

Knowledge Management in Health



Knowledge Fair 2003



FOOD AND  
NUTRITION  
TECHNICAL  
ASSISTANCE



 **BASICS II**

# **AED Knowledge Management in Health, Population, & Nutrition**

Selected Projects Managed by the  
Academy for Educational Development  
Global Health, Population, and Nutrition Programs

## **About this Collection**

The enclosed represents a sampling of knowledge management activities and tools created by projects within the Academy's Global Health, Population, and Nutrition Group. Many of these tools were created for country programs funded by the United States Agency for International Development (USAID). These and other tools have been entered in USAID's online Knowledge Management (KM) Inventory. Consult the USAID KM website at <http://knowledge.usaid.gov> or contact the Academy's projects directly for more information.

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# Best Practices Compendium



## KM Category

Best practices

## Description

The Best Practices Compendium is an initiative within the international health community led by Advance Africa, a USAID-sponsored project.

The Best Practices Compendium serves as a dynamic tool for program managers seeking to implement successful, evidence-based practices. This interactive and user-friendly searchable database is continually updated with reproductive health-related programs and practices, training materials, and recent research studies that provide further evidence of success.

Advance Africa is identifying, documenting, and disseminating family planning/reproductive health (FP/RH) best practices. The purpose of the Best Practices Compendium is to make previously implemented program models easily accessible to program managers who seek to meet the needs of FP/RH programs. The Best Practices Compendium focuses on public health interventions, not on medical practices. Advance Africa's role is to act as the coordinator for gathering and managing information from various sources. Advance Africa involves technical experts in the review process to differentiate between "promising practices" and those with solid evidence of success, "best practices."

### Defining a Best Practice

All practices included in the Best Practices Compendium are classified as "best practices" or "promising practices," as determined by the Best Practices Review Board. The two criteria used in assessing practices are evidence of success and transferability. To be considered a *best practice*, a practice/program must include substantial evidence that it has had an impact and/or has successfully met its program objectives. Secondly, a best practice must show evidence that it has been transferred to or replicated in various settings. If no evidence of replication is provided, a review board member must show that this practice has the potential to be transferred to other settings. If a practice/program is lacking evidence of success and does not show evidence of replication or transferability, it may be considered a *promising practice*. ➔



## The Best Practices "Pyramid of Practices"

To be able to better identify best practices, a clear distinction has been made between untested interventions and those with more experience and evidence behind them. The "Pyramid of Practices" framework represents the various types of practices and the ways in which they are related.



### ***Best Practices Pyramid***

## **Value** →

The purpose of this compendium is to provide best practices to program managers, policymakers, and donors, particularly those in the field, who seek to implement or scale up reproductive health interventions using practices that have demonstrated success.

### Rationale

Organizations implementing international FP/RH projects have documented three decades of successes in the form of what are commonly known as "best practices." This information, however, is not always easily available to program managers. Increasingly, country leaders and donors want to ensure that successful program models and the lessons learned are available to those planning new interventions. The Best Practices Compendium is part of an innovative approach to identify, document, and disseminate information to program managers on proven, effective, evidence-based practices and programs.

### Who

The compendium is compiled for program managers who are seeking evidence-based practices to incorporate into their new program designs.

### Format

The Internet-based format allows for updated information to be added continually, making this compilation an ongoing process.

- The CD-ROM format allows managers in countries without Internet capability to access the interactive database and download all attachments/documents provided.
- Print copies of mini-compendia allow program managers in the field with limited computer access to review best practices, organized by topic area (e.g., adolescent reproductive health, postabortion care, HIV/AIDS). ↻

## Results

To date, the Best Practices Compendium has been presented at six international conferences and numerous meetings. Over the past year, the compendium has received nearly 6,000 hits on its website, and 1,000 CD-ROMs have been disseminated. Based on initial evaluation of this initiative, the Best Practices Compendium is well received by program managers in the field as a resource for identifying best practices for program design. Program managers can use this tool on CD-ROM, on the Internet, or in print to access best and promising practices, depending on which format most closely fits their needs.

## Issues

Future plans for the compendium include increased awareness to contain a larger set of best practices, covering all reproductive health fields. To do so, increased collaborations will be fostered with various organizations, including USAID cooperating agencies (CAs) and other international agencies. Dissemination methods will be expanded to increase users of the compendium.

Currently, this initiative is supported by organizations interested in sharing their own best practices for dissemination in this compendium. The Best Practices Advisory Group, a group of members from 17 international agencies and CAs, has been involved with reviewing the process for the Best Practices Compendium and advising best practices staff. Additionally, the external Best Practices Review Board actively reviews all practices submitted to the compendium to ensure consistent quality and evidence of success.

Current challenges inherent in this process exist in identifying best practices based on the strict evidence-based criteria. It is difficult to find documented evidence-based practices that show proven success. Many successful programs lack the formal evaluations needed to prove their success. As evaluations prove more critical to donors, and more program managers institute formal evaluations, this issue is changing.

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## BASICS II Case Studies



### KM Category

Knowledge asset

### Description

BASICS II has been charged by USAID to document child survival in Madagascar and Nepal (and in six of its major country programs). Specifically, BASICS II will be documenting five years of child survival experiences in Madagascar and 20 years of child survival experiences in Nepal. The comprehensive documentation, when finalized, will include a technical report, an extensive annotated bibliography (for program replication), a policy brief and summary (for advocacy), a PowerPoint presentation, a toolkit and CD-ROM (for interventions), and news items for our communication channels. The division of the documentation into different formats will enable users to “pick and choose” those items best suited for their needs.

### Value

By capturing the child survival experiences in Madagascar and Nepal and housing them, both in hard copy and in e-format, at the BASICS II HQ Resource Centre, BASICS II is able to encourage the sharing of these experiences and tools. These case studies will provide thorough documentation of successful child survival strategies being used in other countries. The sharing of information via the case studies leads to a reduction of costs because the element of redundancy is reduced — the same core of interventions used by one country can be used by other countries and, in this process, become a very valuable asset to be used by other countries and other organizations working in similar interventions.

### Results

The context of the documentation can be manipulated so that the user from specific countries or regions can focus on such country- or region-specific issues, such as health systems, weather, and political climate.

### Issues

The documentation of child survival results in Madagascar and Nepal is in itself a useful exercise. This documentation process will serve as a guide for future documentation exercises of large-scale child survival programs.

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## BASICS II Field Materials Archive



### KM Category

→ Knowledge asset

### Description

→ The BASICS II project captures its field office experiences and knowledge by overseeing the development of and the expansion of an archival section of the Resource Center dedicated to BASICS II field materials. These materials have been solicited from each of our 16 country field offices and are catalogued according to country and include a descriptive title and/or key word (i.e., counseling card, trip report, etc.) Once catalogued, the compiled lists are sent to each of the field offices on a monthly basis. The materials are housed in the BASICS II Resource Centre and are available in hardcopy and e-formats (the SET Unit bought its own scanner to ensure that e-copies of the field materials would be available).

### Value

→ By capturing its field office experiences and housing them, both in hard copy and in e-format, at the BASICS II HQ Resource Center, BASICS II is able to encourage the sharing of these tools. The monthly field materials announcements encourage internal communication and are an important mode of information sharing among the field offices. The sharing of field materials leads to a reduction of costs because the element of redundancy is reduced — the same core of interventions used by one field office can thus be used by other offices and, in this process, become a very valuable asset to be used by all of the field offices and other organizations working in similar interventions.

### Results

→ Simply put, the tools and other resources that came out of our inventory of field materials, such as the *The Child Health Booklet* and the *IEC Database*, have been adopted for use by various ministries of health (MOHs) and nongovernmental organizations (NGOs) or have evolved from utilizing the materials contained within the field materials database. The reuse and repackaging of field materials and the collection of field materials into databases results in the development of a very valuable and useful asset to be used by all of the field offices and other organizations working in similar interventions.

### Issues

→ By capturing its field office experiences and housing them, both in hard copy and in e-format, at the BASICS II HQ Resource Center, BASICS II is ensuring that its institutional memory will live on past its June 2004 closure date and that its archival knowledge will be available for future projects and activities.

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## BASICS II Brief



### KM Category

Knowledge sharing

### Description

The *BASICS II Brief* is the information sharing effort of the BASICS II project. The *BASICS II Brief* is a weekly e-newsletter highlighting achievements from our 16 country programs, headquarters, and the SET Unit, and it also highlights our accomplishments in terms of global technical leadership. The *BASICS II Brief* highlights project activities on the global, regional, and national levels in a concise electronic format. Each issue, available in English, French, and Spanish, contains short paragraphs with hypertext links for further information. The e-newsletter is packaged into Adobe Portable Document Format (PDF) format and sent out via electronic mail— email—(GroupWise) to our BASICS II Brief listserv members. From an initial audience of 25 individuals (March 2001), the brief's audience has now grown to approximately 3,600 individuals (September 2003), including representatives from USAID, the United Nations, the World Health Organization (WHO), the World Bank, ministries of health (MOHs), the U.K. Department for International Development (DFID), nongovernmental and private voluntary organizations (NGO/PVOs), our partner organizations, and many other groups. Individuals may also access the brief and its French and Spanish translations at [www.basics.org/new/brief.html](http://www.basics.org/new/brief.html).

### Value

The *BASICS II Brief* highlights project activities on the global, regional, and national levels in a concise electronic format. This concise electronic format is also known as a listservs, which operates via email and is the most popular and pervasive of today's communication tools. From one's desk, email provides quick, reliable, and cost-effective links to the world at large. In the developing regions of the world, email currently extends much further than does any other Internet-based technology. Consequently, email lists and listservs have evolved into a powerful tool for collaboration in Africa, Asia, and Latin America. Although innovative information and communication technologies (ICTs) are emerging daily, the lack of reliable and speedy access to these tools limits their usefulness for people in lesser-developed countries.

The *BASICS II Brief* e-mail list is a cost-effective way to bring together and inform people of common interest, such as child survival. It permits the SET Unit to save money on mailing expenses and allows for the immediate and instantaneous sharing of documents, information, and other relevant resources, and it also permits the building and strengthening of the global child survival community at large. The *BASICS II Brief*, with its hypertext links, also encourages recipient members to further explore the BASICS II web site.

