partners, has started addressing the listed issues. Details are presented in relevant sections of this report.

Collaboration with REDSO/ESA and African Partners

Dr. Kinoti served as the SARA focal point for REDSO/ESA and CRHCS technical programs covering HIV/AIDS, reproductive health (RH), food and nutrition, and information dissemination. He provided direct technical support and coaching to the CRHCS HIV/AIDS coordinator on all HIV/AIDS activities; worked with Holley Stewart, Ominde Achola and WHO/AFRO on RH issues, particularly monitoring of maternal health advocacy (REDUCE, etc.); worked with Ellen Pivoz and Dorcas Lwanga and the ECSA team on programming and implementation of food and nutrition activities; worked with Renuka Bery, Antonia Wolff, and PRB on information, communication, and technology issues and filling the information dissemination coordinator position at CRHCS. He also worked closely with the REDSO team to coordinate activities with and provide technical assistance to African institutions.

Issues Identification

Documentation of Learning Sites/Models of Care and Treatment in Africa

SARA conducted a preliminary web search of models of care and treatment and shared results with interested partners including Abt Associates, Population Council/Horizons, FHI, RPM, and USAID. From the search it became clear that documentation on models of care and treatment is limited. At a meeting involving these partners held in June 2003 at AED, it was noted that:

- ◆ Learning sites/models of care and treatment in Africa need to be identified and documented;
- ◆ WHO/HQ is undertaking such a task on the global level and that will serve as a resource for all including programs in Africa; and
- ◆ Further consultation is needed between USAID GH and AFR/SD and possibly REDSO/ESA to identify the specific gaps to fill and how to fill them. This may include hiring a consultant to compile examples of learning sites/models of care and treatment in Africa.

Public Health Approach for Scaling-Up Antiretroviral (ARV) Treatment

Dr. Kinoti participated in a WHO/HQ-led task force to develop a toolkit for scaling up ARV treatment. He reviewed the terms of reference and the first draft of the toolkit and helped to write the final draft. The toolkit will be a resource for program managers and implementers who wish to establish ARV treatment programs and who have existing ARV treatment programs to scale up, including NGOs, community-based organizations (CBOs), and the private sector. The toolkit responds to AFR/SD's identified need to strengthen approaches and share models for scaling up care and treatment especially antiretroviral therapy (ART).

Multiagency Collaboration on Health Systems Strengthening to Address HIV/AIDS Issues

AFR/SD has been keen to strengthen collaboration among CRHCS, HEARD, South African Development Community (SADC) Secretariat, USAID (REDSO and Southern Africa Regional HIV/AIDS Program), and WHO/AFRO. Although a formal meeting between these agencies did not take place as planned, WHO/AFRO's regional HIV/AIDS advisor Dr. Moeti and Dr. Stephen Kinoti met in Maseru, Lesotho during the SADC HIV/AIDS summit and defined the following objectives for the collaboration:

- ◆ Assure that the above mentioned agencies collaborate in assisting countries to strengthen health systems especially in the context of scaling up ART;
- ◆ Address the human resources crisis in the health sector by linking impacts of HIV/AIDS to actions to strengthen health workforce for quality services;
- ◆ Document and share models/learning sites of ART care and support linked to comprehensive response to the HIV/AIDS epidemic;
- ◆ Develop ways to work in partnership between SADC, ECSA, UNAIDS, USAID, and HEARD in HIV/AIDS work; and
- ◆ Undertake a consultation between AFR/SD and the WHO/AFRO (Drs. Kabore, Moeti, Onyango, and Kaluwa) on the above issues and others as determined by the agencies to determine the way forward.

Orphans and Vulnerable Children (OVC)

In July, the SARA project was asked to assist AFR/SD design and organize a state-of-the-art meeting on orphans and children made vulnerable by HIV/AIDS as a way of assisting the agency identify critical issues and approaches to address them based on available evidence. Renuka Bery and Stephen Kinoti discussed and helped shape the meeting objectives with Peter McDermott and Linda Sussman from USAID/GH. As this meeting changed and grew in size and scope between July and early September, it became clear that a background paper on the state of

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the science was required. Dr. Kinoti and Ms. Bery developed a scope of work and hired a consultant, Ms. Isolde Birdthistle, to prepare this paper.

SARA provided significant resources for this activity between July and September, but, the actual consultation is scheduled for November 2003.

Efficient Provision and Use of Financial Resources for the Delivery and Management of HIV/AIDS-related Services

At the request of AFR/SD, SARA helped South African Partners and the Massachusetts Department of Health develop a proposal to strengthen the capacity of the Department of Health in the Eastern Cape Province of the Republic of South Africa to efficiently provide resources in the delivery and management of HIV/AIDS and related services. In this activity, relevant staff such as managers, accountants, and procurement officers would be trained to allocate and deliver funds to priority HIV/AIDS activities and monitor their use for the specific purposes to ensure the desired outputs and outcomes are achieved. The proposal has been submitted to AFR/SD for support and is being reviewed.

Deliberations of the HIV/AIDS Program Experts Committee (HAPEC)

The HIV/AIDS Expert Committee (HAPEC) is responsible for assuring that recommended regional HIV/AIDS policies are adopted and implemented at country level in ECSA countries. Its members are AIDS control program managers from 12 countries. HAPEC annual meetings are important because they allow the country program managers to discuss policy recommendations made by the HIV/AIDS Policy Advisory Committee (HAPAC), reconcile discrepancies, and take these recommendations back to the country to be adopted and implemented.

In 2003, Stephen Kinoti facilitated the HAPEC annual meeting. He also presented a session on monitoring and evaluation of national AIDS programs including the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicators with Bunmi Makinwa of UNAIDS. Representatives from WHO/HQ and AFRO, REDSO/ESA, and RCQHC also attended the HAPEC meeting. The participants acknowledged the significant accomplishments of the CRHCS since March 2002. These include developing tools and assessing HIV/AIDS impacts on the health workforce in Kenya and Malawi, conducting preservice training in HIV/AIDS, and clarifying the roles and functions of national AIDS councils (NACs) and AIDS control programs (ACPs). HIV/AIDS policies were monitored in at least six ECSA countries in collaboration with WHO and REDSO.

The key issues identified and action taken or agreement on action reached by HAPEC at the 2003 meeting include:

- ◆ *Roles and functions of NACs and ACPs.* The HAPEC members reviewed recommendations from HAPAC, a subcommittee of HAPEC, aimed at strengthening performance and effectiveness of NACs and ACPs to avoid redundancy. HAPEC agreed that these two entities will develop national work plans and budgets for country-level activities aimed at implementing each agency's priority activities without duplicating efforts. Through this mechanism, this regional initiative is being translated into action at national level.
- ◆ *Indicators that emphasize reduction of new HIV/AIDS cases among 15-24 year-olds.* HAPEC agreed that national programs should emphasize the indicators associated with behavior change (reduced age of sexual debut, reduced number of sexual partners, increased age at marriage, high civil society and community involvement, reduced number of unprotected sex experiences).
- ◆ *Role of traditional birth attendants (TBAs).* Noting the importance of community-based programs, HAPEC vigorously debated the TBA's role in providing RH and HIV/AIDS services. The group recommended that TBAs be reoriented to to promote use of skilled birth attendants and access to voluntary counseling and testing (VCT) and PMTCT services and that countries focus on strengthening infrastructure and quality of services, increasing the numbers and skills of midwives in delivery and life saving, and ensuring that mothers in the communities have access to these services.
- ◆ *Access to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).* HAPEC noted that the GFATM had approved proposals from most ECSA countries, yet only Tanzania and Malawi had received funds. Key issues of concern discussed included:
 - Systems are needed in countries to ensure that high-quality proposals are developed, funding provided, and money actually flows to programs;
 - Proposal guidelines need to be clarified and communicated to recipients and national coordinating mechanisms;
 - Communication between the GFATM and countries needs strengthening;
 - Managers will not commit to ARV treatment if the GFATM only provides three to five years of funding;
 - Local financial agencies need clear guidelines on how to account for funds;
 - Fund proposals do not include a systems strengthening component; and
 - GFATM should develop ways to ensure that regional coordinating mechanisms and organizations, such as CRHCS, can access funds.

Support for Consultations on Human Resources in the Context of HIV/AIDS***The Joint Learning Initiative-Africa Working Group on Human Resources for Health***

Stephen Kinoti represented SARA at the Joint Learning Initiative on Human Resources for Health consultative meeting held in Ghana in September 2003. The meeting's purpose was to identify health workforce strengths and limitations to delivering a variety of specific disease control programs in developing countries adequately, classify the listed workforce limitations, and identify and describe actions/changes that could alleviate human resource constraints to achieving the objectives of specific disease control programs in the context of developing a sustainable, equitable, and client-friendly health system.

The consultation identified limited human resources capacity as the major factor limiting performance of health systems. Examples provided during the meeting included difficulties in delivering maternal services due to lack of skilled attendants for pregnancy and birth, difficulties to scale up programs (e.g., ARV distribution), and difficulties in ensuring continuous quality of programs as trained personnel are available for limited periods only (e.g., TB programs). The discussion groups inventoried existing HR problems and their causes based on presentations and discussions. These are available in a separate report prepared by the group's secretariat at the World Bank. The next steps agreed upon included:

- ◆ The consultation report based on commissioned papers will be produced and widely disseminated to participating institutions.
- ◆ Partners will support human resources for health (HRH) development action plans in a few countries.

CRHCS, with SARA technical and financial support, organized a consultative workshop on HRH that brought together experts including directors/program officers responsible for HRH in member states, deans of medical schools, directors of research institutions, health planners, and representatives of the colleges of nursing (ECSACON), surgeons and allied health professionals. The recommendations from this workshop were presented to the Directors' Joint Consultative Committee (DJCC) meeting.

Directors' Joint Consultative Committee (DJCC) Meeting

Dr. Kinoti participated in the CRHCS-organized DJCC meeting in Arusha, Tanzania in July 2003 to discuss strengthening HR capacity for effective health systems in ECSA. Dr. Kinoti facilitated working group sessions on human resources issues

and presented two papers. The participants from ECSA member states shared experiences and lessons learned in HRH especially with regard to providing high-quality, equitable, and affordable health services. They discussed best practices in HRH and identified priority issues in mitigating the impact of the ongoing HRH crisis in ECSA. Participants then developed common strategies for addressing priority HRH issues.

During the DJCC meeting, Dr. Kinoti discussed with Dr. Gakuruh, MOH Kenya, and Mr. Ummuro Adano, MSH/Nairobi, ongoing and proposed collaboration in strengthening human capacity development (HCD) in Kenya. Dr. Gakuruh and Mr. Adano agreed to help complete the SARA-supported data collection on the impact of HIV/AIDS on health workforce in Kenya. A stakeholders workshop will review the assessment results and develop policy and program action plans to strengthen the health workforce in Kenya. Regarding the broader HCD issue, Mr. Adano agreed to revive the efforts to strengthen HCD as a national issue. He will determine how to proceed and involve USAID/Kenya and REDSO/ESA as appropriate. Further action will depend on resource commitments to move the process forward as previously indicated by the Kenya consultative meetings.

Adolescent Sexual and Reproductive Health and HIV/AIDS Policies in ECSA

Following the joint planning undertaken by REDSO, CRHCS, WHO/AFRO, and POLICY project, two consultants from the region (Dr. Davison Munodawafa, Zimbabwe, and Lorna Tumwebaze, Uganda) collected data and prepared reports on the status of adolescent reproductive health and HIV/AIDS policies in East and southern Africa.

The report of the monitoring exercise undertaken in six countries was finalized in 2003 and disseminated among the member states and at the DJCC. Additional countries have requested CRHCS to undertake similar monitoring in their countries.

Integrating PMTCT with Reproductive Health Services

SARA and CRHCS organized a brainstorming meeting to discuss strategies to integrate PMTCT and RH services in the region. This was held in Mauritius during the CRHCS joint meeting of the Family and Reproductive Health Steering Committee and HAPEC.

The meeting identified the several key entry points to integrate PMTCT and RH services, including VCT, antenatal care (ANC), labor and delivery, postpartum care, baby feeding and care, and psychosocial support for the mother. The meeting

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also highlighted the role of each member state to review policies and procedures to facilitate integration focusing on providing VCT through all ANC services and to increase access to VCT at the community level.

Research and Analysis

Analysis of the Current Political/Economic Structures and HIV/AIDS in Sub-Saharan Africa

Oscar Picazo, SARA health financing advisor, prepared a summary of activities by the main African political and economic organizations that describe how HIV/AIDS is being incorporated into programs and effectively managed. This was shared with AFR/SD. A consensus was reached on the need for better information from limited visits and discussions with key informants at the organizations' headquarters.

