

**Family Health and AIDS in West and Central Africa (FHA-WCA):
A Summary of Four Working Papers Describing a New Model for USAID for
delivering development assistance in low resource countries**

Due to the declining U.S. funding base for foreign assistance, USAID has been forced to close nearly half of its bilateral missions in West and Central Africa (WCA) this decade. At the same time, it has become increasingly recognized that health problems in the region are, in fact, regional in nature. Efforts to address some of the most pressing health concerns in WCA are no longer effective when carried out uniquely through isolated country programs. Faced with reduced resources and the need for a regional approach, in July 1995 USAID authorized the Family Health and AIDS in West and Central Africa (FHA-WCA) initiative. The experience of USAID to date with this initiative, which in many ways represents a new model for the Agency, are summarized in a series of four soon-to-be-released Working Papers.¹

- A Regional Model for Successful Health Intervention in a Low-Resource Environment
- Experiences with Institutional Development of African Partners
- Experience with Donor Collaboration
- National and Regional Adoption of SFPS Approaches and Tools

The findings of these papers are summarized below.

Background

With a five year, life-of-project budget of \$69 million, FHA-WCA is responsible for achieving a regional impact in the broad program areas of family planning (FP), HIV/AIDS prevention and child survival through a combination of country-level and regional programming. FHA-WCA's goal is founded on two assumptions. First, that there are proven, cost-effective strategies that may be replicated in USAID limited-presence countries or regionally in WCA. Second, that African health professionals and institutions in WCA have both a willingness and the potential capacity to eventually take the lead in delivering these proven strategies and "best practices."

The centerpiece of the FHA-WCA initiative is the Santé Familiale et Prévention du SIDA (SFPS) Project, implemented by a consortium of four U.S. private voluntary organizations (JHPIEGO, Tulane University, Johns Hopkins University/Center for Communication Programs, and Population Services International) with a mandate to increase the use of selected FP, HIV/AIDS and child survival practices in the WCA region. Although project activities target Burkina Faso, Cameroon, Côte d'Ivoire and Togo, the regional mandate of the project allows for activities and initiatives that impact other countries in the region as well. As a result, SFPS is a working model of health interventions that performs the delicate balancing act between country-level and regional interventions to achieve the following results:

- Result 1: The use of modern FP methods is increased
- Result 2: The use of condoms is increased
- Result 3: The use of oral rehydration salts (ORS) is increased
- Result 4: The regional capacity of sustainable program development and implementation is increased

¹Copies of these papers can be obtained from the SFPS Project by sending a request to the following email address: mdd@sfps.or.ci.

SFPS differs from the traditional bilateral development strategy in that it utilizes an innovative *management structure*, it is working toward a *regional impact* through a combination of country-level and regional programming, it mandates *capacity-building of its African partners*, and it uses new methods of *donor coordination*. These four topics are each summarized in the above-mentioned Working Papers:

A Regional Model for Successful Health Intervention

FHA-WCA employed an innovative procurement and management approach for SFPS that created equal partners who share responsibility for program management, coordination and implementation. The four Collaborating Agencies are equal partners who must apply annually for separate cooperative agreements with USAID to continue the SFPS program based on actual and planned performance. The management structure that was created to facilitate coordination between these equal partners is called the Unified Management Team (UMT), a team composed of all the professional contractor employees based in the SFPS Regional Office in Abidjan, Cote d'Ivoire. The UMT is supported by three cross-cutting units (the Team Leadership Unit, the Finance and Administration Unit, and the Monitoring & Evaluation Unit). USAID management of the project is carried out by the FHA-WCA Unit, based also in Abidjan.

Under this management structure, SFPS has implemented cohesive, regional strategies to meet Result 1. This includes increasing knowledge of FP, increasing access to FP services as well as expanding service provision for special groups. Additionally, improved quality of FP services and an improved policy environment are strategies that have been developed to meet Result 1. Examples of these efforts include a focus on 206 service delivery points and improved service provider training. To achieve Result 2, SFPS aims to increase the knowledge of AIDS/STIs through various communication strategies and to increase access to and availability of AIDS/STI prevention products and services through product availability, distribution, research, and reaching the multi and private-sector. SFPS's strategy to achieve Result 3 is being done through programs that create increased demand and increased access to and availability of ORS in the target population. Efforts to expand product availability and distribution of ORS are currently being implemented.