BASICS II uses the *BASICS II Brief* as a vehicle for "partner and others" inter-communication. The target audiences includes key and other staff members ➔



from our partner organizations, G/PHN USAID contacts, WHO officers, United Nations organizations, child survival-related NGOs/PVOs, DFID, and other key child survival related individuals and organizations. The *BASICS II Brief* is a vehicle used in the development of a greater understanding of child survival issues, the transfer of information resources, and new and continued collaboration within key organizations (both governmental and non-governmental) in presence and non-presence countries in Africa, Asia, and Latin America. Aside from what was mentioned above, information contained within the issues of *Bits & Bytes* is also used for the project's annual self-assessment and by several of our partner organizations for their own information newsletters. The concise format of the brief encourages other similarly structured listservs to utilize its content. The USAID Administrator, the U.S. Coalition for Child Survival newsletter, the Communications Initiative, SIGN, and WHO HIF-net have all borrowed and/or promoted content from the brief.

## Issues



The *BASICS II Brief* has been championed by our headquarters and field staff members as an efficient and effective means to highlighting project activities at the global, regional, and national levels. With this type of staff support, this initiative should be easily maintained and sustained.

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## BASICS II CD-ROMs and Essential Nutrition Actions Toolkit



### KM Category

→ Knowledge asset

### Description

→ The BASICS II Resource Center maintains materials produced by BASICS II and its predecessors—the BASICS I, Pritech, and Healthcom projects—and also contains a substantial selection of child health materials produced by other organizations, such as USAID, WHO, CSTS, AED, JSI, and MSH. The collection encompasses a variety of formats (books, technical reports, journal articles, videos, CD-ROMs, posters, counseling cards, and board games) that are searchable in the library's user-friendly databases.

The Essential Nutrition Actions (ENA) Toolkit contains nutritionally focused materials that span BASICS II and its predecessors and those materials produced and/or co-produced by other organizations. These materials have been selected and assembled by the BASICS II Nutrition TFA group and Technical Directorate. The SET Unit developed e-versions of the materials (when necessary) and developed the materials into an interactive CD-ROM. The SET Unit had previously researched CD-ROM opportunities and, in the process, had acquired their own CD-ROM duplicator / burner and CD-ROM label maker.

### Value

→ Simply put, CDs are cheap to produce, reproduce, and ship. CD-ROMs are well received by participants at conferences and workshops. By capturing the ENA story and housing it in CD-ROM format, BASICS II is able to encourage the sharing of these experiences, materials, and tools. The sharing of information via the CD-ROM leads to a reduction of costs because the element of redundancy is reduced — the same core of interventions used by one country can be used by other countries and, in this process, become a very valuable asset to be used by other countries and other organizations working in similar interventions.

### Results

→ The CD-ROM contains a variety of materials ranging from publications, technical reports, journal articles, posters, counseling cards, and board games. The ENA CD-ROM has been divided into different 'Tool' sections such as 'Policy & Advocacy,' 'Assessments,' 'Integration & Quality,' 'Community Actions,' 'Community-Based Growth Promotion,' and 'Country Examples.' The division of the ENA Toolkit into different sections enables the users to 'pick and choose' those items best suited for their needs. ➡



**Issues**

Given the recent success of this CD-ROM and other BASICS II-produced CD-ROMs at such venues as the APHA Conference, the Global Health Conference, and the Nutrition Focal Points Meeting, the SET Unit will be expanding the use and implementation of this technology. The SET Unit is reviewing the options of an end-of-project package that would contain, among other items, a series of country-specific CD-ROMs. The SET Unit is also reviewing the options of developing 'tools-specific' CD-ROMs. Given the fact that the SET Unit has acquired its own CD-ROM duplicator/burner and CD-ROM label maker, any constraints or challenges to future CD-ROM development is limited solely to our own lack of vision. And in reference to the issues of sustainability, maintenance, replication, and/or scaling-up, having the software and hardware components available in-house and having several people trained on these components means that these issues can be dealt with quickly and efficiently.

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## ChildLine

## BASICS II

### KM Category

Knowledge sharing

### Description

The BASICS II electronic newsletter, *ChildLine*, was inaugurated in March 2001 as a service to a broad range of program implementers, policy makers, donors, USAID Cooperating Agencies (CAs), and others. This automated listserv focuses on “What’s New in the Child Survival Literature” (based on keyword searches of both the professional and “grey” literature). It provides hyperlinks to actual full-text documents or abstracts of copyrighted materials and is published once a month.

The inaugural issue of *ChildLine* was sent to an initial list of 1,100 (March 2001). In the first three days after launch, enthusiastic responses were received from numerous organizations including the World Bank, the World Health Organization (WHO), USAID mission directors, and several CAs. As of September 2003, this list of subscribers has grown to 1,529 members from 95 countries.

The *ChildLine* database is maintained by an off-site company, Microsoft bCentral, that allows automated subscriptions to occur via a link from the *ChildLine* web page (<http://www.basics.org/new/literature.html>). Microsoft bCentral also provides weekly updates regarding new subscriptions and can provide key data about the *ChildLine* audience (subscriber information, such as country and/or region, organization type, etc.). Microsoft provides this service for \$179.00USD a year.

### Value

*ChildLine* fills a unique niche and builds upon BASICS’ tradition of supplying the child survival community with state-of-the-art technical information. Surveys by other health-related projects (such as HealthLink) have discovered that timely literature updates are among the most highly valued electronic emails and are strongly associated with project “name recognition.” *ChildLine* is available to any interested individual or party with email access. Subscriptions can be handled via the automated subscription link from the *ChildLine* web page (<http://www.basics.org/new/literature.html>) or subscription inquiries can be directed to [basics@lb.bcentral.com](mailto:basics@lb.bcentral.com) which then forwards the request to [InfoCtr@BASICS.org](mailto:InfoCtr@BASICS.org). *ChildLine* includes members from our partner organizations, USAID and USAID-funded projects, international organizations, NGOs/PVOs, educational institutes, and MOHs.

### Results

During the period from March 2001 to September 2003, the *ChildLine* audience received links to 434 full-text online documents (usually *pdf* format) and links to 454 *PubMed* abstracts. This has to count as a major benefit since the purpose of this service was to provide timely literature updates to our audience members. ➔



**Issues** →

*ChildLine* will figure prominently during BASICS II's final contract year as it nears its closure date of June 2004. *ChildLine* will serve as one of the communications vehicles used to promote BASICS II publications and materials to external audiences.

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# Food and Nutrition Technical Assistance (FANTA)

## Project Website: [www.fantaproject.org](http://www.fantaproject.org)

FOOD AND  
NUTRITION  
TECHNICAL  
ASSISTANCE

### KM Category

→ Interactive website

### Description

→ The Food and Nutrition Technical Assistance (FANTA) website, [www.fantaproject.org](http://www.fantaproject.org), was established in 1998 as a vehicle for disseminating current information on nutrition and food security programming. Visitors have access to a variety of resources in the focus areas of agriculture and food security, maternal/child health and nutrition, monitoring and evaluation, HIV/AIDS, women's nutrition, and emergency programs. Technical reports are available for download and represent the latest work of not only FANTA but also FANTA's partners: Cornell University, Tufts University, the International Food Policy Research Institute, Freedom from Hunger, Food Aid Management, the World Health Organization, and the U.N. Standing Committee on Nutrition.

### Value

→ The website serves as a repository of FANTA's ongoing technical work and highlights a number of useful tools to be used by private voluntary organizations (PVOs), partners, and other key stakeholder groups. The Title II Generic Indicator Guide Series, the Child Survival Project Evaluations 1991-1997, and the Technical Notes series all add to the technical reports and evaluations offered. The website also serves to provide linkages between partners, PVOs, USAID Field Missions, and U.N. Agencies including the World Food Program, SCN, and UNICEF.

### Results

→ The FANTA website receives 10,000 visits per month on average. Visitors can easily access information and materials by focus area or by title.

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# Food and Nutrition Technical Assistance (FANTA)

## Project Title II Generic Indicator Guide Series

FOOD AND  
NUTRITION  
TECHNICAL  
ASSISTANCE

### KM Category

Best practices

### Description

A major challenge facing program managers is to develop linkages among information collected, the relevance of the information for decision making, and the economic efficiency of the process. FANTA has developed promising practices guides that detail a roadmap of information requirements at each phase of program implementation and a guide for choosing any given information tool or methodology at each stage.

The Title II Generic Indicator Guide series was developed for private voluntary organizations (PVOs) to develop monitoring and evaluation systems for use in Title II programs. The guides are intended to provide the technical basis for the indicators and recommended methods for collecting, analyzing, and reporting on the generic indicators.

Current indicator guides include:

- *Agricultural Productivity Indicators Measurement Guide* discusses the following indicators and the data needed for each of them: harvested crop yields per hectare, gap between actual and potential yields, yield variability under varying conditions, value of crop production per household, months of household food provision, percent of crop losses during storage, number of hectares with improved practices, and number of crop storage facilities built and used.
- *Anthropometric Indicators Measurement Guide* focuses on anthropometric assessment of infants and children. Information is provided on how to collect, analyze, and report on key anthropometric indicators.
- *Food for Education Indicator Guide* provides guidance on USAID-supported Food for Education (FFE) approaches to increase enrollment and school attendance in developing countries. The guide was developed with Title II Food Aid PVOs, various USAID offices involved in education, the World Bank, and the World Food Program.
- *Food Security Indicators and Framework for Use in the Monitoring and Evaluation of Food Aid Programs* outlines a process for identifying indicators and provides a conceptual framework for understanding food security issues. Integrating food security indicators into the monitoring and evaluation systems of food aid programs will ensure better and more efficient management of these resources and improve their impact. ↻



- *Infant and Child Feeding Indicators Measurement Guide* focuses on the changes in feeding practices of infants and children for improved nutritional status. The indicators are based on five widely accepted practices: initiating breastfeeding within the first hour of life; breastfeeding exclusively for the first six months; introducing complementary foods after six months; continuing feeding infants and young children with diarrhea; and, after recovering from diarrhea, increasing the nutritional intake of infants and children.
- *Measuring Household Food Consumption: A Technical Guide* describes the process and procedures for collecting information to assess the food intake requirements of a household and a step-by-step analysis of the food consumed. A separate appendix document has been prepared with detailed information about analyzing the data.
- *Sampling Guide* provides guidance on how to go about choosing samples of communities, households, and/or individuals for these surveys. This information when combined with appropriate indicators and evaluation study designs will permit analysis of the effectiveness of Title II programs. This guide emphasizes the use of probability sampling methods.
- *Water and Sanitation Indicators Measurement Guide* provides information on water and sanitation impact and monitoring indicators. Water and sanitation improvements, in association with hygiene behavior change, can have significant effects on population and health. These improvements in health can lead to reduced morbidity and mortality and improved nutritional status.