Assessing HIV/AIDS Impact on the Health Workforce in Kenya and Malawi

AFR/SD, through SARA, funded CRHCS to undertake an assessment of the HIV/AIDS impact on the health workforce in Kenya and Malawi to determine existing HR capacity within health systems and services for core services. The results will be used to determine desirable HR capacity relative to the scope of services provided and financial resources available and guide HRH development through a multipronged approach that includes preservice and in-service training, recruitment, retention, replacement, better deployment, and management and care for the health workers.

Between March and September 2003, Dr. Kinoti joined the CRHCS team to train two four-person teams from Kenya and Malawi to collect data, supervise data collection, develop an analysis plan using *EPI Info 2002*, and analyze preliminary data.

Data were collected in the two countries from the MOH, tertiary care facilities, and selected districts by a multidisciplinary teams (HR manager, health services doctor, social scientist, and statistician/epidemiologist). The team also conducted in-depth interviews with facility managers and focus group discussions with service providers, examined records at various levels, and observed facilities.

Preliminary results from Malawi show that high disease burden and workload, high attrition rates due to death, and resignations and retirement of MOH staff are major causes of health workforce attrition. In fact, many MOH posts remain unfilled. Reasons for leaving MOH service were poor working conditions, heavy workload, and poor remuneration. Forty-five percent of all health worker deaths were due to AIDS-related illnesses, predominantly in the 15-49 year age range.

Fear of HIV/AIDS infection and related opportunistic infections contributed to poor performance, as did poor motivation, low morale, and absenteeism. Stigma remains a major concern among health workers. Few health workers were trained in VCT, PMTCT, and ART. The health workforce in Malawi suffers from the lack and limited implementation of existing HRH policies. Policy guidelines on VCT, PMTCT, ARV, and health behavior change are unavailable in most facilities in Malawi.

In Kenya, the data were collected but not analyzed in FY 2003. The results from both these assessments will be presented to the Regional Health Ministers' Conference in FY 2004. In addition, stakeholder discussions on policy and program implications of the results will be undertaken, and action plans to strengthen health workforce at the national and local levels will be developed.

Dissemination and Advocacy

HIV/AIDS Public-Private Partnership Initiative

The SARA team, Dr. Kinoti, Renuka Bery, and Joseph Coblenz worked closely with Ishrat Husain and Percy Wilson, a SARA consultant, to develop and implement an HIV/AIDS public-private partnership (PPP) activity in Nigeria. Mr. Wilson has taken several trips to Nigeria this year to further the public-private partnership effort begun in 2002. USAID/Nigeria has contributed to this effort through SARA. Results include:

- ◆ Businesses in Nigeria, including the Coca-Cola Company, Chevron, Citibank, Exxon/Mobil, Halliburton, Lafarge Construction, and Pepsico, have now organized to address HIV/AIDS.
- ◆ A coalition was formed involving high-level government officials and the private sector to coordinate and implement actions that support the national HIV/AIDS program.
- ◆ A formal public-private partnership was established to facilitate use of private sector competencies in responding to HIV/AIDS in collaboration with public sector.
- ◆ An action plan was developed for involving the private sector in the national AIDS program.
- ◆ A web site was established linking each company's web site to share best practices.
- ◆ The Business Coalition provides periodic briefing on its progress to the President of Nigeria.
- ◆ A full time professional staff person with knowledge of HIV/AIDS was hired by the Business Coalition.

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- ◆ Large companies shared ideas and resources with small companies to help them achieve minimum workplace standards.

Lessons learned from this effort were compiled by SARA and shared with USAID missions through a report and an e-note. In addition, Renuka Bery worked closely with Ishrat Husain and Mr. Wilson to develop a brochure highlighting the successful efforts of this partnership and to help other countries start a similar partnership if desired. This brochure will be finalized and disseminated at the AGOA meeting in FY 2004 and to other country-level program managers in both the public and private sectors.

Impact of HIV/AIDS on the Health Sector in Sub-Saharan Africa

Stephen Kinoti updated the paper, *Impact of HIV/AIDS on the Health Sector in Sub-Saharan Africa: The Issue of Human Resources*. This document was used to prepare a “white paper” that summarizes the effects of HIV/AIDS on:

- ◆ Demand for health workers;
- ◆ Supply of health workers;
- ◆ Reduction in health workers due to deaths;
- ◆ Reduction in health workers’ availability due to absenteeism (burnout and low morale);
- ◆ Potential reduction in health workers due to perceived workplace HIV infection;
- ◆ Reduction in program managers; and
- ◆ reduction in new entrants to the health workforce.

Health workforce obligations, such as the massive resource implications of employee benefits, replacing lost health workers, and expanding the workforce to meet the increased demand for HIV/AIDS services were also covered. The paper was shared with USAID missions and other partners to advocate for addressing HR issues in the context of HIV/AIDS.

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

SARA did not get clearance to attend the ICASA conference in Nairobi, however, SARA supported preparations for a satellite meeting led by CRHCS on mobilizing resources for an expanded response to HIV/AIDS. The preliminary results of the health workforce assessment from Malawi were presented at this meeting. Fifty-five people (including USAID and CAs) participated in this satellite session.

Regional Health Ministers Conference

CRHCS organized the 37th Health Ministers Conference in Uganda with SARA technical and financial support in November 2002. Forty-nine delegations from 12 countries attended (Kenya, Lesotho, Malawi, Mauritius, Mozambique, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe). NGO, donor, and multilateral agency representatives also attended.

The conference focused on improving equity, efficiency, and quality in the ECSA region. Dr. Stephen Kinoti represented SARA and presented on the challenges of accessing treatment for PLWHA. The health ministers adopted seven resolutions. These were disseminated widely among the member states and development partners and their implementation monitored.

During the conference, Dr Kiyonga, chairman of the GFATM, identified the lack of capacity and skills in the region to prepare successful proposals. The meeting participants highlighted the positive role that CRHCS could play facilitating this process. In addition, it was stated that with signed support from member countries, regional organizations could receive GFATM funding. SARA helped review the CRHCS proposal to the GFATM and will provide technical assistance through the CRHCS in monitoring success accessing and using the money.

Capacity Building and Collaboration with African Institutions

Center for Applied Research in Population and Development (CERPOD)

The SARA subcontract with CERPOD aims to support activities in the areas of monitoring and evaluation (M&E) of HIV/AIDS programs, updating West African data on adolescent reproductive health, disseminating research findings, and building capacity for qualitative research in the region in priority health areas. CERPOD contracted the services of Dr. Idrissa Ouedraogo of Burkina Faso to restart the HIV/AIDS activities interrupted when key technical staff departed following the reorganization of CERPOD and the subsequent departure of the SARA-funded HIV/AIDS consultant, David Ojaka.

The main activity carried out this year is a rapid assessment of the HIV/AIDS M&E and management capacity in selected West Africa countries. The CERPOD activity was part of a subregional initiative recommended at the end of the meeting on capacity development in HIV/AIDS in West and Central Africa that was held in Dakar in August 2003. The meeting was jointly organized by Canadian International Development Agency (CIDA, CERPOD, JHPIEGO, Family Health International (FHI), UNAIDS, USAID, and West African Health Organization. CERPOD participated in assessing of HIV/AIDS M&E capacity of the following countries:

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Burkina Faso, Cape Verde, Gambia, Mali, Senegal. The assessments in Burkina and Senegal were done jointly with FHI. The assessment findings were used to help prepare and inform a multicounty regional meeting held later in the year to discuss capacity development needs to improve the M&E of national AIDS control programs. It will also serve as a baseline for the future national and regional projects in West Africa, especially in the Sahel in terms of M&E and management issues. We hope that CERPOD will use the assessment findings to develop proposals and plan better technical support to countries on HIV/AIDS M&E.

CRHCS/ECSA

Dr. Kinoti continued to serve as the SARA focal point for CRHCS whose activities included HIV/AIDS, RH, food and nutrition, information communication and technology, and capacity development. This section of the report discusses results related to HIV/AIDS activities. In accordance to the agreed coordination procedures, SARA briefed AFR/SD and REDSO/ESA on all technical aspects of the subcontract management. The CRHCS health workforce assessments in Malawi and Kenya are discussed in detail under the research and analysis section.

Institutional strengthening of CRHCS

SARA continued to provide half the salary for the HIV/AIDS coordinator, Dr. Bannet Ndyabangi. The other half is paid for by REDSO/ESA. Dr. Stephen Kinoti provided regular technical assistance and coaching to Dr. Ndyabangi in planning and implementing specific HIV/AIDS activities under the CRHCS subcontract.

During FY 2003, Dr. Kinoti served as technical advisor to the ECSA regional HAPAC and facilitated two working meetings (in Mauritius and Arusha) that discussed implementing preservice training, assessing impacts of HIV/AIDS on the health workforce, and rolling out coordinated NAC and ACP country-level activities.

Dr. Kinoti assisted Dr. Ndyabangi to prepare to present the HAPAC recommendations at the July 2003 DJCC meeting. The meeting's theme was strengthening HRH, and 12 ECSA countries participated. Dr. Kinoti facilitated the meeting and presented a paper titled "Scaling up Human Resources for Health in Response to HIV/AIDS." The meeting developed recommendations to present to the 38th Regional Health Ministers' Conference.

Preservice Training in HIV/AIDS in Medical and Allied Training Institutions

Following the 2002 curriculum review of preservice training in HIV/AIDS involving schools of public health, medicine, pediatrics, obstetrics and gynecology, nursing, and nutrition for medical and allied training institutions from 12 countries in ECSA, institutions in six countries requested funds to support country-level activities to revise the HIV/AIDS preservice curriculum in these countries. Funds from the SARA/CRHCS subcontract supported these activities in a number of countries as follows:

- ◆ Kenya: MOH (University of Nairobi, College of Health Sciences)
- ◆ Lesotho: MOH (National University of Lesotho)
- ◆ Malawi: MOH (Kamuzu College of Nursing Research Project)
- ◆ Seychelles: MOH (National Institute of Health & Social Studies)
- ◆ Uganda: MOH (Faculty of Medicine, Makerere University)
- ◆ Zambia: MOH (University of Zambia, School of Medicine)

Some feedback from the schools indicate that they are already incorporating the HIV/AIDS content into teaching and advocating for formal curriculum revision. SARA is working with CRHCS to monitor and evaluate the process formally.

Roles and Functions of NACs and ACPs

When the HAPAC realized that the roles and functions of the NACs and the ACPs were unclear, the DJCC mandated a consultative meeting to determine the way forward. CRHCS organized a meeting attended by 10 of 14 ECSA member countries in 2003. Findings from an electronic survey on roles and functions of NACs and ACPs confirmed the overlap and duplication of functions and inadequate coordination in most of the member states. The joint consultation discussed these concerns and identified and determined key roles and functions for both NACs and ACPs. The participants also developed clear coordination mechanisms and work plans to implement. Their recommendations were synthesized by HAPAC, presented to the conference of health ministers, and disseminated widely in member states.

Six of the 12 countries (Kenya, Malawi, Mauritius, Tanzania, Uganda, and Zimbabwe) that participated shared the recommended roles and responsibilities for NACs and ACPs with senior MOH and national coordinating bodies.

Peer Review of CRHCS' HIV/AIDS Technical Reports and Other Products

HAPAC's role in reviewing CRHCS' HIV/AIDS technical reports and other products could be strengthened by ensuring that HAPAC members have reliable access

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to email and the Internet. It was also suggested that HAPAC members be linked to CRHCS HIV/AIDS focal points in each country and to the secretariat's headquarters in Arusha. CRHCS will create a listserv to discuss technical issues and disseminate information. HAPAC is currently reviewing reports of the VCT review and the adolescent sexual and reproductive health policies review.

Regional AIDS Training Network (RATN)

Program Management and Administration Course for HIV/AIDS Program Managers

Following SARA support to RATN to develop *Management and Administration Course for HIV/AIDS Program Managers*, training of HIV/AIDS program managers progressed well with support from the University of Washington's ITECH program. The first pilot courses were held June/July 2003 at ESAMI in Tanzania, the Malawi Institute of Management, and Mananga Centre for Regional Integration & Management Development in Swaziland. A total of 53 managers participated from across the region. The curriculum and course were evaluated, and the results will be presented in a report being prepared by RATN. A final review and compilation of the trainers/trainees manuals is planned for early FY 2004. The second pilot courses will be held between March and September 2004.

Regional Training in PMTCT

SARA worked closely with RATN and the Regional PMTCT Network to develop a training program and commissioned to two agencies (Network of AIDS Researchers in East and Southern Africa [NARESA] and the University of the Witwatersrand in South Africa) to implement this program with financial support from UNICEF/ESARO and UNAIDS. NARESA and the PHRU Unit at the University of the Witwatersrand developed training materials.