Important lessons have been learned in the design and implementation of the FHA-WCA regional model. An equal-partners approach has been shown to be a workable model when organized around a strong management structure. Furthermore, working regionally means one can draw from a wider pool of experts and so maximize quality. It has also been critical to involve both national partners *and* target populations in the planning, development and implementation process. Finally, a field-based project has been proven to be more attractive to donors than one that is US-based.

Institutional Development of African Partners

Strategic partnership with Regional African Partner Institutions (RAPIs), is a key SFPS strategy that promotes a sustainable regional presence for USAID. Result 4 of the SFPS Results Framework is directly linked to these strategic partnerships, under which RAPIs carry out a large portion of the technical work for the project. SFPS works with ten different RAPIs² from across

² Atelier Théâtre Burkinabè (ATB); Centre d'Enregistrement et de Recherche en Communication (CERCOM); Center for African Family Studies (CAFS); Institut de Recherche et des Etudes de Comportements (IRESCO); Institut de Santé et de Développement (ISED); Santé de la Famille (SANFAM); Center de Formation et de Recherche en Santé de la Reproduction (CEFOREP); Femmes et Santé pour le Développement (FESADE); Ecole Nationale Supérieure de Statistiques et

WCA to conduct regional activities as well as activities supporting national programs in the four target countries. SFPS selected key institutions at the beginning of the project based on the institution's previous experience, regional scope and technical expertise.

To better understand the nature of the RAPIs' overall capacity, including management and financial management, SFPS designed and carried out a series of institutional development assessments (IDAs) at the ten institutions. Each IDA examined three organizational dimensions: management capacity, financial management capacity and technical capacity. The IDAs revealed several common capacity areas in need of strengthening, in addition to the need to selectively reinforce technical capacity:

- Long-term Strategic Planning
- Marketing Strategy
- Project/Resource Management
- Grant-/Proposal-Writing
- Technical Capacity

Initial follow-up for the management and financial management needs included a series of workshops for development of long-term strategic plans to guide decision-making for allocation of resources and choice of activities; market research to identify potential collaborators, increasing the involvement of collaborators as well as the volume of services/products provided; and expanding the appropriate use of visual information to enhance the presentation of proposals and transfer of information. Addressing the needs in these areas specific to each individual partner continues through individual technical assistance visits. SFPS invited one of its partners, Center for African Family Studies, to collaborate on all activities to augment this initiative and to create a regional expertise in this domain.

To evaluate progress in developing institutional capacity, SFPS established an Institutional Capacity Development Framework that identified three levels of management capacity development for each of the four priority areas for monitoring. SFPS has set yearly indicators by which progress in each of the priority areas is documented. The ultimate indicator of progress toward project Result 4, however, lies in the project's overall goal of increasing the number of RAPIs that attain strong capacity in at least three of the four institutional capacity-building areas.

Valuable lessons were learned during the implementation of this component of the SFPS project. The importance of institutional development should not be underestimated both internally for SFPS as well as for the RAPIs' work in the region. An important offshoot of the IDA was the fostering of a sense of unity among the RAPIs during the capacity-building workshops. In addition, viable audit and financial systems are critical to SFPS' collaboration with RAPIs.

Donor Collaboration

Result 4 is also designed to ensure that donor collaboration remains a high and active priority. SFPS has established two indicators to measure progress in this area: (1) Increase in number of development partners (donors, missions, governments, regional and national partners, and field support) collaborating with the project; and (2) Increase in percentage of financial resources mobilized with regard to the project's life-of-project commitments.