## Value

One of FANTA's mandates is to strengthen the institutional capacity of key stakeholder groups (i.e., PVOs, USAID Field Missions, and U.N. Agencies, including the World Food Program, SCN, and UNICEF) to assess, design, implement, monitor, and evaluate effective food security and nutrition policies and programs. The Title II Generic Indicator Guide Series aids partners and stakeholders in the monitoring and evaluation of policy and programs.

## Results

The Title II Generic Indicator Guide series is available on FANTA's website, [www.fantaproject.org/publications/](http://www.fantaproject.org/publications/). The series continues to be a popular webpage and is in the top ten downloads for the website.

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# Intersectoral Nutrition Action Group



## KM Category

Community of practice

## Description

In November 1997, the LINKAGES Project supported the Ministry of Health (MOH) of Madagascar in establishing and coordinating an intersectoral nutrition action group (Groupe d'Action Intersectoriel pour la Nutrition—GAIN). GAIN brought together representatives of government ministries (health, finance, education, trade, agriculture, and population), donors, and international and national nongovernmental organizations (NGOs) to discuss nutrition issues and to take concerted action. Within twenty months, GAIN had expanded from 20 to more than 75 members representing over 50 organizations.

The nutrition division from the MOH served as the chair of GAIN. The MOH's director of preventive medicine convened GAIN quarterly to harmonize nutrition messages, reach consensus on micronutrient protocols, and develop a nutrition communication and advocacy strategy. Meetings were facilitated using visualization in participatory programs (VIPPP), an approach that promotes participation by all members. Subcommittees were formed to carry out tasks identified by GAIN.

GAIN never wrote by-laws or a constitution. The enthusiasm of its members, financial support from USAID and UNICEF for regular meetings and workshops, and coordination by the MOH and LINKAGES moved GAIN forward.

## Value

Numerous organizations and agencies were involved in nutrition activities in Madagascar, but there was no focal point for nutrition policy, strategy development, and coordination of activities. Messages and protocols lacked standardization. GAIN was created to provide a focal point for nutrition, develop and harmonize nutrition actions, facilitate exchange among members, and share new programmatic and scientific knowledge.

## Results

A critical mass of nutrition advocates at the national level emerged from GAIN. GAIN is a valuable mechanism for discussion and consensus building around nutrition issues having both national policy as well as programmatic importance for community-based interventions.

In its first five years, GAIN and its subcommittees:

- Updated the plan of actions for the national nutrition policy
- Developed a health sector nutrition strategy to promote key nutrition actions for children and women at critical contact points of health service delivery
- Identified strategies for revitalizing the Baby-Friendly Hospital Initiative ↻



- Agreed on a set of micronutrient protocols for vitamin A, iron, and iodine
- Trained members in the “Essential Nutrition Actions” and the identification of key nutrition messages
- Harmonized nutrition messages among different stakeholders, produced IEC materials that promote maternal and child health and nutrition (counseling cards, women’s health card, and job aids for health workers), and used these materials throughout the country
- Supported a mass media strategy to promote nutrition behavior change
- Disseminated *Profiles*, a computer-based nutrition advocacy tool that estimates the consequences of malnutrition on a population’s health, education, and economy

In 2000, a qualitative evaluation based on 19 semistructured interviews with GAIN members was conducted. During a quarterly GAIN meeting, 27 additional GAIN members participated in a discussion of the key interview questions. The GAIN members who contributed to the study were proud of their accomplishments and found GAIN to be a useful coordination and networking mechanism.

## Issues

GAIN continues to serve as a forum for nutrition policy discussions. Since 2000, four regional intersectoral nutrition action groups have been established. Their goal is to disseminate and strengthen new national policies/protocols on nutrition and to bring the process of nutrition advocacy closer to the point of program implementation. The GAIN concept has been shared with nutrition representatives through presentations at international meetings and study tours to Madagascar.

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## Mother-to-Mother Leader Exchange of Ideas and Experiences



<b>KM Category</b>	→ Community of practice / capacity building
<b>Description</b>	<p>Organizing mother-to-mother support groups is a behavior change strategy devised to improve infant and young child feeding. During group meetings, women provide each other support for feeding decisions and practical solutions to common problems. In Ghana, the LINKAGES project provided training in infant feeding and mother-to-mother support group methodology for nine non-governmental organizations (NGOs) involved in community-based programs. In 2003, LINKAGES organized an exchange meeting for leaders of the mother-to-mother support groups in the three northern regions of Ghana. Seventy people from six language groups participated, including producers from two regional radio stations. During the meeting, the women shared experiences, discussed the theme of World Breastfeeding Week, demonstrated preparation of foods for older infants and young children, danced, and sang songs with infant feeding messages.</p>
<b>Value</b>	<p>The exchange meeting provided an opportunity to update skills, plan for World Breastfeeding Week, encourage leaders, celebrate their achievements, and cultivate the exchange of ideas among women from different communities, language groups, and regions.</p>
<b>Results</b>	<p>The meeting received excellent national television and regional radio coverage with the leaders recognized as effective agents of change. Ideas generated at the meeting were translated into community activities, radio programs, and call-in shows during World Breastfeeding Week. At a time when ethnic clashes had resulted in violence and curfews, the meeting also served to foster a spirit of cooperation and shared purpose.</p>
<b>Issues</b>	<p>LINKAGES has developed resource materials and provided training in mother-to-mother support group methodology and infant feeding for health care personnel and NGO program staff in Bolivia, Ghana, India, and Jordan. Because the project works with existing women's groups, sustainability of mother support activities is better ensured.</p>

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# LAM CD for Program Planners: An Interactive Multimedia Resource on the Lactational Amenorrhea Method



## KM Category

Multimedia CD-ROM

## Description

LINKAGES' LAM CD for Program Planners contains technical and programmatic information gathered from a variety of projects and organizations around the world. The information is in formats that allow users to educate themselves, advocate with others, and integrate LAM into their reproductive health and maternal and child health programs. Specifically, the CD includes technical publications on LAM, a bibliography with abstracts, a policy/advocacy slide presentation with presenter's notes, LAM IEC materials, background information, monitoring and evaluation tools, training modules, and an interactive quiz.

## Value

Typically used, LAM is more than 98 percent effective. It is the most effective short-term modern method of contraception available to women right after delivery and contributes to the first six months of the birth spacing interval. Women who space their pregnancies less than six months have two and one-half times the risk of dying from their next pregnancy. Women who have never tried a modern method may be willing to try this one; and women who have used LAM may be more willing to try other modern methods. LAM is also the only modern method of contraception that employs the most effective maternal behavior known to save millions of infants' lives every year—breastfeeding. The CD provides program planners with comprehensive technical and programmatic information they need to incorporate LAM into their programs, train their staff, and develop tools and materials.

## Results

Over 900 copies of the CD have been disseminated to USAID, CA and PVO program staff, and individual service providers. The contents of the CD can also be viewed at <http://www.linkagesproject.org/LAMCD/LAM.htm>.

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# Behavior Change Communication for Improved Infant Feeding: Training of Trainers Module



## KM Category

Best practice / capacity building

## Description

*Behavior Change Communication for Improved Infant Feeding: Training of Trainers* module was designed to train trainers, program staff, and community health workers in behavior change communication (BCC) skills (negotiation, experiential learning cycle, participatory group talks, and mother-to-mother support groups), breastfeeding, complementary feeding, maternal nutrition, and HIV and infant feeding. This module also covers adult learning principles and training techniques and provides opportunities for participants to practice and plan training programs as part of the training of trainers (TOT). Each learning session includes technical content, learning objectives, key messages, facilitator instructions, suggested time allocation, and materials and handouts for both community and TOT activities.

## Value

This training module has two components: 1) a community module that can be used to train program staff and community health workers in behavior change communication skills and infant feeding content and 2) a TOT module that is used to train trainers to use the community module. The TOT sessions related to BCC and infant feeding are the same sessions used in the community module. Because trainers often train as they are trained, it is important to use the community module to ensure that the participants in the TOT are able to replicate the training. The module contains a third section with activities for a two-day practice training, during which participants practice training community health workers in BCC skills and infant feeding content (using learning sessions from the community module). These two days of practice ensure that the participants feel prepared to facilitate future trainings. This module is generic and can be easily adapted for local use.

## Results

This module was based on best practices and lessons learned from BCC and infant feeding trainings conducted by LINKAGES and its partners in Ghana, Guatemala, and Bolivia. "Behavior Change Communication for Improved Infant Feeding: Training of Trainers" module has been used by LINKAGES in Ghana and India. In Ghana, the TOT was conducted with Ghana Health Service (GHS) officers who then trained regional GHS staff using the module. In India, this module was adapted and used to train LINKAGES PVO partners. To date, over 40 organizations have requested the module.

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# Monitoring & Evaluation of PMTCT Community of Practice



## KM Category

Community of practice / monitoring and evaluation

## Description

On July 1, 2003, the Academy for Educational Development's (AED) LINKAGES project, hosted a one-day Knowledge Management meeting on the monitoring and evaluation (M&E) of the prevention of mother-to-child-transmission of HIV/AIDS (PMTCT). The workshop was convened to connect people to people and people to information about the M&E of PMTCT. The workshop objective was to share information, strategies, and experiences in monitoring and evaluating PMTCT programs in order to define a set of M&E better practices for PMTCT programs as these programs go to scale.

Twenty-two people representing 13 organizations/projects attended the workshop. Among the organizations attending were those that currently report to USAID on PMTCT as well those that will be initiating PMTCT activities with funding through the Presidential Initiative. Participants included representatives from Abt Associates, AED, Family Health International, IntraHealth/PRIME, Macro International, Management Services for Health, Population Council, Project Hope/CORE Group, SSS/TVT Synergy, University Research Co., and USAID. These organizations are expected to scale up PMTCT rapidly and submit results biannually to USAID.

## Value

Although infant feeding is one of the three modes of mother-to-child transmission of HIV, infant feeding interventions and indicators are absent from most programs. The LINKAGES project is experienced in integrating infant feeding with other PMTCT interventions and in collecting infant feeding data in the context of HIV. The meeting provided an opportunity for LINKAGES to share this experience with other organizations that will be reporting on their PMTCT activities. Based on LINKAGES' experience, the difficulties and costs of collecting survey data within HIV interventions are often overestimated by organizations that are hesitant to collect this data.