Three courses have been delivered to date. The general recommendation for the PMTCT course is to review it for probable delivery at the national level. The RATN secretariat is considering an experts' meeting in 2004 to deliberate on the future of this course.

Society for Women Against AIDS (SWAA)

As SWAA expands and plays an increasingly important leadership role in mitigating the epidemic and its effects throughout Africa, SWAA must recruit professionally trained people capable of translating the organizational vision, mission, and policies into an action plan that is efficient and sustainable. SWAA members and staff need

additional training to offer assistance to other organizations that require particular skills or expertise.

To support this effort AFR/SD and SARA provided financial and technical assistance to train SWAA international and national leaders to develop a work plan for 2003-2007. Representatives from 39 country chapters participated in the training, including nine executive members from regional and international offices representing eight countries. NAPWA, based in the United States and supported by SWAA executives, provided the training. The work plan aims to:

- ◆ Build on and reinforce existing institutional capacity through strategic development and expansion;
- ◆ Continue to strengthen current lines of work;
- ◆ Initiate new activities and programs to address problems still neglected or under appreciated; and
- ◆ Mobilize resources to support and expand activities and staff.

Specific focus areas identified are advocacy, resource mobilization, partnership development, monitoring and evaluation, and capacity building.

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

Dr. Kinoti guided the NAP+ regional coordinator and management team as they developed a new institutional strengthening proposal (2003-2004) funded by AFR/SD through a SARA subcontract:

- ◆ Strengthen the NAP+ secretariat, program development, and management capacity;
- ◆ Develop and implement a regional NAP+ communications strategy;
- ◆ Implement core technical programs of NAP+ (e.g., Ambassadors of Hope, training, reduction of stigma and discrimination, community involvement in care and support activities, and GIPA); and
- ◆ Develop a resource mobilization strategy to ensure sustainability of NAP+ programs.

NAP+ has submitted a draft resource mobilization strategy, a communications strategy, a report on NAP+ board orientation, and two issues of Positive Voice. This is good progress and indicates a stronger organization.

Illustrative HIV/AIDS Results

- ◆ Regional health ministers have recognized the institutional growth and leadership that has emerged at CRHCS over the period in which AFR/SD, through SARA, has made significant financial and technical contribution.
- ◆ Guidelines on roles and functions of NACs and ACPs in ECSA used by four countries in (Uganda, Kenya, Tanzania and Malawi) to develop country action plans.
- ◆ Tools for assessing impact of HIV/AIDS in Kenya and Malawi adopted by their ministries of health and used to collect quantitative and qualitative data. A country action model was developed that includes the assessment as well as dissemination and use of the findings.
- ◆ Funds were leveraged from partners (WHO, POLICY project, and MOH) for the assessment impact of HIV/AIDS on the health workforce in Kenya and Malawi.
- ◆ Preservice HIV/AIDS training content incorporated in curricula and teaching in Kenya, Lesotho, Mauritius, Seychelles, Tanzania, and Zimbabwe.
- ◆ Guidance paper on the impact of HIV/AIDS on the health workforce and white paper summarizing factors influencing demand and supply of health workforce were produced, disseminated and used by USAID missions. The Mozambique mission wrote indicating that the paper was very useful.
- ◆ Strengthened partnership with WHO, which contributed to development of toolkits for scaling up ARV treatment and VCT. These toolkits have been developed and are currently being reviewed.
- ◆ Strengthened the ICT capacity of CRHCS, leading to an improved web site that is now carrying HIV/AIDS technical information on CRHCS programs in ECSA.
- ◆ Contributed to GIPA through institutional strengthening of NAP+ coordination function at the regional office and through support of the advocacy and dissemination activities through regular publication of Positive Voice.
- ◆ With AFR/SD and SARA support, a young but vibrant private and public partnership that is responding to HIV/AIDS in Nigeria has been established that can serve as a model for similar initiatives in the region.

F Basic Education (SO 26)

SARA Advisors:

Yolande Miller-Grandvaux, Education Advisor, AED

Renuka Bery, Dissemination and Advocacy Manager, AED

At the end of FY 2002, resulting from the Agency's reorganization, the Africa Bureau consolidated its Basic Education portfolio under one mechanism. Thus, except for a few on-going activities that ended in July 2003, the SARA project ceased to engage in Basic Education activities. The SARA education advisor, Dr. Yolande Miller-Grandvaux, left the project in November 2002.

Examining the Role of NGOs in Basic Education

Following the 2002 publication of the study, *Evolving Partnerships: The Role of NGOs in Basic Education in Africa*, SARA hired a consultant to repackage the information into user-friendly policy briefs summarizing the key findings on how NGOs have become involved in the education sector: how their presence and relationships with governments and donors evolved, what implications their presence has caused for educational systems and civil society, and which contextual factors have affected NGOs' interventions. The briefs review four major areas of NGO involvement in the education sector:

1. The relationship between NGOs and government;
2. The role of NGOs in education policy;
3. The relationship between NGOs and donors; and
4. The influence of NGOs on civil society.

The packet of briefs titled *Partnerships in Education: Key Findings on the Role of NGOs in Basic Education in Africa* was produced in English and French and has been disseminated to policy makers, program managers and at conferences.

The study on the role of NGOs in South Africa was completed and SARA received the report in November 2002. Although it is a very interesting analysis on the evolution of education NGOs in South Africa, it does not fit within the parameters that were originally set for all the country specific studies. Dr. Miller-Grandvaux, now working at USAID, is seeking ways to share this information, but it will be outside SARA's mandate as the project no longer funds education activities.

Basic Education

Support to Education Research Network in West and Central Africa (ERNWACA)

The successful revitalization of this network is testament to the vision, motivation, and management expertise of this dynamic regional coordinator, Kathryn Toure, hired in 2000 to lead the network into the future.

The SARA two-year subcontract ended in June 2003. The regional coordinator's key accomplishment, whose salary and associated costs were funded from this subcontract, was to secure major funding from IDRC in Canada that will support both operational and programmatic costs for up to five years. Ms. Toure's resource mobilization efforts also involved developing proposals and following up with other donor organizations based in Europe and Africa. She has successfully secured funding for some discrete activities and has some promising leads for core future funding.

Ms. Toure continued to organize regional meetings and colloquia on educational research issues and activate chapters. She established an online newsletter in English and French that engages ERNWACA country researchers and serves to share information and highlight chapter activities. Through Ms. Toure's efforts, direction and resource mobilization, most country chapters are now active and working with governments and international partners to plan and carry out research on key issues. Although most of the FY 03 activities highlighted here were not USAID funded, this list shows the depth and breadth of the revitalized regional network.

Information, Communication, and Technology Research

In August 2002, IDRC awarded a two-year research grant to ERNWACA to study "ICT integration in West and Central African Education: case studies of pioneer schools." Five national research teams—in Benin, Cameroon, Ghana, Mali, and Senegal—were created and a methods research workshop was held in Bamako, Mali, in January 2003 under the auspices of the national ministry of education and the ministry of information in collaboration with the University of Montreal. With input from a ministry of education focal person and oversight from the national scientific committee for the project, each team is currently selecting eight pioneer schools for the study, using criteria defined at the workshop, and will visit all schools before the end of the 2003-2004 academic year. Findings will be available in 2005.

Development of Handbook on Action Research

In response to the need for research to better support qualitative educational change, ERNWACA is developing a handbook on action research. Researchers and education practitioners from Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger and Togo participated in a Writers' Workshop in Ouagadougou, Burkina Faso in November 2002 to launch the development of the handbook. The Burkina Faso Minister of Elementary Education and Literacy, the key note speaker, explained how the ERNWACA initiative will contribute to building national and regional capacity in education research. ERNWACA organized the workshop in collaboration with the Paul-Gerin-Lajoie Interuniversity Center for international development in education, University of Quebec at Montreal.

HIV/AIDS Impact on Information Exchange Clearinghouse

In January 2003, ERNWACA and the International Institute for Educational Planning (IIEP/UNESCO, Paris) hosted a workshop in Accra, Ghana to launch a partnership involving the exchange of information among five ERNWACA member countries (Burkina Faso, Cameroon, Cote d'Ivoire, Ghana and Senegal) and the HIV/AIDS Impact on Education Clearinghouse. The Clearinghouse supports the implementation of effective strategies against HIV/AIDS in the education sector by providing information to ministries, research institutes, NGOs and development agencies. It is an interactive Web site where members can download studies and reports on impact and response, link to other related Web resources, and participate in discussions. ERNWACA and IDRC organized a regional workshop in Bamako on education and new technologies. Researchers and policymakers from Benin, Ghana, Mali, and Senegal identified research topics that will help educationalists better understand the role of computers, Internet, and other new technologies in African schools and how these technologies influence teaching and learning.

ERNWACA Participation in Regional Meetings and Symposia

Coordinators from ERNWACA national chapters represented ERNWACA at several different meetings and symposia in 2003. The following is an illustrative list but serves to show that ERNWACA is becoming known in the region and throughout Africa:

- ◆ ADEA Working Group on Non-Formal Education, Ouagadougou, May 2003
- ◆ ADEA Working Group on Education Sector Analysis Cotonou, February 2003
- ◆ International Network for Francophone Teacher Development Institutions (RIFEFF) founding meeting, at the Agence Universitaire de la Francophonie (AUF) Paris, October 2002

G. Crosscutting Issues

Monitoring and Evaluation Activities

Data Quality Assessment of AFR/SD Indicators

As part of the Government Performance Reporting Act (1993), USAID reports to Congress on its program performance every year. To ensure that AFR/SD meets Agency guidance on the quality of annual report indicators, SARA was asked toward the end of last year to assist with an assessment of AFR/SD population, health, and nutrition and basic education indicators reported in the annual report. The SARA project contracted the services of Suzanne McLees to conduct the data quality assessment under the guidance of Subhi Mehdi of AFR/SD and Dr. Duale of the SARA project. The assessment was completed, and the report was delivered to AFR/SD this year.

SARA II Midterm Self-Assessment

SARA staff led by Martita Marx, a consultant, conducted a midterm self-assessment/review of the SARA II project this year. Information was gathered by SARA staff through document review, key informant interviews, and group discussions during the Spring and early Summer of 2003. The primary focus of the information gathering was on results and lessons learned in technical program areas (strategic objectives); work with African institutions; dissemination and advocacy; and the relationship between AFR/SD and SARA and with USAID field offices. The full report and annexes were presented and discussed with AFR/SD.

Technical Support to USAID West Africa Regional Program (WARP)

Sambe Duale and Suzanne Prysor-Jones joined consultant Alain Bajec and Willibrord Shasha of USAID/WARP/FHA for a joint INSAH-USAID review of CERPOD in Bamako, Mali. The purpose of the desk review of CERPOD's mandate, program, structure, and performance in past years was to provide an appropriate framework for negotiating a new grant for CERPOD within the context of the USAID West Africa Regional Program (WARP) health project.

Public Health Training Capacity in Africa

A major and largely neglected barrier to the effective use of new resources and achieving the targeted reductions in disease burden in Africa is the limited capacity of African health workforce, particularly at the middle and senior management levels, who are responsible for envisioning, planning and overseeing the delivery of solutions to these health problems. SARA staff have participated in meetings and

Crosscutting Issues

electronic consultations to explore ways to assist in building capacity of African schools of public health. The consultations centered around initiatives such as AfriHealth, a small project managed by the University of Pretoria and overseen by a group of volunteer public health professionals. AfriHealth started with a one-time grant from the Rockefeller Foundation to map public health capacity in and for Africa; assess technology-supported distance learning capacity in public health in and for Africa; and explore opportunities for network development and dissemination of information acquired by the project.

USAID has expressed interest in exploring ways to link U.S. and African schools of public health. Dr. Duale facilitated informal discussions on public health workforce training in Africa between USAID and AfriHealth representatives. SARA plans to work with AfriHealth to organize a consultative meeting next year to get African perspectives on ways to strengthen public health training capacity in Africa.

Technical Support to AFR/SD on Epidemic Preparedness and Response and Transition Initiatives

At the invitation of the USAID-funded SANRU III project in the Democratic Republic of the Congo (DRC), Dr. Sambe Duale participated as one of the keynote speakers of the “Colloque National SANRU 2003—Rebâtissons les Soins de Santé Primaires en République Démocratique du Congo” (National Conference on Rebuilding Primary Health Care [PHC] in DRC), August 2003 in Kinshasa. The first day was devoted to the overall theme. Succeeding days were devoted to subthemes, such as community-based approaches, improved management of the health care systems, and integrated approaches. Dr. Duale presented the keynote address on the third day on the importance of system support components like health planning, financial management, generation and use of reliable information, training/supervision in rebuilding PHC in Congo. While in Kinshasa, Dr. Duale facilitated discussions between USAID, WHO, Kinshasa School of Public Health, and MOH on how to coordinate efforts to scale-up the implementation of the integrated disease surveillance strategy (IDSR). DRC is a joint WHO-USAID focus country for IDSR implementation.