At the start of the project, SFPS commissioned a Donor Coordination Study to better understand the donor environment for WCA, particularly in the four project countries. The overall picture that emerged was at once encouraging and daunting. On the one hand, with nine multilateral and fourteen bilateral agencies working in one or more of the countries studied, there were clearly numerous areas of potential collaboration between donors. Yet each of these agencies was currently working toward its own set of objectives and under its own particular administrative procedures, making coordination efforts difficult both programmatically and operationally. The study also cited a general lack of communication between donor agencies as an obstacle to greater coordination, and suggested that overcoming these impediments required major reforms both within donor agencies and in their relationships with one another. The study found that there were countries with marginal or no mechanisms in place for donor coordination (Cameroon and Togo) and there were countries in various stages of transition to a national plan for coordinating foreign assistance (Burkina Faso, Côte d'Ivoire and Senegal). It concluded that there were donor resources not being tapped, and, in particular, that US agencies were not being aggressive enough in selling their technical expertise to other donors.

SFPS then established a working strategy for improving donor collaboration in the region and has proven itself highly effective at soliciting and receiving funds from other donors. Over the first four years of SFPS, more than \$6 million has been leveraged from various sources independent of USAID. Leveraging of funds is only one part of improved donor collaboration which also includes donor mobilization of resources, joint planning of activities, followup to initiatives launched by SFPS, or use of SFPS tools and resources by others. The FHA-WCA management unit in Abidjan also plays an active role in helping SFPS to ensure effective donor collaboration through its influence among donors and the USAID Africa Bureau where it works to promote the project's agenda and through its help in identifying implementation gaps and ways for SFPS to fill them. USAID grants to the World Health Organization, UNICEF and other multilateral agencies create a mutually beneficial relationship between these agencies and SFPS.

Donor collaboration has benefited from valuable lessons as the project has progressed. Because political climate determines most donor funding and some countries have less donor presence than others, USAID and SFPS must try to focus energy on the areas that have the most potential. Differences in donor mandates (including geographical territory) pose a challenge to effective donor collaboration while donor collaboration itself is time-consuming and needs resources. Although there are ample donor resources available in many countries for most donors who are willing to collaborate with a project, weak national capacity to plan and interact with donors in these countries means that these resources are not efficiently used. Furthermore, credibility with other donors relies upon a project's established presence in the country/region. It is important for a project to establish and cultivate relationships with individuals from other donor agencies in order to be able to participate in the planning phase of other donors and for the project to have national partners.

National and Regional Adoption of SFPS Approaches and Tools

Within the four target countries (Burkina Faso, Cameroon, Cote d'Ivoire and Togo), SFPS has selected a total of 206 service delivery points to serve as the focus for its site-based activities. At a national level, SFPS' impact extends beyond the 206 targeted sites, through national adoption of SFPS tools and approaches. At a regional level, impact extends beyond the four target countries and across the WCA region.

Examples of SFPS approaches and tools that have been adopted **nationally** in target countries include:

- *IPC/C Curriculum*: SFPS is improving quality of care at sites through training of supervisors and providers in Interpersonal Communications and Counseling (IPC/C) that emphasizes friendly reception, use of key messages, good client flow, referrals, and clinic outreach. In Cote d'Ivoire the IPC/C curriculum is being employed by the MOH to train service providers beyond SFPS sites. In Burkina Faso, this curriculum has been used to train the MOH Family Health Director's staff and providers from the IPPF affiliate ABBEF.
- *Improved infection prevention (IP) practices*: As a result of SFPS advocacy and training of regional experts in IP, IP practices are being introduced to non-SFPS sites in all four target countries by SFPS-trained persons.
- *Contraceptive logistics management*: SFPS is assisting national programs to ensure a steady contraceptive supply at project sites and nationally through (1) securing products from alternate donors as USAID phases out, and (2) training in logistics management to prevent stock-outs.
- *Supervision/evaluation of quality*: SFPS is helping national ministries of health set up facilitative supervision systems with a tested supervisory approach to improve performance at the SFPS service delivery sites and beyond. In Togo and Cameroon, the SFPS supervisory strategy has been adopted nationally and in all four countries SFPS has trained national supervisors to use the SFPS-developed Quality of Care diagnostic tool during supervisory visits at SFPS and non-SFPS sites. This tool has been in use for two years and providers from more than ten countries in WCA have been trained in its use.
- *Promotion of quality improvements: The Gold Circle Campaign*: SFPS created the Cold Circle campaign using a Gold Circle as a regional symbol for quality FP services. Community-level and mass media campaigns promote quality improvements at project service delivery sites but will also include non-SFPS sites that meet quality criteria using the QoC Diagnostic Tool. Currently, 30 health districts (with 70 health centers) in Burkina Faso are in the process of being trained in the SFPS Quality Assurance approach and, as a result, non-SFPS sites will participate in the Gold Circle program in FY 2001.