The meeting was organized to address these concerns and to elaborate upon USAID reporting requirements, indicator standards, and evaluation in the context of PMTCT. Each organization reported on its current monitoring activities. Participants met in small groups to discuss cost analyses, global indicators, and community-based monitoring systems.

## Results

One of the outcomes of the workshop was support for continuation of the M&E working group, with LINKAGES serving as the point organization to work with USAID. The group will maintain a focus on the use of M&E data, leverage external resources to conduct evaluations, and possibly produce an M&E guide that would lead to greater collaboration while building consensus among ↻



implementers. Another outcome was the appointment of a cost and cost effectiveness analysis subgroup that will meet and make recommendations to USAID so that there is consistency across analyses. The subgroup met in August 2003 and decided to link results to cost and informed USAID of the meeting and its outcome.

## Issues

This M&E community of practice will serve as the focal communication point for information exchange between USAID and implementing agencies. This exchange will help ensure that the guidelines established by USAID for reporting indicators are applied consistently and that best practices are shared throughout the community.

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# Workshop on Mapping Models for Delivering Insecticide-Treated Bednets through Targeted Subsidies



## KM Category

Community of practice

## Description

From May 13-15, 2003, representatives from the Roll Back Malaria (RBM) partnership, including ministries of health, national malaria control programs, development agencies, nongovernmental organizations, and the commercial sector, represented by NetMark, met in Lusaka, Zambia for a “Workshop on Mapping Models for Delivering Insecticide-Treated Bednets (ITNs) through Targeted Subsidies.” Experts on the use of ITNs for malaria prevention shared knowledge and experiences regarding models for delivering ITNs to vulnerable populations through targeted subsidies.

## Value

The workshop had two major goals:

- To review and objectively assess experiences to date with different models for delivering ITNs through targeted subsidies in the context of the RBM strategic framework
- To provide guidance to countries and their partners in the process of planning or implementing ITN interventions, including country recipients of Global Fund for AIDS, Tuberculosis, and Malaria awards.

## Results

The workshop outputs were guidelines in the form of an analytical framework defining different models for targeting ITN subsidies that addresses the pros and cons for key elements in each model. These guidelines will serve as a resource for new and ongoing ITN interventions.

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# REDUCE: An Advocacy Process for Safe Motherhood



## KM Category

Interactive computer-based learning activity

## Description

To raise awareness of the high costs of inadequate attention to maternal deaths and disabilities, in 2000, USAID's Bureau for Africa, Office of Sustainable Development (AFR/SD) supported the Academy for Educational Development (AED) through the Support for Analysis and Research in Africa (SARA) project to develop and test a safe motherhood advocacy and policy development tool called REDUCE. The REDUCE process brings together a multidisciplinary team of local experts to review national and international data, identify priorities and strategies for safe motherhood, and develop an advocacy plan and presentation for various audiences. USAID supported the first applications of the REDUCE process in Uganda and Senegal.

## Value

"For a woman in labor, the grave is open and ready." This Yemeni proverb expresses the grim reality for many women throughout the world. Despite a set of lifesaving strategies that can work in low-resource settings, an estimated 515,000 women die each year from maternal causes, and at least 15 million suffer injuries, infection, and disabilities.

Despite the huge human and economic toll of maternal mortality and disabilities, governments, their partners, and civil society are relatively uninformed about the causes and consequences of poor maternal health as well as the solutions. Increased attention to maternal health services and well-focused community interventions can make a sizable difference to both maternal and newborn survival.

## Results

USAID's initial investment in the development and testing of the REDUCE model showed the potential of this advocacy tool and helped to engage other partners including government agencies, international donors, and NGOs in advocating for safe motherhood. The World Health Organization's Regional Office for Africa (WHO/AFRO) has used REDUCE as part of its Making Pregnancy Safer Initiative in Ethiopia, Mauritania, Mozambique, and Nigeria. WHO/AFRO also used REDUCE to develop an advocacy presentation for sub-Saharan Africa. Recognizing the need for advocacy on newborns and the close links between maternal and newborn health, Save the Children, through the Saving Newborn Lives (SNL) initiative, supported AED in the development of the newborn model (called ALIVE) that builds on REDUCE. In 2002, SNL supported the application of REDUCE/ALIVE in Vietnam.

Events that have transpired since the REDUCE process was initiated suggest that REDUCE has helped mobilize maternal health advocates in several countries to develop, coordinate, and implement action plans for safe motherhood advocacy and program implementation. ➔

- In Senegal, USAID's bilateral Maternal and Child Health and Family Planning Project used REDUCE to advocate for the removal of legal barriers to reproductive health, raise awareness of safe motherhood at the district level, and create persuasive media messages.
- In Nigeria, REDUCE was used to train reproductive health managers in all sites where the Making Pregnancy Safer program had been initiated. At Lagos University, the model was used in the training of public health nurses, midwives, and postgraduate students of public health and obstetrics/gynecology. The REDUCE advocacy presentation was also shown and distributed to the first lady, the federal minister of health, five state assemblies, all 31 state directors of primary health care, and all reproductive health focal persons in the 774 local government authorities in the country. The federal minister of health has directed his ministry to embark on a "National Program on Maternal Mortality Reduction." With financial support from the United Nations Population Fund, the ministry conducted a rapid appraisal of health care facilities on their preparedness for emergency obstetrical care. The findings will be used in the development of the National Program for Maternal Morbidity Reduction.
- In Mozambique, REDUCE was used to raise funds from the United Kingdom Department for International Development for Making Pregnancy Safer initiatives.
- The Ministry of Health of Vietnam, with technical input from the UN and NGOs in Vietnam and funding from the Royal Netherlands Embassy, has developed a five-year master plan for safe motherhood and a two-year operational plan.

## Issues

One of the Millennium Development Goals is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015. REDUCE is proving to be an effective tool for generating the commitment to achieve this goal. A tool to monitor REDUCE and other maternal health advocacy activities was developed and pretested by the SARA Project in Uganda and Nigeria in 2003. This tool will be used to guide monitoring activities in other countries.

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# Facilitating Behavior Change Communication Working Groups in Francophone Africa



## KM Category

Community of practice

## Description

The Academy for Educational Development (AED) worked with the Santé Familiale et Prévention du SIDA (SFPS) resident advisors to establish professional networks of approximately 30-40 communications specialists in each of the project's target countries: Burkina Faso, Cameroon, Côte d'Ivoire, and Togo. In 2001, AED facilitated "reflection workshops" in each country that brought together behavior change communication (BCC) experts to determine the structure and objectives of these new "BCC Working Groups" (BCCWG). The groups were encouraged to obtain official nongovernmental organization (NGO) status so that they could benefit from AED subgrants to launch their activities.

## Value

As per the original scope of work for the SFPS project, the creation of national working groups for information, education, and communication experts was an important step in the process of capacity building and establishing local ownership of the program. In response to a need to adapt to new developments in the field, this was also an opportunity to introduce the concept of BCC in West and Central Africa, as a new enhancement of the IEC framework.

## Results

The main objectives of the groups were as follows: 1) to promote and legitimize the field of BCC within each country; 2) to increase the BCC capacity of individual members; and 3) to facilitate networking and information sharing among BCC professionals and organizations.

The BCCWG in Burkina Faso, Cameroon, and Côte d'Ivoire managed to obtain NGO status, but, as of the end of the project, the Togo group had not yet received theirs.

## Issues

In 2003, AED organized a Francophone Africa Regional Summit on Behavior Change Communication, which brought together approximately 70 professionals from 11 countries to exchange experiences and share lessons learned. This included three representatives from each of the BCC working groups. This multisectoral event provided a valuable venue for networking and regional collaboration. The objectives of this event were as follows:

- To review lessons learned and best practices from BCC in the region, including the experiences of the SFPS BCC Working Groups
- To determine the present BCC situation in West Africa
- To develop a common vision of BCC for the region, including challenges, priorities and strategies ➡



- To identify BCC training needs and opportunities in the region
- To identify better ways to respond to the needs and expectations of those who use BCC interventions (i.e., government ministries and NGOs)

In addition to plenary presentations, participants divided into three thematic working groups to discuss the following themes: (1) conceptual cadre and methodological approach; (2) implementation of programs in the field; and (3) training and reinforcement of institutional capacities. At the summit's closing ceremony, which was attended by the Minister of Information of Burkina Faso, the three groups made specific recommendations targeted at planners and decision makers, leaders of training and research institutions, communicators, and donors. Following is a summary of recommendations for each thematic group:

### **GROUP 1: Conceptual Framework and Methodologies**

Recommendations for program planners and decision makers:

- Adapt theories to local environments
- Provide more training on theories and models
- Validate and improve research through greater collaboration with universities

### **GROUP 2: BCC Program Implementation**

- Institutionalize a regular forum of exchanges and of dissemination of best practices in BCC in West and Central Africa
- Create minimum standards of quality for BCC interventions
- Promote greater involvement of beneficiaries in planning and execution of programs
- Establish better coordination mechanisms

### **GROUP 3: Training and Institutional Capacity Building**

Integrate BCC into the curricula of national schools of public health, social work, journalism and teacher training

- Put more emphasis on post-training follow-up of activities
- Create a central website for advertising trainings
- Establish professional accreditation standards

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# Making a Difference to Policies and Programs



## KM Category

Best practices

## Description

The USAID/AFR/SD-funded SARA project developed a tool, *Making a Difference to Policies and Programs: A Guide for Researchers*, to help researchers achieve a greater impact on policy and program decisions. Although intended for seasoned researchers in government services, academic institutions, and consultants in the private sector, the guide can also be used as a teaching tool with students and colleagues. The basic premise of the guide is that research informs policies and programs most effectively when there is an extended, three-way process of communication linking researchers, decision makers, and those most affected by whatever issues are under consideration. The four basic stages in the research process described are defining the research question; developing the research proposal; conducting the study; and communicating research results. The guide presents a number of practical recommendations that aim to facilitate a process of communication at key moments in the research process, offering practical steps intended to focus researchers' attention from the outset on the desired end-use of the research.

## Value

*Making a Difference to Policies and Programs: A Guide for Researchers* was developed in response to a need identified during research meetings in Africa for a practical guide to help researchers in all sectors achieve a greater impact on policy and program decisions. Too often, money and energy are spent on research that is not relevant to practical decisions, and, even when it is relevant, it is often ignored by decision makers.

## Results

The guide has had a great impact on research and public health training around the world, particularly in Africa. It has been used in workshops and conferences throughout Africa to improve the research practice of health workers, private sector consultants, academic researchers, and social scientists so their research is used more effectively in influencing policies and program management.