National Health Accounts

Oscar Picazo assisted the PHR+ project, WHO/AFRO, and other stakeholders in planning and launching the Francophone West Africa National Health Accounts (NHA) Network in January 2003.

He assisted the task manager of the World Bank by reviewing government tender materials for the funding of the Burkina Faso NHA technical assistance. He also assisted in finalizing the terms of reference for the World Bank's funding of the exercise.

He conducted a teleconference with the Swedish International Development Agency (Anders Anell) to determine whether the Government of Sweden could provide a direct trust fund to the World Bank for NHA work, instead of using project funds—an onerous and time-consuming process.

Mr. Picazo exchanged ideas through e-mail with CRHCS and WHO/AFRO for the potential use of additional NHA funds from the U.K. Department for International Development.

Oscar Picazo participated as discussant in the Third Global NHA Conference in San Francisco in June 2003. As part of the Africa Panel Session, he presented a slide presentation on the challenges facing NHA estimation under new global funding modalities. He also reviewed and wrote relevant sections of the Policy Briefs on NHA that the PHR+ project circulated during the conference.

H. Management

SARA operations staff:

Joseph Coblenz, Operations Manager
Jose Molina, Program Officer for Operations
Jessica Lowden, Program Assistant for Operations
Etsegenet Nigussie/Margarita Torres, Financial Manager (1/2 time)

Ongoing SARA Management Activities

SARA operations staff continues to provide support to AFR/SD and SARA activities in the areas of travel and meeting logistics, daily liaison between SARA staff and AED's Accounting, Contracts, Human Resources and Billing Departments, 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. In addition, the operations manager assists the project director in ensuring appropriate responses to strategic issues raised in project implementation and compliance with the contract.

Overall Operations

SARA operations staff processed the following this year:

- ◆ 75 CTO letters;
- ◆ 10 purchase orders with U.S., Canadian, and African organizations and firms;
- ◆ 12 consultants who provided about 14 person-months of short-term technical assistance;
- ◆ Travel of 27 staff, consultants, and African meeting participants;
- ◆ Periodic requests from AFR/SD for funding committed under various strategic objectives and other earmarks; and
- ◆ Quarterly pipelines for AFR/SD in response to USAID/Office of Procurement requests as monitoring tool for drawdown on obligations.

This was a productive year for operations staff. Staff was stable with no change in personnel. As a result of this support, all processes were carried out on time and with maximum efficiency. This year, it was possible for the operations manager to delegate certain tasks to the program officer for operations and the program assistant, such that a new, more balanced distribution of tasks occurred. This, in turn, allowed operations staff to improve further on tracking systems. Finally, a smooth transition between one financial manager to another enabled SARA operations staff to enhance financial reporting and tracking systems as SARA approached its final year.

Management

Project Reporting

SARA operations staff continued its timely submission of quarterly progress and financial reports. In addition, as reported above, the operations manager improved on the tracking system for expenditures by strategic objective and reported a report at three months and again at nine months.

Development of Subcontracts

During the third project year, the Tulane, PRB, NAP+, JHPIEGO, CERPOD and CRHCS subcontracts continued. Operations team support consisted of ensuring that invoices, requests for approval of consultants, and progress and financial reports were submitted and circulated to the right AED staff for comment and follow-up. Operations staff also facilitated an additional funding obligation to CRHCS and work plan revision for both CERPOD and CRHCS during the year. Operations staff assisted NAP+ in concluding its subcontract by facilitating reporting and final payments.

With respect to African institutions, in addition to the long-term subcontracts with NAP+, CERPOD, and CRHCS, SARA negotiated small subcontracts with the WAHO, CEFORP, RESAR, RCQHC, RATN, the Human Sciences Research Centre (HSRC) of South Africa, and the ECSA College of Nursing (ECSACON). SARA also continues to support ongoing work with HealthScope Tanzania, Ltd., as it concludes its subcontract.

Other SARA Operations Highlights

SARA operations staff also carried out the following additional activities:

- ◆ Developed and provided administrative orientation to new staff;
- ◆ Provided specific guidance to African institutions on how to meet USAID and AED administrative and contractual requirements;
- ◆ Assisted AFR/SD in preparing for eight SARA management meetings; and
- ◆ Assisted the AED contracts department in finalizing scopes of work and budgets for new subcontracts and revised scopes of work for a few older ones.

Conclusion

SARA operations staff continues to keep up with project travel and meeting logistical requirements, report regularly, monitor expenditures and project future expenditures. In the last two years of the project, operations staff hopes to document some of the lessons learned from the experience in monitoring a complex project for future.

Appendix A

Dissemination/Publications List

Dissemination/Publications List

SARA II Project Publications (Year 4)

Basic Education

Partnerships in Education: Key Findings on the Role of NGOs in Basic Education in Africa

USAID/AFR/SD and SARA/AED (January 2003).

Partenariats en éducation: Résultats de l'étude sur le rôle des ONG en éducation de base en Afrique

USAID/AFR/SD and AED/SARA (January 2003).

Child Survival

Malaria and Infectious Diseases

Integrated Disease Surveillance and Response: Policy Briefs (Burkina Faso, Ethiopia, Ghana, Mali, Southern Sudan, and Uganda)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (August 2003).

La Surveillance intégrée et riposte contre les épidémies (Burkina Faso, Ethiopie, Ghana, Mali, Ouganda et Sud-Soudan)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (August 2003).

Implementing an Integrated Disease Surveillance and Response in Burkina Faso (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

L'Implémentation de la Surveillance et Réponse Intégré de la Maladie au Burkina Faso (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Implementing an Integrated Disease Surveillance and Response in Mali (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Appendix A—Dissemination/Publications List

L'Implémentation de la Surveillance et Réponse Intégré de la Maladie au Mali (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Implementing an Integrated Disease Surveillance and Response in Ghana (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Implementing an Integrated Disease Surveillance and Response in Ethiopia (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Implementing an Early Warning and Response System for Epidemics in Southern Sudan (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

Implementing an Integrated Disease Surveillance and Response in Uganda (Draft)

USAID/AFR/SD; SARA/AED; World Health Organization; U.S. Centers for Disease Control and Prevention; United Nations Foundation (May 2003).

General Child Health

The Health Sector Human Resource Crisis in Africa: An Issues Paper

Jenny Huddart and Oscar Picazo, SARA/AED and USAID/AFR/SD (February 2003).

Inventory of Private Health Practitioners in Luwero, Ntungamo, and Rakai Districts

Dr. Rosette Kesande, Ministry of Health, Integrated Management of Childhood Illness (IMCI) Unit and Malaria Control Program, Republic of Uganda; SARA/AED; USAID/AFR/SD. Kampala, Uganda (August 2002).

National Strategy for Utilizing the Potential of Private Practitioners in Child Survival

Ministry of Health, Integrated Management of Childhood Illness (IMCI) Unit and Malaria Control Program, Republic of Uganda; SARA/AED; USAID/AFR/SD. Kampala, Uganda (August 2002).

Reproductive Health and Family Planning

Reproductive Health Portfolio 1996-2002 [CD ROM]

USAID/AFR/SD; Population Leadership Program, Public Health Institute; SARA/AED (March 2003).

HIV/AIDS

HIV/AIDS—A Humanitarian and Development Crisis: Addressing the Challenges for PVOs & NGOs in Africa, Conference Report

USAID/AFR/SD; SARA/AED (February 2003).

Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa

USAID/AFR/SD; SARA/AED; The Mitchell Group (April 2003).

Crosscutting

Lives at Risk: Malaria and Pregnancy (Revised 2nd edition)

Roll Back Malaria, Malaria in Pregnancy Working Group; USAID/AFR/SD; SARA/AED (July 2003).

Malaria, Nutrition, and HIV/AIDS: Selected Materials for the Sullivan Summit, Abuja, Nigeria, July 2003 [CD-ROM]

USAID/AFR/SD; SARA/AED (June 2003).

HIV Infant Feeding Counseling Tools (Draft)

World Health Organization; USAID/AFR/SD; SARA/AED (June 2003.)

SARA II Annual Report: Project Year 3 (FY 2002)

SARA/AED; USAID/AFR/SD (March 2003).

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

Anne LaFond, Eckhard Kleinau, Lonna Shafritz, Suzanne Prysor-Jones, Fara Mbodj, Baba Traore, Etienne Demele, Mouhamadou Gueye, Mountaga Bouaré, Christine Sow, Projet majeur population/développement (CERPOD), Institut du Sahel, Bamako, Mali; SARA/AED (May 2003).

Appendix A—Dissemination/Publications List

SARA FY2003 Trip Reports

Consultative Meeting on Human Capacity and Development and HIV/AIDS. London, United Kingdom. October 1-2, 2002. Oscar Picazo.

WHO Regional Reproductive Health Task Force Meeting. Nairobi, Kenya. October 21-25, 2002. Holley Stewart and Suzanne Prysor-Jones.

Joint Planning of Collaborative Activities for the Period FY2003 by SARA, REDSO/ESA and CRHCS/ECSA. Nairobi, Kenya. October 28 – November 1, 2002. Stephen Kinoti, Suzanne Prysor-Jones and Holley Stewart.

WHO/AFRO's Communication and Social Mobilization Advisory Meeting and Integrated Disease Surveillance and Response (IDSR) Documentation Activity. Harare, Zimbabwe. November 2-11, 2002. Antonia Wolff.

Participation in WHO Activities on to Nutrition and HIV/AIDS and Technical Support to ZVITAMBO. Geneva, Switzerland and Harare, Zimbabwe. November 2-19, 2002. Ellen Pivoz.

Technical Consultations with WHO/AFRO to Prepare Regional Policy Guidelines for Policy Makers on the Provision of Nutrition Care and Support for Persons Living with HIV/AIDS. Harare, Zimbabwe. November 4-15, 2002. Kinday Samba Ndure.

Technical Assistance for TB and Gender Study. Dar es Salaam and Arusha, Tanzania. November 7-23, 2002. Nancy Nachbar.

The 3^d MIM Pan-African Malaria Conference and other Health Meetings in Arusha, Tanzania, November 11-22, 2002. Arusha, Tanzania. November 11-22, 2002. Sambe Duale.

Meeting of NACs and ACPs in ECSA, HAPAC Meeting, and 36th ECSA Health Ministers Conference. Kampala and Entebbe, Uganda. November 13-22, 2002. Stephen Kinoti.

Society for African Gyneacologists and Obstetricians Conference. Bamako, Mali. January 12-18, 2003. Holley Stewart.

Draft Guidelines for Conducting Negotiation Sessions to Improve Private Practitioner Practices. Kampala, Uganda and Harare, Zimbabwe. January 17-29, 2003. Youssef Tawfik.

Appendix A—Dissemination/Publications List

Analytic Review of the Integrated Management of Childhood Illness (IMCI). Geneva, Switzerland. February 3-7, 2003. Oscar Picazo.

Technical consultations with BASICS II WARO Nutrition Staff to follow-up on activities within the BASICS/SARA Regional Nutrition Agenda. Dakar, Senegal. February 17-21, 2003. Kinday Samba.

Support to West African Partners. Ouagadougou, Burkina Faso, Bamako, Mali, and Cap Malheureux, Mauritius. March 1-23, 2003. Holley Stewart.

ECSA Health Community HIV/AIDS Activities. Port Louis, Mauritius. March 17-24, 2003. Stephen Kinoti.

Analysis of ZVITAMBO Trial on HIV and Infant Feeding. Harare, Zimbabwe. May 2-10 and May 16-24, 2003. Ellen Piwoz.

Participation in WHO Technical Meetings on HIV and Nutrition. May 11-15, 2003. Geneva, Switzerland. Ellen Piwoz.

A Review of the INSAH Major Program on Population and Development (CERPOD). Bamako, Mali. May 11-24, 2003. Sambe Duale and Suzanne Prysor-Jones.

World Bank Institute Flagship Course on Financing Health Services for the Poor in Africa. Cape Town, South Africa. June 2-7, 2003. Oscar Picazo.

NGO/PVO Workshop on Malaria Prevention and Control in African French-speaking Countries. Bamako, Mali. June 20-28, 2003. Sambe Duale.

A Public Health Approach for Scaling-up ARV Treatment: A Toolkit for Program Managers, Implementers and their Partners in the Public and Private Sectors. Geneva, Switzerland. June 23-27, 2003. Stephen Kinoti.

Impact of HIV/AIDS on Health Workforce in Kenya and Malawi. Malawi. June 29 – July 2, 2003. Stephen Kinoti.

