STI/HIV/AIDS PROMISING AND BEST PRACTICES

SELECTION GUIDE

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Introduction

Africa is the continent most severely affected by HIV epidemics. Even though the overall prevalence rates in West Africa are lower than those recorded in Southern Africa and South Africa in particular, HIV is a rising problem in West Africa. In four (4) countries at least in the region, the prevalence rate is of 5% or more.

In response to this critical situation, the international community has implemented prevention and care programmes through various cooperation and development agencies.

USAID is one of the main donors in the field of STI/HIV/AIDS prevention through sponsoring numerous programmes in West Africa.

USAID has just launched, under the umbrella of its West Africa regional programme (WARP), a new health programme called « **Action for West Africa Region** (**AWARE**) » comprising an HIV/AIDS component (**AWARE HIV/AIDS**) and a reproductive health, family planning and child survival component (**AWARE RH**).

AWARE HIV/AIDS project is a regional project that covers 18 countries namely the ECOWAS countries plus Cameroon, Chad and Mauritania. It is a response to the collaboration between USAID and the above mentioned countries through its West Africa Regional Program: WARP.

The AWARE HIV/AIDS project is consecutive to the FHA project in order to respond to the needs identified during the situation analysis at the end of this project. AWARE is an English acronym which means "Action for West Africa Region". It is a consortium of 8 non governmental organizations and institutions classified in two levels. The key partners which are: Family Health International (FHI), Population Service International (PSI), The Futures Group International (TFG) and the associate partners which are: BASP'96, Care and Health Program (CHP), JHPIEGO, University of Quebec (CHA), University of Sherbrooke (CHU) . The area of intervention covers STI and HIV/AIDS.

In the context of its activities, the regional AWARE-HIV/AIDS Project held a regional workshop to build consensus around the notion of « **Best and promising practices (BPP)**», including the definition of the given practices and the various stages of the process of identification, selection and dissemination to all the actors. During the workshop, consensus was reached on: the definition of what is a best and promising practice, the criteria for the selection of best and promising practices, the selection process of best and promising practices and the terms of reference of the Task Forces.

The current step consists in developing technical tools and parameters that will guide this selection. That is why the selection guide has been developed to orient task forces members in the analysis, the scoring and the selection of submissions. This guide was developed with the full contribution of task force members.

What is a best and promising practice (PBP)?

Further to the consensus workshop held in Dakar, all the delegates from National AIDS Control Councils or Programmes from the sub region agreed on a generic consensual definition of a promising and best practice as « *an experience, initiative or programme having proved effective and contributive response, and that can serve as an inspiring model to other actors* ».

- ? Be useful, practical (answer a need)
- ? Be effective and relevant
- ? Be innovative
- ? Be ethically acceptable
- ? Bear fruit in reasonable time
- ? Be sustainable (correspond to sustainability factors)
- ? Be cost-effective

Another point that should be considered in the process is the following: be actually owned by its initiators as a promising and best practice. That means that after the selection of the experience as a best practice, the initiator(s) should take part in its documentation and play a role in its dissemination and replication.

What is the selection process for PBP?

The following steps have been identified during the workshop held in Dakar as necessary for the selection process:

- ? Designation of an expert committee in charge of selection (Task Force)
- ? Preparation of an appointment guide (submission form
- ? An inventory of existing Best Practices, identified in former literature
- ? Call to expression of interest
- ? Nomination of eligible practices
- ? Submission processing and preparation (inner level)
- ? Selection of Best and Promising Practices
- ? Publication-dissemination of selected Best and Promising Practices

What is the profile for participation in the Task Forces?

The following profile was proposed for participation in the Task Forces:

- ? Experience in the given technical field
- ? Previous involvement
- ? Experience in a project assessment process

? Good knowledge of the West African region

It has been recommended that the appointed people should be associated in the implementation of all process steps, the elaboration of tools and dissemination of practices. Therefore, availability is one of the key points for the choice of task force members.

Who can call for interest?

Any actor involved in the fight against HIV/AIDS who has implemented or is implementing or supporting intervention in the sub region. It can be an NGO, a community-based association, a public or parapublic institution, a private institution, coorperation agency our development partners.

How is the scoring done?

Five criteria are considered. These are: Usefulness-Relevance, Effectiveness, Innovative, Efficiency-Cost effectiveness, Sustainability. Each criterion will be noted over 20. Each of those 5 criteria has a coefficient according to its importance. A consensus was built on the following data:

GRILLE DE NOTATION/ SCORING FORM

Critère/ Criteria	**Notation/ Reviewer score**	**Coefficient/ Coefficient**	**Note pondérée/ Weighted score**
Utile-Pertinent/ Usefulness-Relevance	20	1.5	30
Efficacité/ Effectiveness	20	1.5	30
Novateur/ Innovative	20	0.75	15
Efficience, Coût efficacité/ Efficiency-Cost effectiveness	20	0.75	15

Pérennité/ Sustainability	20	0.5	10
TOTAL	**100**		**100**

Pour obtenir les coefficients, les critères ont été notés par les membres du groupe soins et traitement (9). Par la suite, une moyenne des notes attribuées a été calculée pour chacun des critères. La moyenne des notes de chaque critère, divisée par 20 donne le coefficient comme indiqué dans le tableau ci-dessus. Par la suite, la méthode et les coefficients ont été proposés aux membres de chaque groupe de travail pour examen et critique. Les coefficients ci-dessus mentionnés ont été adoptés par tous les groupes de travail.