## Issues

*Making a Difference to Policies and Programs: A Guide for Researchers* continues to be disseminated upon request. A training guide has also been developed, which includes training session outlines, case studies, and group activities for workshop facilitators. SARA has also recently completed an assessment of its use. Findings indicate that guide has had helped to effect policy change at the national level, 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.

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# A Guide to Research on Care-Seeking for Childhood Malaria



## BASICS II

### KM Category

Best practices

### Description

In 2002, BASICS II and the SARA project co-produced *A Guide to Research on Care-Seeking for Childhood Malaria*. The guide is written for investigators who will plan and implement a qualitative study on how people seek care for young children who have fever or convulsions—key symptoms of malaria. It provides a systematic yet efficient protocol for researchers to use in the field and suggests ways to organize the research, analyze the findings, and write preliminary and final reports. The guide is intended for researchers who already have experience with qualitative data collection, recording, and analysis, but who may not have field expertise in investigating care-seeking for malaria.

### Value

Malaria kills more than one million children every year. Most of these deaths could be averted if families recognized the symptoms of malaria and provided appropriate treatment as soon as possible. Early diagnosis and correct treatment of malaria is a key strategy for malaria control in endemic countries worldwide. But this strategy requires an understanding of community care-seeking practices: how caregivers recognize and respond to childhood malaria symptoms, what factors shape their care-seeking behavior, and how they choose among available treatment options. Program planners must understand the barriers to optimal care so that interventions can be designed to reduce those barriers. Sound behavioral research on the management of malaria in the community can provide this information.

### Results

The guide has been widely disseminated and has helped program managers tailor malaria-control interventions based on thorough research findings.

### Issues

The guide will continue to be disseminated on request. Plans for assessing the use and impact of the guide are being developed.

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# Monitoring and Evaluation of Nutrition and Nutrition-Related Programmes: A Training Manual for Programme Managers and Implementors



## KM Category

Management tool

## Description

With technical assistance from the USAID/AFR/SD-funded Sustainable Approaches to Nutrition in Africa (SANA) project, the University of Nairobi's Applied Nutrition Programme and the School of Nutrition Science and Policy at Tufts University developed a manual to train program managers and implementers on how to develop monitoring and evaluation components of nutrition and nutrition-related programs. This manual has been tested and developed through courses at Tufts and the University of Nairobi.

## Value

Nutrition program managers are not always equipped with the proper knowledge and skills that enable them to plan, conduct, and analyze the results of monitoring and evaluation activities and to use these results to improve their programs. This manual is designed to assist facilitators train program managers on how to design an effective monitoring system and develop an evaluation plan.

## Results

The training manual has been widely disseminated in East and southern Africa. A significant number of South Africans have been trained in monitoring and evaluation using the manual.

## Issues

Both the English and French versions of the manual will continue to be disseminated. If requested, the SANA project, now incorporated into the Support for Analysis and Research in Africa (SARA) project, will provide technical support to institutions providing the monitoring and evaluation course. A course on monitoring and evaluation has been institutionalized at the University of the Western Cape that uses this manual. In response to numerous requests from Francophone Africa, the manual has also been translated into French to ensure broader implementation of monitoring and evaluation and capacity development throughout Africa.

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# Compendium of Multisectoral Approaches to HIV/AIDS in Africa



## KM Category

Best practices

## Description

The SARA project gathered promising practices from PVOs on their approaches to HIV/AIDS in Africa. These practices are multisectoral in nature. Through the PVO-USAID Steering Committee on Multisectoral Approaches to HIV/AIDS, SARA developed a format and compiled 22 promising practices and were reviewed and edited by a the PVO-USAID review committee to get the most substantive information possible.

## Value

HIV/AIDS is among the greatest challenges to sustainable economic, social, and civil society development today; it is a global crisis that undermines all aspects and all sectors of entire societies. An effective response demands committed, urgent, and sustained action by alliances of individuals, organizations and governments. Furthermore, an epidemic as complex and as destructive as HIV/AIDS requires innovative and multisectoral responses beyond standard public health measures. The implementation of multisectoral HIV/AIDS programs warrants total national commitment and reduction in stigma associated with the disease. Thus all agencies governmental and non-governmental and private organizations engaged in development efforts need to have the necessary information and knowledge to respond to HIV/AIDS as a major development issue.

The PVO-USAID Steering Committee wanted to highlight current activities that already seem promising and have the potential to be replicated. PVOs have been meeting with USAID for almost 2 years to discuss multisectoral approaches to HIV/AIDS. This compendium seemed a good way to disseminate some of the ideas that have been tried and tested in the field so other organizations do not have to "reinvent the wheel." A particular emphasis has been on PVOs that are not engaged in the health sector so have less knowledge and background on addressing the impacts of the epidemic.

## Results

The document has been disseminated by PVOs to their field offices as well as through meetings. The document is currently being reprinted. Electronic versions will be available on several web sites. Although it is too early to determine, the hope is that PVOs and NGOs in the field will adapt some of the practices described, or at least explore with the contributing PVOs how they might integrate such a practice into their work. From June-August 2003, this document has been downloaded almost 1000 times from the SARA project web site alone.

## Issues

The information in this document has been converted so that it is also available through the Advance Africa Compendium of Best Practices.

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## Capacity Building in Dissemination



### KM Category

Community of practice

### Description

The USAID/Zambia mission approached the Africa Bureau and the SARA project to request assistance in repackaging information for the many activities in its health portfolio. The SARA project agreed to provide some technical assistance to the mission's partners in dissemination and repackaging. SARA's objective was to build Zambian capacity in dissemination and repackaging so that those trained could be a resource to the mission for any upcoming dissemination and repackaging needs.

### Value

Information is a critical resource, but too often the information is not available in a format that people can understand or use. The information sometimes exists but is not disseminated properly. As a result, people do not have access to it. It is critical for projects and organizations to plan ahead for repackaging and dissemination needs, both to share the knowledge and to promote the lessons that have been learned so groups do not "reinvent the wheel." The SARA project works with African institutions to help them understand the principles of dissemination and to begin to think about ways to repackage information so that people can use that information to inform their work.

### Results

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

The repackaging workshop identified different formats that would be relevant to policy audiences, in particular. Participants practiced with exercises on eliminating jargon and identifying policy findings and implications. Then the participants read through and evaluated some success stories and practiced writing their own. They also learned about policy briefs/fact sheets and started to write one of their own. To break up the exercises, and at the request of the participants, SARA designed a layout session for the participants to think about how to present the material visually. The objective of the session was not to teach a new software, but to have participants think about the visual effects and different ways of grabbing people's attention with pictures, photographs, font styles, layout styles, pull quotes, colors, etc. The final session was learning ☞



about press releases and press events. Timing did not allow for the participants to complete a press release, but they did practice writing a hook and the first paragraph that had to answer questions of who, what, where, how, when, and why.

With this practical experience, the participants were invited to share drafts with the workshop leaders. Several participants did send repackaged materials for comment and have been working to disseminate information more widely.

## Issues



Clearly the work of USAID/Zambia and its partners is interesting and is yielding results. We believe this workshop was a valuable introduction to the dissemination and repackaging process for the participants and their organizations. Strategies need to be developed to ensure that this information is appropriately disseminated. The challenges will be for the participants to transfer their new skills and knowledge to their peers and organizations and for the organizational leaders to provide adequate time and resources (human and financial) to improve the dissemination of Zambia health information both within the country and in the international arena.

# Strengthening Information Dissemination Centers in East and Southern Africa



## KM Category

Community of practice

## Description

The SARA project and its partner institution, the Commonwealth Regional Health Community Secretariat (CRHCS) in Tanzania identified and supported eight information dissemination centers (IDCs) from seven countries in East and southern Africa to become more proactive in disseminating nutrition and reproductive health information.

The role of these country dissemination centers was to disseminate regional information, collect country-specific information and grey literature and to conduct greater outreach to ensure that policymakers and program managers had access to the information. They operated with support from a technical task force that guided the activities of each IDC.

SARA provided small seed grants to support information dissemination center (IDC) activities. The information specialist from CRHCS coordinated the IDC coordinators, helped them develop work plans and then followed up with the coordinators on a regular basis to ensure that the centers were adhering to the work plan.

## Value

Promotion of health policy and programmatic changes requires access to current research findings, prepared in formats that facilitate understanding and use. The purpose of this activity was to increase the use of research, analysis, and information in support of improved health and nutrition in East and southern Africa.

## Results

CRHCS and SARA had numerous regional health publications but no mechanism to systematically disseminate them within countries in the region. This project was developed to strengthen the capacity of African institutions to collect, collate, and distribute relevant information in a timely manner and increase information access at the policy and programmatic levels in the areas of reproductive health and nutrition.

The IDCs engaged in a range of different activities that were not always the same in all centers. These included collecting grey literature and developing annotated bibliographies, holding policy seminars, repackaging information, developing dissemination lists, and thinking strategically about how to disseminate information, developing relationships with media and outreach strategies.

CRHCS repackaged groundbreaking research on maternal mortality into a policy action booklet. This was disseminated widely through the IDCs who sent it to their mailing lists and organized policy seminars for policy makers to understand



and discuss the issue and its consequences in their country. In several countries, country-specific information was repackaged to support the regional policy booklet. Following these seminars, the booklet was repackaged into a drama for Zimbabwe audiences and this drama was adapted by the Zambia IDC for a Zambian audience.

Some results included:

- Health ministers recognized the problem of unsafe abortion and some policy change has occurred in the countries of the region to deal with the consequences of unsafe abortion. The USAID-funded postabortion care initiative in this region has since taken the issue much further.
- The IDC coordinators became more outreach oriented. In general, the coordinators have remained the same over the 8 years since the project was begun. Many have grown professionally and have been invited to speak at conferences and hold official positions in information networks, etc.
- In its strategic plan 1999-2004, CRHCS included a separate program on information communication and technology. Health ministers saw the importance of information dissemination and created a coordinator post at CRHCS. This position, however, has never been funded adequately.

## Issues

Creating and sharing local content is a huge responsibility and increasingly demanding and complex. To achieve results, more investment is needed in terms of time, facilities, staff, training, and more support and stronger commitment is required from governments and donors.

Collection of grey literature is not easy. Researchers are sometimes uncooperative or unwilling to share information, and facilities and funds to copy the information are not always available. However, compilation of bibliographies and production of issue summaries may stimulate researchers to contribute their work.