Support to West African Partners. Bobo-Dioulassou and Ouagadougou, Burkina Faso; Dakar, Senegal. June 29 – July 9, 2003. Holley Stewart.

Facilitation of Training of Trainers Workshop for the Integration of Nutrition Approaches and Tools into the Training Curricula of the National Centre for Ecole de Formation de Maferinya, Republic of Guinea. Conakry, Guinea. June 30 – July 3, 2003. Kinday Samba.

Appendix A—Dissemination/Publications List

SADC HIV/AIDS Summit. Maseru, Lesotho. July 1-4, 2003. Stephen Kinoti.

Collaboration between USAID, WHO/AFRO, REDSO/ESA, Southern Africa Regional HIV/AIDS Program, SADC Secretariat and HEARD.

Maseru, Lesotho. July 3, 2003. Stephen Kinoti.

The Sixth Leon H. Sullivan Summit, Abuja, Nigeria. Abuja, Nigeria. July 11-18, 2003. Samba Duale.

The Directors' Joint Consultative Committee (DJCC) Meeting on Strengthening Human Resource Capacity for Effective Health Systems in East, Central and Southern Africa. Arusha, Tanzania. July 22-25, 2003. Stephen Kinoti.

Expert Working Meeting to Review Findings and Program Implications of the Pilot Study on Tuberculosis and Gender. Arusha, Tanzania. August 10-16, 2003. Samba Duale.

National SANRU 2003 Conference on Rebuilding Health Systems in D.R. Congo. Kinshasa, D.R. Congo. August 18 – September 3, 2003. Samba Duale.

Testing and Counseling Toolkit Consultation. Geneva, Switzerland. September 8-10, 2003. Stephen Kinoti.

Participation at the 8th Annual Nutrition Forum of Nutrition Focal Points from Member States of ECOWAS. Conakry, Guinea. September 11-20, 2003. Kinday Samba.

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								
1. Issues identification and discussion meetings	3	5	3	2	3	8	3	6	3		15	21
2. Consultative group meetings held	4	7	4	6	4	5	4	10	4		20	28
B. Dissemination and Advocacy												
1. Major documents or technical reports (30-100 pages) published	6	6	6	12	6	12	6	4	6		30	34
2. Special bulletins, brochures and packets produced for target groups	10	22	10	13	10	6	10	8	10		50	49
3. Number of documents that are translated into second languages		19		10		5		8				42
C. African Partnerships and Capacity Building												
1. Number of African organizations/ networks with whom SARA has undertaken major collaborative research, analysis, and/or dissemination and advocacy activities in support of AFR/SD/HRD SOs	2	8	2	16	1	0	0	4	0		5	28
2. Number of functioning partnerships established between U.S. private institutions and African organizations	0	1	1	0	2	2	0	2	0		3	5
D. Monitoring and Evaluation												
1. Annual work plan developed on time	Yes		N/A	N/A								
2. System established for tracking SARA activities, LOE and expenditures	Yes	Yes	N/A		N/A		N/A		N/A		N/A	N/A
3. Quarterly performance monitoring reports prepared (Last quarter is part of annual report.)	3	3	3	3	3	3	3	3	3		15	12
4. Annual report produced and distributed to USAID	Yes		N/A	N/A								
5. Technical support provided for developing and maintaining the AFR/SD/HRD monitoring and tracking system	Yes		N/A	N/A								

List of Deliverables over the Life of the Project

Issues Identification and Discussion Meetings (approximately 15)

1)	Electronic Networking in ECSA (CRHCS meeting)	The Seychelles	Oct. 1999
2)	Behavior Change for Child Survival: lessons learned and best practices (a joint SARA/CHANGE meeting)	Washington, DC	Feb. 2000
3)	WHO/AFRO Health Systems Research for HIV/AIDS	Pretoria, S.A.	Mar. 2000
4)	Education in Countries in Crisis (AFR/SD meeting)	Washington, DC	Mar. 2000
5)	Nutrition in Africa Cooperating Agencies (AFR/SD meeting)	Washington, DC	July 2000
6)	Multi-donor meeting on research on the new role of NGOs in basic education in Africa	Washington, DC	Jan. 2001
7)	Education in Countries in Crisis	Washington, DC	Sep. 2001
8)	Advance Africa Meeting on Best Practices	Washington, DC	Oct. 2001
9)	Issues in Maternal Mortality Measurement	Washington, DC	Dec. 2001
10)	Postabortion Care in West Africa	Dakar, Senegal	Mar. 2002
11)	Nutrition Care and Support Satellite Workshop	Barcelona, Spain	Jul. 2002

12)	Preconference Satellite Session on HCD	Barcelona, Spain	Jul. 2002
13)	ARV Issues at CRHCS/ECSA DJCC	Arusha, Tanzania	Jul. 2002
14)	IYF Meeting on HIV/AIDS	Nairobi, Kenya	Aug. 2002
15)	Alternative Education Track of Basic Education Exchange	Addis Ababa, Ethiopia	Sept. 2002
16)	Nutrition Advocacy	Accra, Ghana	Nov. 2002
17)	Best Practices in Maternal and Neonatal Health	Ougadougou, Burkina Faso	March 2003
18)	HAPEC Meetings	Mauritius Arusha, Tanzania	March 2003 July 2003
19)	Models of Care and Treatment in Africa	Washington, DC	June 2003
20)	Sullivan Summit (Malaria, Nutrition, and HIV)	Abuja, Nigeria	July 2003
21)	Regional HIV/AIDS Policy Advisory Committee Meeting	Arusha, Tanzania	July 2003

Consultative Meetings (approximately 20)

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

11) Maternal-to-child transmission of HIV	Washington, DC	June 2001
12) Malaria USAID Strategy Meeting	Washington, DC	Sep. 2001
13) West Africa Nutrition Focal Points Meeting	Accra, Ghana	Sep. 2001
14) USAID Debriefing of Findings from PMTCT conference in Kampala, Uganda	Washington, DC	Oct. 2001
15) IMCI Interagency Working Group Meeting	Washington, DC	Nov. 2001
16) NGO and Education Advisory Group Meeting	Washington, DC	Jan. 2002
17) Multisectoral Approaches to HIV/AIDS	Washington, DC	Mar. 2002
18) WAHO Meeting on HIV/AIDS in ECOWAS Armed Forces	Bamako, Mali	Apr. 2002
19) PVO Multisectoral Meeting	Washington, DC	Oct. 2002
20) Consultation with National AIDS Councils and National AIDS Control Programs facilitated by HAPAC to clarify roles and functions of each group	Kampala, Uganda	Nov. 2002
21) Integrating PMTCT into Reproductive Health Services	Mauritius	March 2003
22) Regional NGO Meeting on Malaria (CORE)	Bamako, Mali	June 2003
23) Integrating Nutrition Tools into Preservice Training	Conakry, Guinea	June 2003
24) Private Practitioners for Child Health	Washington, DC	July 2003
25) DJCC (Strengthening Human Resources for Health)	Arusha, Tanzania	July 2003

26) WAHO Regional Maternal and Perinatal Strategy Framework Meeting	Bobo-Dioulasso, Burkina Faso	July 2003
27) TB and Gender Study Meeting	Arusha, Tanzania	August 2003
28) Nutrition Focal Points Meeting	Conakry, Guinea	Sept. 2003

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

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

12) Prevention of Mother-to-Child Transmission of HIV in Africa: Practical Guidance for Programs	June 2001*
13) CEFOREP Etude de Cas, Benin	June 2001
14) CEFOREP Etude de Cas, Mali	June 2001
15) CEFOREP Etude de Cas, Burkina Faso	June 2001
16) CEFOREP Etude de Cas, Senegal	June 2001
17) Early Breastfeeding Cessation as an Option for Reducing Postnatal Transmission of HIV in Africa: Issues, Risks and Challenges	Aug. 2001
18) Using Data to Improve Service Delivery: A Self-Evaluation Approach	Sep. 2001*
19) Qualitative Research for Improved Health Programs	Nov. 2001*
20) Le role des ong dans l'education de base au Mali	Dec. 2001
21) A Transnational View of Basic Education	Jan. 2002*
22) USAID-DHHS Partnership for Health Review	Jan. 2002
23) Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival	Feb. 2002*
24) USAID/DFID Review of IMCI in the African Region	Feb. 2002
25) A Literature Review of Community Schools in Africa	Mar. 2002

* indicates translated into French

** indicates translated into French and Portuguese

26) The Changing Roles of Non-Governmental Organizations in Education in Malawi	Mar. 2002
27) Guide for Improving Health Policy Development and Monitoring	Mar. 2002
28) A Guide to Research on Care-Seeking for Childhood Malaria	Apr. 2002
29) Evolving Partnerships: NGOs in Education	Jul. 2002
30) Meeting Report—The 2nd Multisectoral Meeting on Rethinking HIV/AIDS and Development: A Review of USAID’s Progress in Africa	Oct. 2002
31) The Health Sector Human Resource Crisis in Africa: An Issues Paper	Feb. 2003
32) HIV/AIDS—A Humanitarian and Development Crisis: Addressing the Challenges for PVOs and NGOs in Africa, Conference Report	Apr. 2003
33) Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa	Apr. 2003
34) Implementing an Integrated Disease Surveillance and Response in Mali (Draft)	May 2003*

* indicates translated into French

** indicates translated into French and Portuguese

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

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

* indicates translated into French

** indicates translated into French and Portuguese

Information Synthesized and Repackaged (continued)

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 List	May 2000
18) Saving Children's Lives: The Economic Rationale for IMCI	May 2000*
19) Durban Summary on MTCT	July 2000
20) Reducing the Threat of Infectious Diseases in Africa: Highlights from 1999	Aug. 2000
21) Lives at Risk: Malaria and Pregnancy	Sep. 2000**
22) Investments in Education	Sep. 2000
23) News to Save Lives (Malaria and Pregnancy Press Kit)	Mar. 2001*
24) MAQ Bulletin—Francophone MAQ Subcommittee Newsletter	Mar. 2001*
25) Candlelight Memorial E-note	Apr. 2001
26) Immunization E-note	Apr. 2001

* indicates translated into French

** indicates translated into French and Portuguese

Information Synthesized and Repackaged (continued)

27) HIV and Nutrition Brief—East Africa	Aug. 2001
28) HIV and Nutrition Brief—West Africa	Aug. 2001*
29) Reproductive Health Briefing Packet	Aug. 2001*
30) REDUCE E-note	Aug. 2001
31) Women’s Nutrition and HIV/AIDS in West Africa	Aug. 2001*
32) OVC Newsletter Issue 1	Sep. 2001
33) OVC Packet	Sep. 2001
34) REDUCE Brochure (revised)	Sep. 2001
35) ALIVE Brochure	Sep. 2001
36) Kampala MTCT Debriefing	Oct. 2001
37) Case Study on CRHCS/SARA Information Dissemination Center	Feb. 2002
38) West Africa Nutrition Briefs—Linking Multiple Sectors	Jun. 2002*

* indicates translated into French

** indicates translated into French and Portuguese

Information Synthesized and Repackaged (continued)

39) SANA Impact Reviews	Jul. 2002
40) Laboratory Methods for the Diagnosis of Epidemic Dysentery, Cholera & Meningitis [CD-ROM]	May 2002*
41) HIV/AIDS Multisectoral Toolkits [CD-ROM]	Jun. 2002
42) PVO Multisectoral Conference Materials	Oct. 2003
43) AGOA Conference Packets	Jan. 2003
44) Repositioning Family Planning Brief	Jan. 2003*
45) Partnerships in Education Packets	Jan. 2003*
46) RH Portfolio, 1996-2002 [CD-ROM]	Mar. 2003
47) Malaria, Nutrition, and HIV/AIDS: Selected Materials for the Sullivan Summit	Jul. 2003
48) Revised MIP brochure	Jul. 2003*
49) IDSR Policy Briefs	Aug. 2003*

* indicates translated into French

** indicates translated into French and Portuguese

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

Bolytrade	1.	April 15-December 15, 2000 (\$13,611)
CEDHA	2.	January 22-February 28, 2001 (\$4,526.33)
CEFOREP	3.	December 16, 1999-August 31, 2000 (\$27,974)
	4.	March 3-May 15, 2001 (\$2,975)
	5.	January 6-February 28, 2003 (\$4,600)
	6.	March 1-April 15, 2003 (\$3,100)
CERPOD	7.	January 17-August 15, 2000 (\$17,520)
	8.	January 15, 2001-July 13, 2002 (\$187,666)
CRHCS	9.	February 7-March 15, 2000 (\$32,000)
	10.	March 27-April 15, 2000 (\$13,147)
	11.	November 27-December 15, 2000 (\$13,707)
	12.	February 1, 2001-June 30, 2004 (\$700,486)
ERNWACA	13.	September 25-November 24, 2000 (\$2,139)
	14.	April 2-June 30, 2001 (\$7,765)
	15.	August 1, 2001-July 31, 2003 (\$189,965)
HealthScope	16.	January 1-April 15, 2001 (\$14,016)
	17.	July 2-December 31, 2001 (\$64,773)
NAP+	18.	July 11, 2001-July 10, 2002 (\$60,000)
	19.	January 22-February 28, 2001 (\$35,336)
	20.	January 1-December 31, 2003 (\$68,000)
OCCGE	21.	September 20-30, 2000 (\$14,520)
Regional Centre for Quality of Health Care (RCQHC), Makerere University	22.	July 1-August 31, 2000 (\$27,364)
SAGO	23.	May 29-July 30, 2000 (\$19,760)
SOGO B	24.	November 13, 2000-January 31, 2001 (\$12,585)
SWAA	25.	March 12-May 31, 2001 (\$13,340)
	26.	June 5-October 31, 2003 (\$74,371)
WAHO	27.	March 1-April 30, 2001 (\$11,435)
	28.	August 13-September 15, 2001 (\$7,757)

Appendix C

Subcontractors' Activities

Long Term Subcontractors’ Activities

Tulane University

In general, Tulane continued to provide overall research and technical assistance oversight through key personnel Dr. Sambe Duale, senior research manager and infectious diseases specialist. In addition, again through him, Tulane provided on-going assistance to AFR/SD in the areas of malaria, infectious diseases, emerging threats and crisis response, as well as HIV/AIDS, the latter in collaboration with the SARA HIV/AIDS advisor. This includes Dr. Duale’s participation in the AFR/SD infectious diseases and malaria core groups, and his as-needed technical support to other SO 19 and 21 core groups. Finally, Dr. Duale also oversaw SARA’s monitoring and evaluation activities.