Examples of the **regional** impact of SFPS activities include:

- *Establishing dialogue and influencing programming through advocacy:* Through regional advocacy, SFPS is impacting national and regional programming to include health issues such as male involvement in FP and STI prevention; adolescent health; the quality of Norplant® programs; HIV/AIDS policy development; and regular regional HIV/AIDS meetings with other regional programs/donors.
- *Creating tools and approaches which are applicable beyond target countries:* SFPS tools and approaches are being used beyond the four SFPS countries. For example, SFPS created regional Information, Education and Communication (IEC) Kits for health service providers/field agents to better inform clients/communities and motivate interest in better health practices. 1600 IEC kits were distributed to SFPS sites and partner NGOs as well as health programs and NGOs in Guinea, Benin, Mali, Chad, Senegal and Haiti. Another example is the integration of reproductive health into pre-service institutions. Through a partnership with USAID/Benin and UNFPA/Benin, SFPS is assisting the midwifery and medical schools in Benin to institutionalize RH training.
- *Increasing knowledge region-wide in FP and HIV/AIDS prevention:* Through three regional initiatives, SFPS is impacting knowledge region-wide in FP and HIV/AIDS prevention. *PSAMA*O, a project that targets mobile populations along regional migratory routes, will be expanded to other countries in the region, such as Benin, Ghana, and Mali. *Yamba-Songo*, a radio serial drama that incorporates health and population messages into its story, was broadcast on Africa #1 radio station and thus heard by Africans throughout the region. *Wake Up Africa*, a project that brought together 23 renowned African musicians to record a motivational song about AIDS prevention and caring for PLWHA, has been disseminated in all SFPS countries and on Africa #1 radio station where it was listed #11 on the Hit Parade Kilimanjaro. Requests have been made by MOH's and non-governmental organizations to expand *Wake Up* to non-SFPS countries including Benin, Chad, Mali, Guinea, Senegal, Rwanda and DROC.
- *Capacity-building of RAPIs and creation of a regional pool of consultants:* Technical and managerial capacity building of RAPIs has resulted in stronger regional institutions able to meet more regional program needs. For instance, after SFPS developed the capacity of CEFOREP, a RAPI, to train others in a new technique for Norplant® removal, CEFOREP helped introduce this technique into national FP programs not only in SFPS countries, but also in Senegal and Mali. SFPS also work towards capacity building at an individual level, increasing competencies of regional consultants in areas such as IEC, training, and operations research.
- *Standardization and economies of scale:* Through utilization of a regional approach, SFPS' interventions standardize health messages across borders and create economies of scale. For example, SFPS' approach to social marketing of oral rehydration salts is to develop a single brand, Orasel, using a uniform package design and promotional materials for the region. This eliminates costly duplication of efforts, and also standardizes treatment and health messages.

Through national adoption of SFPS tools and approaches, the project is establishing a regional bloc of countries that employ similar approaches – which then creates a regional environment better suited to collaboration and sharing of experiences across borders. The project's regional activities provide a mechanism for coordinating efforts between countries and allow for a certain standardization of health messages and intervention strategies across borders that is of crucial importance given the high mobility of populations in WCA. These regional strategies are also cost-effective — SFPS creates economies of scale due to the centralized generation of regional messages.

Conclusion

Through the SFPS project, FHA-WCA draws upon the knowledge and experience of institutions that have delivered or supported the delivery of RH, FP and safe motherhood services in the WCA region. It also works closely with African partners throughout the region to replicate, on a regional basis, cost-effective best practices to reduce duplication and loss. Moreover, the SFPS project has been able to seize the opportunities to cooperate with other regional organizations and donors in joint program planning and in coordinated implementation of programs. FHA-WCA has thus been able to maximize the positive impact of USAID in the WCA region.