Country dissemination centers are strategically placed to assist in organizing information so that it is accessible to researchers, policymakers, and media, but this function needs to be supported with additional small amounts of funding. This started with the bibliographies and policy seminars, but could continue with centralizing collection of information and searchable electronic databases. However, when adding work to an existing center that already has a full complement of activities, results take longer to achieve.

### Skills/Resources Needed to Proceed Further

The greatest challenge facing any dissemination activity is the need to repack-age information differently for various audiences. These skills are critical, yet scarce. Moreover, repackaging information takes valuable resources that are often unavailable.

- Content experts or a team of experts are required to identify what research needs to be repackaged. But who should be trained to repack-age material technical content experts or information specialists or are both required to do the job? ➔

- Information and dissemination are activities that are often forgotten and not included in research studies or budgets. It is critical to educate researchers, donors, and policy makers to include information and dissemination activities in all research activities and budgets—otherwise the information is put on a shelf and not used and incorporated into strategies to change and improve the situation.

#### Other Lessons

- A regional coordinating body with specific functions is critical. The functions of a regional body include providing guidance and motivation, linking IDCs to other opportunities, groups and to potential funding and resources, providing technical assistance, and offering opportunities to reflect and measure success.
- The most active centers had a technical person who championed the activities of the center and provided leadership, vision, motivation, support, and guidance to the IDC coordinators.

#### Replication

- The SARA project tried unsuccessfully to replicate this activity in West Africa. Although an initial workshop was held with teams of three from each country, the regional institution did not assign a person to oversee this project who could devote enough time to nurturing the country teams. In addition, although the regional institution promised some initial resources, these were not forthcoming.
- To replicate this process a regional institution must be committed to and involved in designing a project and see the value of such a network for disseminating its own information. A person must be available to coordinate this activity and provide appropriate guidance, motivation and opportunities. Appropriate existing information centers must be identified and brought together to define a role and strategy for making information more accessible. This requires financial resources.

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# Consultative Meeting on Next Steps for Increasing Private Sector Involvement in Child Health



## KM Category

Knowledge sharing

## Description

A consultative meeting to advance the engagement of the private sector in child health was organized at AED by a small working group made up of staff from the World Bank, the World Health Organization, Geneva (WHO-HQ), the Pan-American Health Organization (PAHO), USAID-Health Communication Partnership (USAID-HCP), and the SARA project. Twenty people participated in the meeting, representing WHO, PAHO, the World Bank, USAID, USAID-funded projects (Catalyst, Commercial Market Strategies, CORE group, HCP, Johns Hopkins University, ARCH, BASICS, and Malaria Action Coalition activities—Netmark, RPM+, and SARA), and Management Sciences for Health (MSH)/Strategies for Enhancing Access to Medicines (SEAM). The objectives of the meeting were to exchange experiences; discuss opportunities for expansion; identify resources for regional and country work; and discuss opportunities for coordinated efforts.

## Value

In most developing countries, the private sector is an important source of case management for common childhood illnesses, such as diarrhea, malaria, and acute respiratory infection (ARI). Parents and guardians of sick children often seek the help of private providers because they are accessible and sensitive to their specific needs. However, the quality of case management offered by these providers is often substandard, deviating substantially from the recommended clinical guidelines for managing childhood diseases. Because private providers play such an important role in the treatment of sick children in developing countries, health officials must work to include them in child survival programs, such as the Integrated Management of Childhood Illness (IMCI), the Malaria Control Program (MCP), and Roll Back Malaria (RBM). Doing so will help lower childhood mortality rates.

## Results

Discussions at the meeting produced several recommendations and next steps:

- Identify key private sector partners and find representatives to join the interagency working group
- Distribute meeting minutes and executive summary of *Working with the Private Sector for Child Health* to WHO and USAID field officers
- Develop advocacy packet to strengthen advocacy efforts within organizations and countries
- Present evidence and advocate for linking the private sector in child health within the Millennium Challenge Account initiative (USAID).

The SARA project has also produced two publications that are helping to move the agenda of involving private providers in child health forward: *Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival: Situation Analysis and Summary of Promising Interventions* and *Working with the Private Sector for Child Health*. ➔



## Issues



The SARA project is currently developing a toolkit for working with formal and informal private providers that is targeted at program managers. This framework of the toolkit focuses on country/district situation analyses and the choice of interventions appropriate to each context. The toolkit will also include a compilation of tools that support a range of interventions, including motivation of private providers, prepackaging of essential drugs, regulation, client education, education/persuasion, and negotiation methods. SARA is also producing an advocacy packet to educate the public sector on the importance of private sector involvement in child health, which has been identified as a necessary part of the package.

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# Integrating Nutrition Tools and Approaches into Preservice Settings in West Africa



## KM Category

Community of practice

## Value

In April-May 2002, the SARA project, with the BASICS/West Africa office (WARO) and the Institut Régionale de la Santé Publique (IRSP) in Benin, organized a five-day workshop in Benin to disseminate nutrition approaches and tools developed by agencies supported by USAID, including SARA. SARA inputs included workshop design, development of the training content, and provision of technical background materials. The approaches and tools presented included the SARA Trials of Improved Practices (TIPS) consultative research method, AED/PROFILES nutrition advocacy tool, the BASICS Minimum Package of Essential Nutrition Actions, and SANA tools on program monitoring and evaluation and district planning of community nutrition programs.

## Value

Training institutions in West Africa have faced challenges designing effective programs because of lack of access to innovative approaches and tools. The workshop was developed to ensure that trainees have access to the latest tools and approaches so that they can consider and test nutrition actions before they are implemented into health education or child health programs.

## Results

Twenty participants from sixteen training institutions in nine West and Central African countries (Benin, Burkina Faso, Cameroon, Democratic Republic of Congo, Guinea, Mali, Niger, Senegal, and Togo) attended the workshop and drafted action plans for integrating the approaches and tools into their training curricula. It is hoped that the training institutions will begin to integrate these tools into their training curricula.

## Issues

Training institutions from Cameroon, Guinea, Niger, and Senegal have submitted their final action plans together with a request for support from BASICS and SARA to assist in revising the training curricula. SARA and BASICS will continue to provide support for follow-up activities to assist in the integration process.

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# Introduction to Advocacy



## KM Category

Best practices

## Description

*Introduction to Advocacy: A Training Guide* provides the tools for people to start engaging in the advocacy process. Training based on the guides' principles has resulted in policy changes worldwide. The guide was printed in both English and French in 1997, following several field tests with Francophone and Anglophone Africans. The document was posted on the web in English and French in PDF format. It was also highlighted in a number of publications (CIVVICUS) and listserves. The guide has been translated into a number of other languages: Russian (by AED); Spanish, Arabic, and parts into Portuguese (by the POLICY project); and local Malian languages (by INAGEF).

## Value

The SARA project developed the advocacy guide in response to a recognized need during a consultative meeting on advocacy sponsored by SARA in Washington in August 1995. The need was to build the capacity of African institutions to influence policy change. Specifically, introductory materials that could be easily adapted and used at low cost in different local settings were needed.

## Results

In 2000, SARA conducted a use assessment of the guide. Below are some of the findings from that review.

There are now ten African organizations with the capacity to train trainers. Trainees represent 35+ African countries, as well as Asia, Latin America, Eastern Europe, and Europe. They represent a wide range of levels, from mid- to senior-level managers, community-level participants, and parliamentarians to media people, medical personnel, and allied health personnel. They are representative across sectors including numerous health-related areas, democracy and governance, environment, education, women's empowerment, women and technology, youth (including gang members), and disability. Advocacy collaborations have been created with United Nations Population Fund (UNFPA) staff, the POLICY project, Center for African Family Studies (CAFS), International Planned Parenthood Federation (IPPF), parliamentarians, and numerous country and regional networks.

Over 7 African training organizations have used the training guide to develop their skills for the training of others. Over 60 African training events have occurred in Africa related to advocacy, and over one thousand Africans in the social sectors have been trained in advocacy methods and processes regarding the use of research to influence policy in their institutions and at higher levels. ➔



### Change in Policies/Increased Support:

- A CAFS trainee in Namibia has used her advocacy skills to mobilize donor and local funds to achieve a community one-stop-shop for all HIV/AIDS issues.
- In Ghana, POLICY trainees in two networks have gained district level support for their issues.
- IPPF reports that legal barriers to reproductive health are being lifted in many Francophone African countries as a direct result of advocacy efforts using the guide and carried out by National Advocacy committees.
- The East, Central and Southern Africa Health Community Secretariat reports that nurses and midwives who were trained in Zambia undertook an advocacy program that resulted in the passage of the Nurses and Midwives Act of December 1997, which allows for nurses and midwives to prescribe medicine.
- In 1998, Russian women, who were trained by the POLICY project succeeded in getting a line-item in the budget, that had been eliminated nationally, reinstated at the sub-district level.
- In Lima, Peru, a law was reinstated to allow breastfeeding women to arrive at work an hour later.

This guide has been the basis of many other advocacy documents produced by the Policy Project, World Learning's STAR and PASCA projects, PCS, World Education, ICRW, CAFS, CESAG, ACI, UNFPA, and FAWE. The guide also was incorporated into the PROFILES workshops.

### Issues

The guide continues to be used around the world and SARA disseminates the guide upon request.

The publication is available in PDF format:

English: [http://www.dec.org/pdf\\_docs/PNABZ919.pdf](http://www.dec.org/pdf_docs/PNABZ919.pdf)

French: [http://www.dec.org/pdf\\_docs/PNACB277.pdf](http://www.dec.org/pdf_docs/PNACB277.pdf)

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



## KM Category

Best practices

## Description

*Using Data to Improve Service Delivery: A Self-Evaluation Approach* is a guide that will help frontline health workers use data collected at health facilities to:

- Solve common problems in service delivery; and
- Improve their response to community needs.

The guide is intended for doctors, nurses, and midwives in community-based health centers. The overall aim of the guide is to promote greater use of existing service data to improve health services.

This user-friendly guide has been designed to help healthcare workers use data collected at their health facility to solve common problems in service delivery and improve their response to community needs. It is intended for doctors, nurses, and midwives in both community health centers and rehabilitated district health centers. The overall aim of the guide is to promote greater use of existing data in delivering health services. It outlines the five essential steps to self-evaluation using the examples of six essential services: prenatal care, assisted delivery, preventative infant visits, vaccinations, family planning, and community participation in health center management. Blank copies of data recording tables are provided.

The guide was produced by the SARA project with John Snow, Inc. (JSI), the Center for Applied Research on Population and Development (CERPOD), MEASURE, and AED. It is available in English and French.