Dr. Sambe Duale

In early 2003, Dr. Duale oversaw the SARA self-assessment/mid-term review. Under his direction, the consultant documented SARA’s strengths and weaknesses in the six core functions of the SARA. The exercise also reviewed critical issues facing SARA in the context of USAID’s re-organization and recommended optimal program focus and management for the next two years of the contract.

In March 2003, Dr. Duale participated in, and guided the work of a consultant who was part of a joint WHO, UNICEF, USAID and MOH team to develop an Expanded Program of Immunization (EPI) 5-year strategy for Angola. USAID/Angola had asked AFR/SD to support a technical advisor to be part of the international review team. At AFR/SD’s request, SARA provided a consultant. As a team member, her job was to look at the EPI program from the perspective of financial sustainability planning and systems strengthening. The other team members provided the skills for logistics and technical interventions. This consultant’s contribution was critical to the success of the overall effort.

Dr. Duale also participated in the Global Consultation on Strengthening National Capacities for Surveillance and Response to Communicable Diseases’ Meeting, March 26 – 28, 2003, in Geneva, Switzerland. The consultation’s objectives were to:

- ◆ Share experiences, lessons learned, challenges and constraints, advantages and disadvantages of different approaches to national surveillance and response systems strengthening;
- ◆ Identify areas of synergy and potential collaboration between programs for strengthening national surveillance and response/control capacity; and
- ◆ Define elements of a common framework for strengthening national capacity for surveillance and response/control and recommend steps, roles and responsibilities in taking this forward.

Appendix C—Subcontractors’ Activities

Dr. Duale provided a report that summarized the outcomes of the meeting and discussed the next steps and recommendations for consideration by SARA and AFR/SD for future activities with WHO/AFRO and other partners in support of IDSR in Africa.

The 6th Sullivan Summit, held in Abuja, Nigeria, July 14-19, 2003, was a high-profile event bringing together African-American and African leaders in collaboration on social and economic development efforts. Dr. Duale attended and worked to ensure that key AFR/SD issues were on the agenda, and assisted USAID staff in preparing for several workshops.

Later in the year, Dr. Duale provided support to the review and dissemination of findings of the pilot study on Tuberculosis and Gender in Tanzania. This work was carried out by HealthScope Tanzania, Ltd., over the past 2 years with Dr. Duale’s guidance, and this activity involved dissemination of the findings. He worked with Dr. Ominde Achola and colleagues at CRHCS to plan and organize the Arusha meeting at which the findings were disseminated and wrote a report that was helpful to SARA in defining next steps.

In August 2003, Dr. Duale participated in the “Colloque National sur les Soins de Sante Primaires en Milieu Rural (SANRU 2003)” in Kinshasa, the Democratic Republic of Congo. He had been invited since this was the first national colloquium of SANRU since the DRC was reunified and he was one of the last directors before civil unrest and open rebellion began. His report summarized the outcomes of the conference and discussed priority issues of regional relevance to rebuilding national primary health care systems in an African post –conflict setting for consideration by SARA and AFR/SD for future activities in African countries getting out of crises.

Population Reference Bureau

PRB continued to provide on-going oversight of technical assistance activities to AFR/SD and African institutions in reproductive and maternal health. This included participation in the AFR/SD reproductive health and maternal health core groups. PRB’s work under their subcontract was carried out, either directly or coordinated by the SARA Reproductive Health Advisor, Ms. Holley Stewart, who has been serving in this capacity since September 2002.

Ms. Stewart, along with Dr. Rhonda Smith of the PRB main office, continued to foster the development, field-testing and enhancement of the REDUCE model of advocating for maternal health. SARA also continued to leverage non-SARA funds to continue this work under contracts with other donors. The Advisors provided technical expertise as needed, particularly in working with CEFORP so that it

would become a leader in the adaptation of the REDUCE and ALIVE models to various countries.

In January 2003, Ms. Stewart attended the African Association of Gynecology and Obstetrics (SAGO)’s biannual conference in Bamako, Mali. She attended both the conference and satellites on post abortion care and adolescent reproductive health. She also met with Dr. Mathias Yaméogo, the MNH program technical advisor in Burkina Faso, and Blami Dao, the WAHO consultant, to discuss the MNH workshop of March 2003, finalize the agenda and list of participants and discuss follow-up actions. Finally, she carried out a program monitoring visit to CERPOD while in Bamako, whose subcontract with the SARA Project has a substantial reproductive health dissemination component. Her trip report was very helpful in shaping elements of the SO 20 agenda upon her return.

Ms. Stewart also worked with CEFOREP in carrying out their part of the SAGO meeting and other activities under subcontracts with SARA to help build CEFOREP’s capacity in promoting post-abortion care and other reproductive health issues in West Africa.

In March 2003, Ms. Stewart traveled to provide technical assistance to a number of initiatives. First, she provided technical assistance to WAHO during the maternal and neonate health workshop (MNH) workshop between March 2 and March 8, 2003, in Ouagadougou, Burkina Faso. She then traveled to Bamako, Mali, to meet with CERPOD and CAREF to hold a consultative meeting on the proposed adolescent reproductive health activity and confirm a memorandum of understanding among SARA, CERPOD and CAREF to move forward on this activity. However, this latter activity never was completed because of circumstances beyond Ms. Stewart’s control. She then traveled to Arusha, Tanzania, to work through March 15, 2003, with the East, Central and Southern Health Community Secretariat’s (ECSAHCS - formerly CRHCS) reproductive health coordinator to prepare for its Joint Meeting of the Family and Reproductive Health Programme Steering Committee and the HIV/AIDS Programme Expert Committee Meeting. She would work on various presentations (monitoring of maternal health advocacy activities, ECSAHCS’s reproductive health strategy and repositioning family planning). Ms. Stewart’s report kept AFR/SD and SARA informed of all these important Africa-based activities.

In June, Ms. Stewart traveled to West Africa to support the West African Health Organization (WAHO) to develop a sub-regional strategy for reducing maternal and perinatal mortality in West Africa; and to provide technical assistance to work planning by CEFOREP to advance the Francophone Post-Abortion Care (PAC) initiative of which CEFOREP would be the leader in FY 04. Her report was helpful to both organizations in formulating their strategies and defining next steps.

Appendix C—Subcontractors' Activities

In August 2003, Ms. Stewart carried out a review of adolescent reproductive health programs in the CILSS region in collaboration with CERPOD. Working with a consultant, Ms. Stewart gave attention to actions and programs oriented toward adolescents. The consultant report was helpful to CERPOD in recasting their adolescent health program under their SARA subcontract.

In September 2003, Ms. Stewart contributed to strengthening the African non-profit sector in RH and expanding links to US-based partners in social mobilization and community-based interventions to improve maternal and reproductive health by providing guidance to the Program Director for Mwangaza Action during his visit to Washington, DC. With her assistance, he visited potential collaborators and sponsors—USAID/AFR/SD, USAID/Global, White Ribbon Alliance, PATH, Wallace Global Foundation, and Public Welfare Foundation. It appeared that his visit generated some interest and he will be following up with some of the interested organizations in 2004.

CERPOD

FY 03 began with CERPOD beginning to revise its subcontract scope of work. During the year, CERPOD did begin to disseminate some of the brochures and other documents called for in the subcontract. They also hired a new HIV/AIDS Coordinator, who is beginning to plan his strategy for implementing the HIV/AIDS monitoring component of the subcontract. Finally, the CERPOD agreement was given a no-cost extension to June 30, 2004, with a view to completing all activities by then.

CRHCS

This subcontract with SARA has yielded numerous outputs. Highlights:

- ◆ CRHCS worked with its partners in Malawi and Kenya to complete up-to-date country-specific data on the impact of HIV/AIDS on human resources in the health sector. Based on the findings, recommendations to strengthen human resource capacity in these countries were developed. The next step is to disseminate the findings, then see to what degree this analysis can be replicated in other African countries.
- ◆ CRHCS and SARA helped clarify the roles and functions of National AIDS Councils (NAC) and National AIDS Programs vis-à-vis the ministries of health in countries. There has been confusion in the past that has hampered effective implementation. The first event was the holding of a regional meeting in November 2002, which went far to clarify roles and relationships. The meeting

proceedings and conclusions were disseminated within the region. CRHCS is now following up on role clarification at country level and will continue to do so in FY 2004.

- ◆ CRHCS also attacked the lack of integration of knowledge, skills and strategies in adolescent health programs, which have led to overlap and gaps in programming. Accordingly, CRHCS conducted analyses of adolescent health policies, including HIV/AIDS, sexual and reproductive health policies and their translation into programs in nine countries. CRHCS then organized a regional meeting in September 2003 to consolidate the findings of the reviews, identify gaps and apply a futures and scenario-based analysis to formulate a comprehensive policy framework for adolescent health. Meeting participants then developed work plans for developing such frameworks in their own countries.

NAP+

The subcontract implemented in FY 03 was the end of the CY 02 and nine months of a new 12-month CY 03 subcontract. Again, NAP+ put emphasis on operational costs but did add a bilingual program associate to help reach out to Francophone countries and their networks of people living with HIV/AIDS (PLWHA). Key deliverables this year were a volunteer management training program, a resource mobilization training manual and tool, three issues of Positive Voices, the NAP+ newsletter, an updated directory of national PLWHA networks, guidelines on behavior change communication for stigma reduction, and a GIPA training program for national PLWHA networks.

ERNWACA

This two-year subcontract ended in FY 2003. The key accomplishment of the Regional Coordinator, whose costs were funded from this subcontract, was to obtain major funding from IDRC in Canada that will support both operational and programmatic costs for up to five years. She also sent proposals, and followed up with other international donor organizations based in Europe and Africa and there are some promising leads there for future funding. In addition, she continued to organize regional meetings and colloquia on educational research issues and activate chapters. She also has established an online newsletter in English and French that is helping ERNWACA country researchers keep in touch with each other and coordinate efforts. Most country chapters are now active because of her efforts and working with governments and international partners to plan and carry out research on key issues. FY 2003 activity highlights:

Appendix C—Subcontractors' Activities

- ◆ ICT and education research - In August 2003 the IDRC awarded a 2-year research grant to ERNWACA to study “ICT integration in West and Central African Education: case studies of pioneer schools.” Five national research teams - in Benin, Cameroon, Ghana, Mali and Senegal - have been created and a methods research workshop held in Bamako, Mali, in January 2003 under the auspices of the national ministry of education and the ministry of information in collaboration with the University of Montreal (Canada). With input from a ministry of education focal person and oversight from the national scientific committee for the project, each team is currently selecting 8 pioneer schools for the study, using criteria defined at the workshop, and will visit all schools before the end of the 2003-2004 academic year. Findings will be available in 2005.
- ◆ ERNWACA Mali researchers studied the image of women and of men communicated in three recently published textbooks used in primary schools - 3rd grade reading, 5th grade reading, and 6th grade math. The researchers argue that books are still at the center of learning and teaching, the development of individual and collective identities, and the acquisition of work methods and attitudes toward life. Their content influences the academic path of boys and girls. The methodology for the study is a content analysis involving the interpretation of images, texts, and the unsaid.