To guarantee transparency and independence, none of the task force members will score a submission from his home country. Moreover, it is asked to each task member to avoid scoring a practice for which he participated in its development.

How to score each criterion?

Criteria have been classified into appreciation points. The following appreciations are: « Poor », « excellent », « Fair » et «good ».

The following tables give details on scoring. Those elements have been examined and adopted by each task force during the first meetings (orientation meetings).

Utilité et Pertinence/ Useful and Relevant

Catégorie	Appréciation	Signification
1 à/to 5	NUL/POOR	Ne répond à aucun besoin /does not respond to any need
6 à/to 10	FAIBLE/FAIR	Répond à un besoin qui n'est cependant pas prioritaire/ Respond to a need which is not a priority
11 à/to 15	BON/GOOD	Répond partiellement à un besoin prioritaire / Respond partially to a priority need
16 à/to 20	EXCELLENT	Répond complètement à un besoin prioritaire / Respond completely to a priority need

Efficacité/ Effectiveness

Catégorie	Appréciation	Signification
1 à/to 5	NUL/POOR	Les résultats ne sont pas atteints et les objectifs ne sont donc pas atteints./ The results are not reached and the Objectives are not reached
6 à/to 10	FAIBLE/FAIR	Les résultats attendus sont partiellement attendus et les objectifs sont partiellement atteints/. The expected results are partially reached and the Objectives are not reached.
11 à/to 15	BON/GOOD	Les résultats attendus sont entièrement atteints et les objectifs sont partiellement atteints/ The expected results are fully reached and the objectives are partially reached.
16 à/to 20	EXCELLENT	Les résultats attendus sont entièrement atteints et les objectifs sont pleinement atteints/ The expected results are fully reached and the objectives are completely reached

Novateur/ Innovative

Catégorie	Appréciation	Signification
1 à/to 5	NUL/POOR	N'apporte rien de nouveau à l'existant /Does not bring anything to current practices
6 à/to 10	FAIBLE/FAIR	Enrichie partiellement (moyennement) l'existant /Partially enriches current practices
11 à/to 15	BON/GOOD	Apporte une réponse nouvelle à une pratique ou à un besoin existant/ Brings a new answer to an existing practice or need
16 à/to 20	EXCELLENT	Change fondamentalement l'existant et apporte des enseignements riches/ fundamentally changes current practices and brings new lessons

Efficience, coût efficacité /Efficiency, cost-effectiveness

Catégorie	Appréciation	Signification
1 à/to 5	NUL/POOR	Produit des résultats limités en de ça des délais prévus et à un coût élevé /Produces limited results exceeding the expected time frame at a high cost
6 à/to 10	FAIBLE/FAIR	Produit des résultats limités dans les délais impartis et à un coût faible/ Produces limited results within the expected time frame at a lower cost
11 à/to 15	BON/GOOD	Produit des résultats dans les délais impartis et à un coût élevé /Produces expected results within the expected time frame at a high cost
16 à/to 20	EXCELLENT	Produit des résultats dans les délais impartis et à un coût faible/ Produces expected results within the expected time frame at a lower cost

Pérennité /Sustainability

Catégorie	Appréciation	Signification
1 à/to 5	NUL/POOR	Ne peut continuer à subsister car les facteurs de pérennité n'existent pas /Can not continue to be effective because the sustainability factors are not in place
6 à/to 10	FAIBLE/FAIR	Peu de chances de continuer à subsister bien que certains facteurs de pérennité existent / Little chance to continue to be effective even though some sustainability factors are in place
11 à/to 15	BON/GOOD	Peut continuer à subsister mais avec de grands efforts pour maintenir les facteurs de pérennité /Can continue to be effective but needs great efforts to keep the sustainability factors in place
16 à/to 20	EXCELLENT	Peut continuer à subsister avec peu d'efforts pour maintenir les facteurs de pérennité /Can continue to be effective with little efforts to keep the sustainability factors in place

How is the score for each criterion obtained?

After the scoring by each task force member, the sum of the points is calculated. Then, the sum is divided by the number of task force member. This average constitutes the score of the criterion. This calculation method has also been adopted by all task forces.

How is the submission score obtained?

To obtain the submission score, the score for each criterion is multiplied by the corresponding coefficient. The sum of « Score of criterion x coefficient » gives the score of the submission. This calculation method has also been adopted by all task forces.

How is the deliberation done?

To take the final decision, the submitted practice is studied under the criterion « ethical soundness » which is a selective criterion. The process is as follows:

Proposal score	Appreciation of the proposal	In accordance with ethical soundness?	Decision
0 to 59 scores	Weak	Eliminated	
60 to 79 scores	Good	Yes	Promising practice
		No	Revise it ethical aspect
80 to 100 scores	Excellent	Yes	Promising practice
		No	Revise it ethical aspect

Deliberation is done either during task force meeting, by mail or by conference call. During deliberation, opinions will be harmonized and adjusted. If it is impossible to build a consensus, decision will be made by vote. The minimum number of task force members to be present for deliberation is 5. If the quorum is not reached, deliberation will be made via mail and conference call. This method has been adopted by all task forces.

What become the Promising and best Practices after their selection?

The selected PBP will be documented during a field visit by a consultant in case of need. This documentation will aim at gathering maximum information on the practice or experience in order to enable its replication by other actors.

After this step, the selected practices are inventoried. The inventory will be a compilation of descriptive data on selected practices/experience as promising and best practices.

The following step will be the dissemination through regional workshops, transmission via email, post or AWARE-HIV/AIDS web site. The aim of dissemination is increase reach of PBP at a larger number of actors.