## Value

In January 2000, the SARA project supported JSI in determining how local health workers in Mali involved in the field testing area were using the self-evaluation guide developed by CERPOD and how it could be strengthened and revised to better address their needs. After being revised, a French self-evaluation guide was published in 2001. After further revision, an English version of the self-evaluation guide was printed in 2003.

## Results

Conducting self-evaluation of health services using data already collected at the health facility can help health workers in many ways. Overall, self-evaluation will enable health workers to assess problems and discover new strategies for improving health services. Self-evaluation is not difficult, but it can take time. It works best when health workers take a special interest in improving their ability to meet health needs in the community. To be effective evaluators, health workers should also receive support from their managers and supervisors. ➔



**Issues** →

*Using Data to Improve Service Delivery: A Self-Evaluation Approach* is available in English and French from the SARA project. PDF versions are also available at:

English [http://www.dec.org/pdf\\_docs/PNACT058.pdf](http://www.dec.org/pdf_docs/PNACT058.pdf)

French [http://www.dec.org/pdf\\_docs/PNACN166.pdf](http://www.dec.org/pdf_docs/PNACN166.pdf)

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# Designing by Dialogue



## KM Category

Best practices

## Description

*Designing by Dialogue: Consultative Research for Improving Young Child Feeding* provides tools to design, implement and analyze formative, consultative research which can be used to design effective programs to improve infant and young child feeding. This step-by-step guide describes how to: define key problems in child feeding practices; identify simple and effective actions to improve child feeding within the household; test and analyze these practices; and develop effective strategies to promote these practices. The ten-chapter manual describes the different phases of the research process and offers suggestions for using the process. Phase 1 consists of reviewing existing information and designing the research. Phase 2 explores formative research methodologies. Phase 3 suggests ways to link research to action—finding appropriate uses for the research. The final chapter describes how to adapt the approach for training. This manual was published by the SARA project in 1997 in English and French. A Spanish language version was also produced (by the BASICS Project). A Training Guide for *Designing by Dialogue* was produced by SARA, Sustainable Approaches to Nutrition in Africa (SANA) project, and Social Science and Medicine Africa Network (SOMA-Net).

The manual is intended for people planning large-scale programs to improve young child nutrition. It may also be useful for people doing applied research to help program planners, working in nutrition communications, or training nutrition counselors. Users should include a team with expertise in nutrition, research, and communications.

## Value

The Health and Human Resources Analysis for Africa (HHRAA) strategic framework “Setting Priorities for Research, Analysis, and Information Dissemination to Improve Child Nutrition in Africa” was developed by SARA and published in August 1995. Two of the four major recommendations for priority areas emanating from this paper, including the need to improve programs addressing young child feeding and the need to build capacity for program-related skills in nutrition, set the stage for the development and use of *Designing by Dialogue*.

In addition to the recommendations from the strategic framework, the decision to develop this tool was based on a previous SARA-supported review paper on lessons learned from African programs using a similar research approach. This review found that program planners and nutrition communicators needed easy-to-use tools and practical methods to determine nutrition-related beliefs and practices and their potential for improvement, as well as guidance on what constituted appropriate young child feeding practices at various ages in order to ➔



improve the quality of their programs. Without this information, educational messages and advice were too general and impractical, limiting their potential impact. Consensus was building that programs should emphasize appropriate feeding during health as well as illness in order to have a greater impact. *Designing by Dialogue* addresses these gaps by providing user-friendly research tools and materials and a process for using research results to shape educational messages and strategies for improving young child feeding practices during illness as well as health.

This manual outlines a consultative approach to formative research that is the culmination on more than 15 years of experience working with infant and young child feeding programs.

Examples of the impact that *Designing by Dialogue* has had include:

- In Ghana, the national code on breastfeeding and infant feeding was translated into local languages for community leaders to use.
- In many countries, it has been used for adapting IMCI feeding recommendations.
- In South Africa, Zambia, and Zimbabwe, the consultative research methodology was used to identify infant feeding options for HIV-positive women in rural areas.
- In Benin, it was used in the training of NGO and MOH staff.

## Issues

→ *Designing by Dialogue* is available in English and French from the SARA project.

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# Best Practices for Community Nutrition



## KM Category

Best practices

## Description

*Best Practices and Lessons Learned for Sustainable Community Nutrition Programming* is a reference document for planners, implementers and managers of community nutrition programs. Aiming towards improving the efficacy and sustainability of community nutrition programs, this document presents optimal practices and lessons learned from actual programmatic experiences in West Africa. In addition, it provides pertinent tools to be used in the various phases of planning and implementation of sustainable nutrition programs. Furthermore, this document suggests means of collaboration between government and non-governmental partners and advocates nutrition as an integral aspect of development. The document was published by the Support for Analysis and Research (SARA) and Sustainable Approaches to Nutrition in Africa (SANA) projects in 1999 in English and French.

## Value

By 1997 there was agreement about what the factors are for successful community nutrition programs. However, most successes with community nutrition programs continued to be realized with small-scale interventions, and most efforts to scale up successful local programs or projects failed.

In 1997, SARA, SANA, BASICS and Organization for Food and Nutrition Research in Africa (ORANA) established the "Regional Initiative for the Reinforcement of Capacities in Community Nutrition." One of the activities of this initiative was the collection and dissemination of best practices and lessons learned from community nutrition programs in sub-Saharan Africa to improve the effectiveness of community nutrition programs.

## Results

The paper has been widely disseminated with over 5000 copies requested. In Senegal, the document was used in the evaluation of the PAIN (Integrated Package of Nutrition Activities), to determine whether the basic stages of setting up a community program had been followed. The methods and findings were shared in East and southern Africa, where a similar exercise was undertaken by other projects.

## Issues

*Best Practices and Lessons Learned for Sustainable Community Nutrition Programming* is available in English and French from the SARA project, [sara@aed.org](mailto:sara@aed.org). PDF versions are also available at:

English: [http://www.dec.org/pdf\\_docs/PNACG662.pdf](http://www.dec.org/pdf_docs/PNACG662.pdf)  
 French: [http://www.dec.org/pdf\\_docs/PNACM892.pdf](http://www.dec.org/pdf_docs/PNACM892.pdf)

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# HIV Preservice Training



## KM Category

Community of practice

## Description

Chairpersons of departments of medicine, pediatrics, community health, obstetrics and gynecology, nursing, and nutrition collected and reviewed existing preservice training curricula in the 12 East, Central and Southern Africa (ECSA) Health Community member states. The identified gaps and proposals for improvement were discussed and consensus reached in a workshop held August 2002. Action plans to roll out the curricula reviews and inclusion of the HIV/AIDS content into regular teaching at the country level were developed. SARA supported and facilitated this process. The report containing the analysis, curricula content, and action plans to roll out revisions at the country level has been disseminated to the 12 ECSA countries (departments of medicine, pediatrics, community health, obstetrics and gynecology, nursing and nutrition). The recommendations were also presented to the deans of the medical schools and health ministers. The conference of health ministers endorsed roll out of the new curricula content.

A number of institutions in the region have initiated advocacy activities with their ministries of education, ministries of health, university councils, and lecturers themselves to ensure that the roll-out activities are supported by all stakeholders.

ECSA/HC spearheaded this effort. Other regional institutions involved are the WHO/AFRO and East and Southern Africa UNAIDS Task Team. National institutions involved are the medical schools in Kenya, Lesotho, Malawi, Mauritius, Mozambique, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

## Value

Around 2000, the ECSA policy and technical authorities identified a major gap in the training of medical and allied professionals to provide them with knowledge and skills for HIV/AIDS prevention, care, and support. Whereas the HIV/AIDS epidemic has changed the health and disease epidemiology as well as clinical presentation, care and treatment needs, training curricula had not changed much to respond to these needs. The health ministers decided that the appropriate response was for the ECSA Health Community Secretariat and its partners to develop and implement a program for the review of curricula and teaching to incorporate HIV/AIDS content in preservice training as a means of accelerating the availability of qualified professionals. ➔



## Results

From this activity:

- Universities in 12 countries are modifying the HIV/AIDS content in pre-service training for medical and allied professionals.
- Countries are already incorporating the suggested content into their teaching.
- Examinations are in the process of being modified to reflect the new HIV/AIDS content in several countries.

## Issues

Lessons learned:

- Work on changes needed for HIV/AIDS in preservice curricula pointed out the need for establishing a systematic mechanism for regularly changing preservice curricula to incorporate state-of-the-art changes in medical care.
- A process for regular curricula revisions needs to be put in place in all training institutions.
- More stakeholders (e.g., ministries of higher education and professional associations) should have been involved in the early stages of the design of this activity to facilitate buy in. This will happen in national level activities.

Challenges encountered included:

- Adaptation of work plans at the national level and preparation of funding proposals for the country roll-out has been slow. The HIV/AIDS Coordinator at the ECSA Health Community Secretariat is assisting the focal point persons in each country with this process.
- The process of changing examination content is slow and difficult.
- There are plans to discuss this issue with the deans of medical schools during the July 2003 ECSA deans' meeting.

The country roll-outs will be completed with assistance from the ECSA Health Community Secretariat, the SARA project, and USAID/REDSO for reviewing roll-out plans, monitoring implementation of the roll-out, and repackaging and disseminating revised curricula.

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# HIV/AIDS Multisectoral Toolkit (CD-ROM)



## KM Category

→ E-learning

## Description

→ USAID's Bureau for Africa, Office of Sustainable Development (AFR/SD) requested that the SARA project compile all the USAID-funded toolkits on multisectoral approaches to HIV/AIDS onto one CD-ROM for the XIV International AIDS Conference held in Barcelona, Spain, June 2002. The SARA Project compiled the seven toolkits and produced 1000 CD-ROMs. These were largely disseminated at the conference and have been made available to those who requested them.

## Value

→ In January 2001, 40 leaders of the private voluntary organization met with USAID/AFR/SD and agreed that a multiple sector response was required by the development community to mitigate the HIV/AIDS pandemic in sub-Saharan Africa. The HIV/AIDS International Conference provided a high profile forum for which information and tools on multisectoral approaches to addressing HIV/AIDS could be disseminated. The main goal of the Barcelona AIDS conference was to ensure that knowledge gained from science and experience is now translated into action.

## Results

→ The SARA-produced CD-ROM provided highly pertinent information to a targeted audience in a key forum. The CD-ROM was well received and has generated significant interest in using multisectoral approaches and interventions to combating HIV/AIDS. In October of 2002, USAID PVO Steering Committee held a three-day Washington DC based conference addressing the needs and challenges facing PVOs and NGOs in Sub-Saharan Africa. Since then a compendium of promising practices from Africa on Multisectoral Approaches to HIV/AIDS has been produced and disseminated widely.