This and other research was the direct result of the Regional Coordinator's efforts.

Appendix D

CTO Letter Tracking List

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100. Ellen Piwoz to provide TA on HIV & infant feeding, Zimbabwe and SA
Completed
101. Preaward 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 TA to the CRHCS DJCC, Arusha, Tanzania
Completed
105. Yolande Miller-Grandvaux to present papers at CIES conference in San Antonio, TX
Completed
106. Yolande Miller-Grandvaux to assist USAID/Mali in reviewing its education agenda and study the community school models
Completed
107. Suzanne Prysor-Jones to participate in nutrition and community IMCI planning and updating other SO 7, 8 and 9 activities in West Africa
Completed
108. Steve Kinoti to attend consultation on HSR priorities on HIV/AIDS, Pretoria, June 19-23
Completed
109. Suzanne Prysor-Jones to participate in IAWG on household and community approaches to IMCI
Completed

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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
- 111a. Yolande Miller-Grandvaux to provide TA to USAID/Benin and Ethiopia conference on NGOs and basic education
Completed
- 112. Ellen Piwoz to provide TA on MTCT/infant feeding issues
Completed
- 112a. Ellen Piwoz to provide TA on MTCT/infant feeding issues: follow-up Geneva meeting
Completed
- 113. Yolande Miller-Grandvaux to coordinate with IDRC in Ottawa
Completed
- 114. Youssef Tawfik to be SARA participant in WHO meeting on Inter-Country Orientation on Family and Community IMCI, Uganda
Completed
- 115. Suzanne Prysor-Jones to attend WHO/AFRO advisory group consultation on IMCI, 11/28-30/00, Harare, Zimbabwe
Completed
- 116. Suzanne Prysor-Jones to Harare for IMCI meeting, January 22-26, 2001
Completed
- 117. Caroline Blair to attend Intl. Technical Consultation of Midwifery Leaders
Completed
- 118. Participation of nutrition staff in major international meetings during FY 01
Completed

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119. Suzanne Prysor-Jones and Duale Sambe to provide TA to WAHO, and Suzanne to Dakar
Completed
120. Stephen Kinoti's participation in REDSO partners' meeting
Completed
121. Yolande Miller-Grandvaux and Joe Coblenz travel to ERNWACA interviews and CERPOD
Completed
122. Youssef Tawfik to IMCI collaboration and strategy reviews, April 23 - May 4, 2001
Completed
123. Caroline Blair participation in PAC steering committee, Dakar, May 2001
Cancelled
124. Stephen Kinoti's travel, identifying & responding to impacts of HIV/AIDS on HR in health sector
Completed
125. Caroline Blair to do work planning with CRHCS, women's media network, REDUCE in Mozambique
Completed
126. Yolande Miller-Grandvaux to assist in development of new education program for USAID/Mali
Completed
127. Sambe Duale to Bamako and Abidjan for malaria and MTCT meetings
Completed
128. Youssef Tawfik participation in USAID-UNICEF review of IMCI programs
Completed
129. Renuka Bery to facilitate dissemination and repackaging workshop and electronic marketing
Completed
130. TB travel by Sambe Duale, September 18-27, 2001
Trip cancelled (security)

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131. IMCI travel by Suzanne Prysor-Jones, September - October 2001
Trip cancelled (security)
132. Presentation and TA by Dorcas Lwanga at a workshop on developing nutrition guidelines for PLWHA, Uganda, November 12-16, 2001
Completed
133. Sambe Duale travel to ICASA meeting in Burkina Faso, December 10-16, 2001 to coordinate a roundtable discussion on the contribution of regional networks in the fight against HIV/AIDS in Africa
Completed
134. Stephen Kinoti to provide TA to CRHCS, NAP+, and REDSO in HIV/AIDS prevention, care, and support, Kenya, January 2002
Completed
135. Youssef Tawfik to provide TA for the development of a national IMCI strategy in Uganda
Completed
136. Dissemination of issues paper on health sector human resource crisis in Africa
Completed
137. Ellen Piwoz participation in Barcelona AIDS meeting, July 2002
Completed
- 137a. Additional participation of Stephen Kinoti and Michael Angaga in Barcelona AIDS meeting, July 2002
Completed
- 137b. Additional participation of Jose Molina in Barcelona AIDS meeting, July 2002
Completed
138. Presentation of papers at CIES conference in Orlando, FL by Yolande Miller-Grandvaux and Brehima Tounkara, March 2002
Completed
139. SARA TA at ERNWACA strategic session, Dakar, February 2002
Completed

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140. Development and testing of REDUCE tool for Africa through follow-up in Mozambique
Postponed
141. SARA TA to CRHCS Family and Reproductive Health Steering Committee meeting, Mozambique, March 2002
Completed
142. Suzanne Prysor-Jones participation in Global Consultation on Child Health conference in Stockholm, March 2002 (fully funded by WHO)
Completed
143. Suzanne Prysor-Jones facilitation of BASICS/WARO and CORE workshop on community IMCI, Senegal, March 31-April 13, 2002
Completed
144. SARA staff meetings with SARA Partners and participation in USAID/ REDSO Partners Meeting, Nairobi, Kenya and Arusha, Tanzania, April 20-May 3, 2002
Completed
145. SARA TA to University of Western Cape for MOH study on the impact of the PMTCT program on infant feeding in South Africa
Combined with other travel
146. Youssef Tawfik travel to Uganda and Zimbabwe to assist in further developing the national strategy for involving private practitioners in child survival programs, April 24-May 9, 2002
Completed
147. Sambe Duale to provide TA for the evaluation of the Family Health and AIDS in West and Central Africa Project, Côte d'Ivoire and Burkina Faso, April 2002
Completed
148. SARA staff meetings with SARA Partners and participation in USAID/ REDSO Partners Meeting, Nairobi, Kenya and Arusha, Tanzania, April 20-May 3, 2002
Completed
149. Yolande Miller-Grandvaux travel to assess education sector strategies, Democratic Republic of the Congo, May 27-June 6, 2002
Completed

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150. Sambe Duale travel to Burkina Faso to provide TA at WAHO strategic planning meeting and IDSR review, May 2002
Completed
151. Oscar Picazo support to CESAG and National Health Accounts, Senegal and Kenya, May 28-June 12, 2002
Completed
152. Stephen Kinoti attendance and Facilitation at the HIV/AIDS Policy Advisory Committee (HAPAC), Arusha, Tanzania, July 2002
Completed
153. Yolande Miller-Grandvaux to provide TA to USAID/Mali education program, July 24-August 1, 2002
Completed
154. Dorcas Lwanga to provide TA and give a presentation at ECSA nutrition focal points meeting, Dar es Salaam, Tanzania, July 2002
Completed
155. Kinday Ndure technical consultations with BASICS II WARO nutrition team
Pending
156. Kinday Ndure to provide TA to WAHO on TOT for nutrition advocacy
Completed
157. Youssef Tawfik to provide TA to workshop on quality assurance in Uganda and NGOs in IMCI in Zambia, August 2002
Completed
158. Suzanne Prysor-Jones to provide TA to LAWG meeting on IMCI and to WHO on IMCI/maternal health issues, Geneva, September 2002
Completed
159. Dorcas Lwanga to provide TA to regional meetings on nutrition care and support to PLWHA, Mobassa, Kenya, August 2002
Completed
160. SARA technical presentation and participation at WABA Forum, Arusha, Tanzania, September 2002
Completed

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- 161. Yolande Miller-Grandvaux facilitation and participation at Basic Education Exchange in Ethiopia, September 26-October 6, 2002
Completed

- 162. Sambe Duale participation in the 3rd MIM Pan-African Malaria Conference and other Health Meetings in Arusha, Tanzania, November 11-22, 2002
Completed

- 163. Oscar Picazo participation in Consultative Meeting on Human Capacity Development and HIV/AIDS in London, October 2002
Completed

- 164. Ellen Piwoz WHO-funded travel to Geneva, Switzerland and Harare, Zimbabwe to provide technical support to WHO activities related to HIV/AIDS prevention, care, and support, November 2002
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

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

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- 202. Roger Gosselin facilitation of SATI workshop
Completed
- 203. Beth Preble to complete paper on HIV and nutrition
Completed
- 203a. HIV/AIDS and nutrition paper, Beth Preble, 5 more days
Completed
- 204. Transitioning Dissemination Center activity to a regional institution
(Lawrence Gikaru)
Completed
- 205. Field testing of REDUCE model, Uganda
Completed
- 205a. Steve Kinoti involvement in REDUCE model, Uganda
Completed
- 205b. Expansion of REDUCE model (Burkhalter, Sommerfelt)
Sommerfelt ongoing
- 205c. Safe Motherhood/EOC REDUCE model; cost/benefit analysis
Completed
- 205d. REDUCE Senegal field application
Completed
- 205e. Extension of Elisabeth Sommerfelt for REDUCE expansion (see 205b
also)
Ongoing
- 205f. Thidiane Ndoye facilitation of REDUCE model in Nigeria
Cancelled
- 205g. CEFOREP TA to Mauritania REDUCE application
Completed
- 206. Linda Kean for finalization of Nutrition Briefs
Completed

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- 207. Design for Qualitative Manual (Paula Whitacre)
Completed

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

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

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

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

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

- 210c. Issues paper on early and abrupt weaning for HIV+ mothers: reprinting and dissemination
In progress

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

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

- 211b. Strategy paper on reducing MTCT: translation, printing and dissemination
Completed

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

- 211d. Reprinting and dissemination of PMTCT guide in English
Dissemination ongoing

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- 212. Discussion paper: USAID budget, staffing, prog. decisions, priority health activities in transition countries, Africa
Activity postponed indefinitely
- 213. Suzanne Prysor-Jones to provide support to inter-country orientation meeting on family/community IMCI
Completed
- 214. Suzanne Prysor-Jones to provide TA to AVSC in costing out COPE introduction & scaling up
Partner cancelled activity
- 215. Discussion paper on HIV/AIDS prevention, care, support in WCA
Completed
- 215a. Sambe Duale and Dounia to WCA PHN strategy meeting for HIV/AIDS, 11/6-8/00
Completed
- 216. Finalization of Manual on Policy Development, Implementation and Monitoring (Millie Morton)
Completed
- 217. Review of HIV/AIDS impact on health systems (Linda Tawfik)
Completed
- 217a. Review of impact of HIV/AIDS on health systems: extension of Linda Tawfik
Dissemination in progress
- 218. Report to Congress on MTCT (Preble)
Completed
- 219. Changing role of NGOs in basic education in Africa
Completed
- 219a. NGOs in basic education: ERNWACA part
Completed
- 219b. NGOs in basic education: modified RTI budget
Completed

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- 219c. Guinea consultant for RTI subcontract: NGOs in education
Completed

- 220. Finalization of malaria document (Carol Baume)
Completed

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

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

- 223. Private sector and child health care - Introduction
Completed

- 224. Moving forward with an advocacy strategy
Completed

- 225. Development of national strategy in Uganda for private sector working in national child survival program
Completed under CRHCS subcontract

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

- 226a. Additional two days for Dr. Olaya
Completed

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

- 227a. Editing and translation of RESAR studies – 10 more days for Semra Asefa
Completed

- 228. WHO/AFRO Newborn Assessment - Phase I
Completed

- 229. Promoting private and public sector collaboration in HIV/AIDS in Africa
Completed

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- 230. Data quality assessment of AFR/SD/HRD's PHN and Education indicators
Completed
- 231. Completion of REDUCE/ALIVE facilitator/organizer manual
Completed
- 300. Tulane University activities under subcontract FY 00
Completed
- 301. Sambe Duale at Global Meeting on M&E of HIV Prevention, etc. in Berlin, April 12-24, 2000
Completed
- 350. Morehouse University School of Medicine activities under SARA II, October-November 1999
Completed
- 351. Morehouse - Extension of Lalla Toure through January 31, 2000
Completed
- 352. Institutional strengthening of SAGO
Completed
- 352a. Same as 352. Adds Betty Willingham
USAID did not approve. Cancelled.
- 400. Follow-up activities to West Africa EOC Conference of December 1998 (JHPIEGO)
Completed
- 401. Francophone MAQ bulletin
Completed
- 402. Printing and dissemination of French language PAC brochure
Completed
- 403. JHPIEGO subcontract
Completed
- 450. Population Reference Bureau (PRB) activities under SARA II, October 1999 through January 2000
Completed

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- 451. Rhonda Smith for PRB for FY 01
Completed

- 452. Rhonda Smith for PRB for FY 02 plus annotated bibliography
Completed

- 500. Training for CERPOD in ISSA software (Victor Canales)
Completed

- 501. Follow-up activities to West Africa EOC Conference of December 1998
(CEFOREP)
Completed

- 501a. Follow-up to EOC conference: 30 more days for consultant
Completed

- 503. Training of CESAG staff in OR methodology
Completed

- 504. Development of key tools and activities (CERPOD consultants)
Completed

- 505. Reintegration of IDC in East & Southern Africa into CRHCS information
dissemination program
Completed

- 506. TA to SAGO to become more policy/action-oriented
Completed

- 507. ACI TA to CERPOD on training in qualitative research techniques for
Francophone Africa
Completed

- 508. Improving RH in the Sahel (CERPOD subcontract)
Subcontract revised/rebudgeted

- 509. CRHCS subcontract
Subcontract underway

- 510. Preaward institutional survey of ERNWACA
Completed

- 511. Institutional strengthening of ERNWACA
Completed

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- 511a. Budget adjustment for 511
Completed
- 512. Strengthening NAP+ operations, etc.
Completed
- 513. Study on role of NGOs in basic education in South 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
- 602. PROFILES training & follow-up in East and Southern Africa in collaboration with CRHCS
Funded from other sources
- 603. RESAR participation in Post-Cairo Assessment of RH Policies & programs in W. Africa
Completed
- 604. SAGO biennial conference, 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
- 607. SARA support to CRHCS DJCC meeting
Completed

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- 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, South Africa
Completed

- 613. Support to preparation and facilitation of nutrition focal points meetings
Completed

- 614. Consultative meeting on ensuring appropriate use of essential supplies for child health
Completed

- 615. Phil Musgrove presentation at USAID PHN SOTA course, June 5-9
Completed

- 617. Assessment of implementation of COPE initiative in Guinea
Completed

- 618. Specialized TA to USAID staff in Durban
Completed

- 619. Review of contribution of social science to malaria control
Completed

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620. Expert working group meeting for TB prevention & control among African women
Completed
- 620a. TB and Women expert working group meeting: adds Quaye and Hudelson
Completed
- 620b. Nguma and Wanwalo to second research WS on gender and TB in Sweden
Completed
- 620c. Pilot study in Tanzania on TB and gender
Awaiting final report
- 620d. Silvia Holschneider to support pilot study of 620c
Completed
621. SARA staff & African expert participation in HIV infection & AIDS course
Completed
622. Support to nutrition focal points annual meeting, Bamako, September 25-29, 2000
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
625. African participation in AHILA Conference and Stephen Kinoti travel to Nairobi and Arusha
Completed
626. Support for 8th international SWAA conference
Completed
627. SAGO Congress 2000 and Presentation of REDUCE model, December 4-8, 2000
Completed

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- 628. Consultative meeting on advocacy
Completed

- 629. USAID PHN meeting, Bamako (ACI facilitation)
Completed

- 630. World AIDS Day faith leaders summit follow-on conference, December 1-5, 2000
Completed

- 631. HIV/AIDS DG Toolkit Workshop Participant Travel
Completed

- 632. NAP+ Strategic Planning Meeting, February 5-8, 2001
Completed

- 633. Intl. Confed. of Midwives Workshop, Harare, March 19-21, 2001
Completed

- 633a. Reprinting of malaria & pregnancy press kits
Completed

- 634. Working group meeting to develop framework and plan conference, ECOWAS armed forces
Completed

- 635. Presentation of research results on HIV/AIDS in education systems at ECOWAS HIV in education conference
Completed

- 636. Support to African participants in RBM4 meeting, April 18-20, 2001
Completed

- 637. Vision 2010: First Ladies Advocacy Meeting, Bamako, May 7-10, 2001
Completed

- 638. Consultations on Youth Livelihood Initiatives with Jamie Schuur
Completed

- 639. MTCT CA meeting, June 11, 2001
Completed

- 640. Private sector role in HIV/AIDS programs
Completed

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- 640a. Private sector meeting on HIV/AIDS programs
Completed
- 640b. Private sector role in HIV/AIDS programs: second meeting, October 2001
Meeting cancelled
- 641. SARA support for a planning meeting for the development of a WAHO strategic plan
Completed
- 642. ACI HIV and Development workshop with SFPS
Completed
- 643. TA to CERPOD in work plan
Underway
- 644. Exchange travel study tour: Senegal-Zambia
Completed
- 645. Capacity building for RCQHC
Completed
- 646. Support for CORE-sponsored regional NGO/PVO workshop on malaria prevention
Completed
- 647. Support for Regional NGO/PVO workshop on community IMCI
Completed
- 647a. Adds Blondine Codjia, Benin NGO representative to NGO IMCI workshop
Completed
- 648. Meeting of IMCI IAWG, Washington, DC, November 2001
Completed
- 649. Regional West Africa PAC meeting and related travel in West Africa by Caroline Blair
Completed
- 650. Regional model for website competition: Namibia test
Completed

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- 651. Collaborative workshop on TB and HIV/AIDS
Completed

- 652. RATN experts meeting to develop strategies for strengthening HIV/AIDS program management in ECSA
Completed

- 653. Consultative meeting on rethinking HIV/AIDS and development
Completed

- 654. Support to ECSACON scientific meeting, malaria and pregnancy session
Completed

- 655. Support to dissemination of RESAR studies on male involvement
Completed

- 656. Stakeholder planning meeting for Empowering Africa's Young People Initiative
Completed

- 657. Support to dual protection meeting
Completed

- 658. WAHO nutrition focal points meeting
Completed

- 659. Ibrahima Bob participation in AHILA Conference
Completed

- 660. MIM review panel African participants in Washington, DC
Completed

- 661. Sambe Duale travel to MIM Pan-African Malaria Conference
Completed

- 662. Strengthening leadership of PLWHA associations
Completed

- 663. WAHO senior staff study tour of CRHCS
Activity delayed, probably cancelled

- 664. REDUCE/Nigeria presentation in The Gambia
Completed

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- 665. CEFOREP participation in the SAGO Biennial Conference
Completed
- 665a. CEFOREP participation in the SAGO Biennial Conference—additional costs
Completed
- 666. Support to WAHO, CEFOREP in organizing MNH workshop, March 2003
Completed
- 667. CORE regional workshop for NGOs/PVOs on malaria prevention and control in Francophone countries
Completed
- 668. Sullivan Summit, Abuja, Nigeria, July 2003
Completed
- 669. Technical assistance to WAHO subregional strategy for reducing maternal and perinatal mortality, CEFOREP planning
Completed
- 670. OVC conference, September 2003
Completed
- 670a. OVC conference, September 2003, background paper consultant (Isolde Birdthistle)
Completed
- 671. Support for review, dissemination of TB and gender study findings
Completed
- 672. Support to annual West Africa Nutrition Focal Points Meeting, September 2003
Completed
- 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

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- 703. Printing of four program profiles for CRHCS Jubilee conference
Completed

- 704. Translation, printing & mailing of 3 malaria publications
Completed

- 705. Editorial assistance for SARA publications
Ongoing

- 706. Printing of French version of facilitation manual for *Making a Difference to Policies and Programs*
Completed

- 707. Helping local health workers better analyze, use their data to improve services
Completed

- 708. Production of an IMCI policy brochure
Completed

- 708a. Reprinting of IMCI policy brochure, English & French
Dissemination ongoing

- 709. Printing of *Qualitative Research for Improved Health Programs*
Completed

- 709a. Reprinting of qualitative research manual
Dissemination ongoing

- 710. Printing of HIV/AIDS Briefing Packets
Completed

- 711. Development & dissemination of user-friendly brochure on best practices in EOC in West Africa
Completed

- 711a. EOC brochure: second phase with ACI, Sie Some
Completed

- 712. Translation & printing of infectious diseases laboratory manual
Completed

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- 712a. ID lab manual: color proofing and final printing costs
Completed
- 713. Printing of education assessments
Completed
- 714. Production of AIDS Toolkits
Activity postponed indefinitely
- 715. Publication of ERNWACA's transnational education studies
Completed
- 715a. Publication of ERNWACA's transnational education studies - English
Completed
- 715b. Publication of ERNWACA's transnational education studies - French
Completed
- 716. Reprinting of Introduction to Advocacy
Dissemination ongoing
- 717. Disseminating empowering community documents to IMCI participants in South Africa
Completed
- 718. Translation of REDUCE script and presentation into French
Completed
- 719. Translation & printing of malaria and pregnancy advocacy brochure
Completed
- 719a. Reprint of malaria and pregnancy brochures, English
Dissemination ongoing
- 720. Production of manual on policy development, implementation, and monitoring
Dissemination ongoing
- 721. Production of HIV and nutrition paper
Completed
- 721a. HIV and Nutrition Paper: French
Dissemination ongoing

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- 721b. Reprint of HIV and nutrition paper, English
Dissemination ongoing

- 722. Production of color slides of REDUCE presentation
Completed

- 723. Dissemination of Partnerships for Communication & Change
Dissemination ongoing

- 724. Printing of French version of Empowering Communities (w/ PCS)
Completed

- 725. AJTMH publication purchase and dissemination
Completed

- 726. Reprinting of Boly Guide
Completed

- 727. Editorial Supplement in Africa Health Journal on HIV/Nutrition
Completed

- 728. Printing and dissemination of RH Briefing Packet
Completed

- 728a. Printing and dissemination of RH Briefing Packet – French
Dissemination ongoing

- 728b. Reprinting and dissemination of English RH Briefing Packets
Dissemination ongoing

- 729. Translation of REDUCE assumptions paper and selected spreadsheets
Completed

- 730. Developing various OVC products
Completed

- 730a. Finalization of OVC products
Completed

- 731. Reprint of Making a Difference to Policies and Programs
Dissemination ongoing

- 732. SARA support to SFPS materials for reproductive health
Underway

Appendix D—CTO Letter Tracking List

733. Production and dissemination of NGO study and repackaging information into user-friendly format
Dissemination ongoing
734. Printing and dissemination of private sector paper
French printed; dissemination ongoing
735. Reprinting of Indicators Guide, Volume II
Dissemination ongoing
736. Publication and dissemination of Guide to Research on Care-Seeking for Childhood Malaria
Dissemination ongoing
737. Printing of AIDS toolkits on CD-ROMs
Completed
738. HIV/AIDS PVO Consultative Meeting, October 2002
Completed
- 738a. Printing and dissemination of HIV/AIDS PVO Consultative Meeting report
Report printed, dissemination ongoing
739. Printing and dissemination of health sector issues papers
One paper printed, dissemination ongoing; second paper delayed
740. Support for development and dissemination of PAC analytical report
Activity delayed
741. Printing and dissemination of English Self-Assessment Guide
Guide printed, dissemination ongoing
742. Support to develop private practitioner in child survival documents, Uganda MOH
Activity underway
743. Translating and editing Nutrition Essentials Training Modules (Mali Modules)
English completed; French in progress
744. Using video to destigmatize HIV/AIDS in Francophone countries
Dissemination ongoing

Appendix D—CTO Letter Tracking List

- 745. Translation of NAP+ regional meeting report into French
Activity underway
- 746. Printing and dissemination of IDSR briefing packets (English and French)
English completed; French in progress
- 747. Reprinting and dissemination of PVO compendium
Dissemination ongoing
- 748. Reprinting and dissemination of private practitioners paper
Dissemination ongoing
- 749. Reprinting and dissemination of issues paper on the health sector HR crisis in Africa
Dissemination ongoing
- 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. TA to ZVITAMBO project through September 30, 2001
Completed
- 802b. TA to ZVITAMBO project through September 30, 2002
Completed
- 802c. TA to ZVITAMBO project through September 30, 2003
Completed
- 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

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- 805. Purchase of LCD Projector
Completed
- 806. Development of database for AFR/SD
Completed
- 806a. Extension of SOFTEK subcontract for database and added funding
Completed
- 807. Issues paper on public health workforce crisis in Africa
Dissemination ongoing
- 808. Integration of AIDS & development training in IMPACT workplace initiative
Completed
- 809. Finalization of TBA meta analysis, participation at USAID brainstorming meeting
Completed
- 810. Life skills lessons learned, non-formal HIV education evaluations
Completed
- 811. Annual AED/IT database fee for CY 2002
Fee paid; management ongoing
- 812. Qualitative research on perceived changes in quality, level of FP & RH services in HIV countries
Activity delayed by POLICY
- 813. Donor mapping in WARP area
Completed
- 813a. Donor mapping in WARP area; additional consultant days and travel
See 813
- 814. Study tour on model programs that work with men, domestic violence, and HIV prevention
Completed
- 815. Financing and health systems expert to join Angola EPI review
Completed

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- 816. WHO participation in IMCI IAWG meeting, Washington, DC
Completed
- 817. Use of CTC to support HIV-infected individuals, households, and communities
Activity underway
- 818. Strengthening African nonprofit sector in reproductive health
Activity underway