## Issues

→ The information on this CD-ROM is relevant and available for those organizations and countries interested in applying the knowledge in these toolkits.

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## Reproductive Health (CD-ROM)



### KM Category

E-learning

### Description

USAID's Bureau for Africa, Office of Sustainable Development (AFR/SD) expressed interest in compiling a portfolio of Bureau-funded research and analytical work that identify and encourage the adoption of policies and programs for increased sustainability of reproductive health services in sub-Saharan Africa. The SARA project compiled this information, repackaged the information as necessary, and produced an interactive CD-ROM.

### Value

The AFR/SD supported SARA project is always looking for new and innovative ways to disseminate information to the right people at the right time. A recent survey of health professionals in West Africa indicated that the preferred method of receiving information is a CD-ROM. While the project does not see the CD-ROM as a substitute for hardcopy media in sub-Saharan Africa, it is a low-cost way to disseminate large quantities of information. This CD-ROM identifies strategies and programs that address: adolescent reproductive health; reaching males to promote gender relations; supporting women's empowerment; integrating STI/HIV/AIDS into existing services; promoting social marketing to advance positive behavior change. The motivation for producing this CD was to share knowledge that can assist Africans to plan, manage and implement reproductive health programs in the region.

### Results

This interactive CD-ROM serves a dual role. It is an indispensable tool accessible to a range of audiences, particularly country health ministry officials and USAID program managers who are in the position to strengthen reproductive health programs and an archive of all the materials on reproductive health produced by the Africa Bureau 1996-2002.

### Issues

This was the first interactive CD-ROM produced by AFR/SD in the area of health. We anticipate that this experience in compiling and disseminating digital information will provide a viable option for our African audiences to access timely and current information. The CD-ROM is being distributed at meetings, conferences and on request.

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# Integrated Disease Surveillance and Response



## KM Category

Best practices

## Description

The World Health Organization's Regional Office for Africa (WHO/AFRO), with support from USAID's Africa Bureau, Office of Sustainable Development (AFR/SD) and other partners has been working with African countries to scale-up implementation of Integrated Disease Surveillance and Response (IDSR). The SARA project was asked to assist WHO/AFRO in documenting the progress of IDSR in six African countries to develop a dissemination strategy for sharing information discovered by this documentation exercise. SARA gave a presentation on dissemination to the team and worked with the authors to finalize the country reports and repackage the information into shorter briefs for policy makers and program managers.

## Value

Figuring out how to share information is often left until the last minute and then distributed haphazardly. The goal of this activity was to help the IDSR team think through a strategic communication and dissemination plan for information sharing before starting the documentation exercise. SARA worked with the partners in this exercise and the documentation team to develop appropriate products and a dissemination strategy.

## Results

SARA involvement in this exercise was critical in producing materials that are accessible to a range of audiences, particularly policy makers and country health ministry officials and program managers who can influence the implementation or strengthening of the IDSR initiative in their countries. The policy briefs were produced in collaboration with the IDSR partners and are being disseminated widely by WHO/AFRO. Country reports were produced on a limited basis and made available to each country to distribute.

## Issues

We anticipate that this experience in developing a dissemination strategy from the beginning will influence the participants in this exercise in the future. Most of the participants have appreciated understanding from the start what documents would be produced and by whom. The products have been well received thus far and USAID and WHO have pledged continued support to countries for scaling-up IDSR implementation. Many countries in the African region are just beginning to implement the IDSR strategy, so we anticipate that these briefs will be of particular interest. In addition, SARA will be sharing this activity with a global audience in October 2003 and present it as a model for other WHO member countries from around the world to document their experiences, share lessons learned and reach their target audiences to strengthen and scale-up IDSR.

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# HIV/AIDS Multisectoral Meeting



## KM Category

Community of practice

## Description

USAID's Africa Bureau with support from the SARA project convened the 2<sup>nd</sup> Consultative Meeting in Washington on *Rethinking HIV/AIDS and Development: A Review of USAID's Progress in Africa*. This meeting reviewed lessons learned and progress that had been made since the first meeting in 1999 and identified new directions to take. USAID and selected staff from other agencies deliberated for two days on the development crisis resulting from high and growing HIV/AIDS prevalence rates in Africa. Participants broke into small sectoral groups to discuss the strategies that had already been tested and lessons from them. They then tried to develop sectoral action plans for the next 2-5 years.

## Value

HIV/AIDS is a crisis that expands beyond the health sector and will soon touch everyone in Africa. It is a development problem that defies easy answers and routine solutions and requires creativity, synergy and collaboration from all sectors of society to find solutions to mitigate and prevent the expansion of the epidemic. Mitigating HIV/AIDS' impact on different sectors and the economy is an important yet neglected element of the HIV/AIDS program. Each development sector needs to identify and adopt the HIV/AIDS activities that support the achievement of its sectoral objectives.

USAID has been in the lead and wanted to share knowledge and progress since the first meeting in 1999.

## Results

- USAID has become the leader in the area of multisectoral approaches to HIV/AIDS within the NGO and international donor community. Internally champions for multisectoral activities have been advocating to get this issue more solidly on the agency agenda.
- The Africa Bureau sponsored a working group PVO-USAID Steering Committee on Multisectoral Approaches to HIV/AIDS in Africa to share information and lessons learned among the PVOs, especially those not working in health who sought more information on mitigating the effects of HIV/AIDS on their projects in the field. This Committee organized a conference and sponsored the compilation of a compendium of promising practices. (These activities are described in another entry in this inventory.)
- USAID's PPC Office has taken the lead on multisectoral issues in the agency. In early 2003, PPC held a meeting on the impact of HIV/AIDS on the agriculture sector and a two-day meeting on multisectoral issues to see where sectors are. PPC is also currently developing a policy for the agency on multisectoral responses. ➔



- USAID's child survival guidelines have been revised and are now more flexible to be used by different sectors.
- EGAT formed its own working group on HIV/AIDS and this group helped promote the knowledge sharing of multisectoral HIV/AIDS within the Agency.
- Zambia mission has submitted a comprehensive multisectoral HIV/AIDS strategy in which HIV/AIDS is integrated into all development sectors. Other missions have incorporated multisectoral elements into their strategies.
- In 2003 Zambia created a separate strategic objective on multisectoral strategies for HIV/AIDS. Other missions are also trying to develop an SO on multisectoral approaches to HIV/AIDS.
- In South Africa, USAID-funded economic analysis work on HIV/AIDS impact on small businesses has changed the policies of the government toward small businesses. In addition, the government increased its budget allocation for HIV/AIDS. USAID-funded analysis work on large companies found that companies shift the burden of HIV/AIDS back to the government and the communities. This analysis is causing these large companies to rethink their practices.
- The South Africa mission developed a program for training parliamentarians in financial management and in HIV/AIDS. This program has been highly successful and the government has mandated that budget committee members must go through this training program.

## Issues

The commitment of the Agency to this issue indicates that it will progress in the future. In June 2002, the USAID administrator sent a cable to the entire agency that called for all sectors to address the HIV/AIDS problem.

Different sectors are working on approaches to scale up activities in that sector to prevent and mitigate the effects of HIV/AIDS.

Education has adopted an approach to mitigate the impact of HIV/AIDS by addressing the systemic issues and these efforts have expanded to at least 8 countries in East and southern Africa. Plans are in place to expand to West Africa in collaboration with the World Bank.

Democracy and Governance (D&G) has formed a special reference group on HIV/AIDS to develop a strategy for what D&G can do to respond as a sector. D&G also developed toolkits for countries to use to get involved in HIV/AIDS. These have been used in Zambia and Ethiopia.

Agriculture has established a program called RENEWAL that focuses on operational approaches to mitigate the impact of the epidemic on agriculture.

PPC will likely devise a policy on mitigation that will address funding issues for mitigating the impact of HIV/AIDS in different sectors.

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# West Africa Nutrition Focal Points Network



## KM Category

Community of practice

## Description

In 1996, the West Africa Nutrition Focal Points network was established supported and managed through two related regional institutions, the Organization for Applied Research on Nutrition in Africa (ORANA) and the Regional Center for Research in Food and Nutrition (CRAN) of the Organization for the Control of the Great Epidemics (OCCGE). Participation to the network was limited to the 9 francophone member countries of OCCGE. However, the network needed both financial support and technical assistance to enable it to function actively and serve the information and training needs of member countries.

In 1999, the network expanded to include all sixteen countries of the Economic Community of West African States (ECOWAS). The network is coordinated by the West Africa Health Organization (WAHO) which emerged following the fusion of OCCGE and her Anglophone equivalent; the West Africa Health Community (WAHC). The main activity of the network is an annual meeting of its members to discuss technical and management issues related to nutrition problems, programs, and policies in the region, to share lessons from programs, and to make recommendations for regional action.

The Focal Points network is supported by USAID's Bureau for Africa, Office of Sustainable Development through the SARA project.

## Value

Malnutrition has been a recognized concern across West Africa for several decades. Across the region, there are great similarities in the types of nutrition problems, underlying causes, and constraints to improvement among the individual countries. This has resulted in the need for the development of a 'regional approach' for identifying research and training priorities, sharing lessons learned from program and policy implementation, and developing and adapting generic informational and training materials to local needs in support of efforts and activities at the national level. The implementation of the regional approach required a regional organization or structure for coordination and development of a common vision and agenda for nutrition programming research, and training in response to the problems and causes of malnutrition in the region.

## Results

The annual nutrition meeting is now referred to as the annual nutrition forum in order to reflect the higher levels of participation, wider political profile and broader agenda of the meetings.

At the country level, networking has resulted in the incorporation of Vitamin A in NIDS in eight countries, and in the use evidence-based tools for nutrition advocacy in seven West African countries. ➡



## Issues



There has been considerable strengthening of the network following its expansion to cover all countries in the ECOWAS region. However, a great need exists to expand the activities of the network above and beyond the organization of annual meetings. In addition, the nutrition agenda of WAHO must be linked with this network. The development of a strategic framework has been a step in the right direction.

Despite considerable years of networking, no regional plan or program in place and there appears to be an uncertain level of regional and international support to facilitate the implementation of a regional nutrition agenda.

For a number of years, the network has advocated the establishment of national nutrition networks to serve as the link between the regional level and nutrition activities at the local level. To date only three countries (Ghana, Mali, and Senegal) in the region have established such networks.

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