

Advance Africa Project: Best Practices Internal Assessment

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Executive Summary

The internal assessment report of the Best Practices Compendium focuses on Best Practices Unit activities and performance from 31 January – 31 August 2004. The assessment was designed to review and analyze the use and usefulness of the Compendium and Compendium-related activities with key findings from user surveys and questionnaires and developments in strengthening the Compendium as a tool. In addition, collaboration with partners in strengthening the Compendium is presented and guidance and recommendations for the end-of-project Compendium transfer are outlined.

The internal assessment is a critical analysis based on the following project documentation: progress reports, self-assessment reports, management reviews, project-wide evaluations, quarterly and annual performance reports, and user and subscriber surveys. Compendium content was also reviewed.

The assessment reveals that in 2004, the Advance Africa Best Practices Initiative performed well, exceeding expected results¹ and implementing planned activities in a timely manner. This review goes beyond activities related to the Compendium and includes the Best Practices Approach, an evidence-based critical thinking framework, and key collaborations. The Best Practices Approach is unique to Advance Africa and is focused on identifying “best” and “promising” practices through the two primary criteria, namely, measured *evidence of success* (results, effectiveness, efficiency), and *transferability* (replication and bringing-to-scale) of promising and best practices. This focus on replication is linked to Advance Africa’s concern with replication and scaling-up of programs on country and regional levels.

The success of the Compendium has relied heavily upon Advance Africa’s Best Practices Approach. The approach was found to provide objective validation and quality control when determining “best” and “promising” practices, and the criteria were found to be technically sound and consistently applied.

Advance Africa has been proactive in disseminating its approach and methodology to other cooperating agencies (CAs) and organizations, and is now recognized as a key player in best practices. Several CAs and international organizations, (such as Action for West Africa Region [AWARE], World Health Organization/Regional Office for Africa [WHO/AFRO], and various African reproductive health institutes) have used and adapted the Best Practices Approach in their organizations’ best practice criteria and assessment. Advance Africa has contributed to the evolution of the family planning/reproductive health (FP/RH) international community of best practices through this work.

Now in its final format, as development and maintenance costs level off, the Compendium has entered its phase of greatest return. The structure of the Compendium has been deemed “user-friendly” and “easy to use” by over 90% of its users, as documented in a number of user surveys. Respondents also found the organization of the Compendium by primary technical and practice areas practical and easy to use. Eighty percent of users polled found Advance Africa’s format and presentation of best practices to be a positive and unique attribute. The format and outline of each practice was considered well-organized, providing an easy-to-read reference. Contact information was found to be up-to-date, and project summaries within the Compendium were consistent against the full project descriptions.

¹ As measured against the FY2004 work plan and Q1 2005 work plan.

The efficiency and capacity of the Compendium submission process has been improved through the introduction of a streamlined online submission. Advance Africa is actively conducting outreach and solicitation to increase submissions. Currently, USAID-funded projects make up an overwhelming percentage of submissions, while submissions from field programmers are underrepresented; efforts to reach this subgroup are planned for the FY2005 workplan. Proposed collaborations with the AWARE-Reproductive Health Project could increase Africa-based best practices submissions significantly. The Best Practices Unit has been consistent and diligent in their solicitation of best practices submissions, particularly in underrepresented areas.

The Advance Africa best practices methodology is one of the project's most widely recognized and disseminated technical materials/tools. Use of the Compendium online and in CD-ROM form has consistently increased since 2003. The Compendium subscriber survey results indicate usage by a variety of user subgroups. While the majority of respondents use the Compendium as a reference tool for the design and planning of their own programs (70%), others cite using the tool for training, regional reference, and as an advocacy tool for repositioning. Users continue to affirm the value of the Compendium and the need for such a resource.

The Compendium is making some progress in reaching additional user subgroups through integration and networking with Advance Africa's country programs and repositioning family planning strategies at international, regional, and country levels. Website analysis indicates that the user base is diverse and consists of technical staff, researchers, students, and professors. Thirty percent of users are outside of the United States. Dissemination and promotion efforts for the project's final year will focus on expanding the reach of the Compendium and the usage of best practices. Current activities are limited, however, due to funding constraints. Additional resource allocation for dissemination, promotion, and targeted solicitation for additional practices is desirable to maximize the Compendium as an investment and to ensure its sustained quality and usefulness.

Collaboration and consensus building have been the hallmark of the Advance Africa Best Practices Approach. This report illustrates how Advance Africa has been playing and continues to play a leadership role in defining best practices. This assessment documents Advance Africa's current collaborative efforts, where it is recognized as a technical leader in best practices for promoting and sharing the Best Practices Approach, framework, criteria, methodology, and review process with field partners, CAs, international organizations, and communities of practice. Recent collaborations include work with WHO/AFRO, the Implementing Best Practices Initiative (IBP), African reproductive health training institutions, Strategies for Enhancing Acts for Medicine (SEAM), the Global Health Council, AWARE, and other international and regional organizations. These strategic collaborations facilitate the continuity of Advance Africa tools and lessons after the completion of the project.

As the Advance Africa project moves towards its end in September 2005, the transfer of the Compendium is a critical concern. This report attempts to address this important issue by documenting the minimum financial and technical requirements for transfer and maintenance of the Compendium. A profile has been developed to provide guidance on the type of organization required to effectively maintain and improve this valuable tool. Transfer will cost approximately \$50,000 and continued maintenance and promotion is estimated at an additional \$150,000 per year.

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List of Acronyms

AA	Advance Africa
AED	Academy for Educational Development
BPAG	Best Practices Advisory Group
BPU	Best Practices Unit
BCC	Behavior Change Communication
CA	Cooperating Agency
CMG	Consortium Management Group
DHS	Demographic and Health Surveys
DRC	Democratic Republic of Congo
DTT	Deloitte Touche Tohmatsu
ECS	Electronic Communication System
EPG	Electronic Products Group
FAWE	Forum of African Women Educationalists
FHI	Family Health International
FP/RH	Family Planning/Reproductive Health
GH	Global Health
HQ	Headquarters
IBP	Implementing Best Practices
INFO	Information & Knowledge for Optimal Health (INFO) Project
IR	Intermediate Result
JHU	Johns Hopkins University
MAQ	Maximizing Access and Quality Initiative
M&E	Monitoring and Evaluation
M&L	Management and Leadership Program
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
OBSI	Optimal Birth Spacing Initiative
OR	Operations Research
PAC	Postabortion Care
PHC	Primary Health Care
PHN	Population Health and Nutrition Office
PVO	International Private Voluntary Organization
RFA	Request for Applications
RFP	Request for Proposals
SDI	Service Delivery Improvement Division of USAID
SO	Strategic Objective
SOW	Scope of Work
STA	Senior Technical Advisor
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAG	Technical Advisory Group
UN	United Nations
UNAIDS	United Nations AIDS Program
UNDP	United Nations Development Programme
UNFPA	United Nations Family Planning Association
USAID	U.S. Agency for International Development
WAHO	West African Health Organization
WB	World Bank
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office

I. Background

Advance Africa's Best Practices Approach is the product of three advisory meetings over a period of two years, consultation with USAID CAs, and thorough research. Daily activity is managed by Advance Africa's Best Practices Unit and represents one of the project's key achievements and tools. The mission of the Best Practices Initiative is to collect, standardize, assess, and disseminate program interventions as best practices in the field of FP/RH while promoting the use of best practices for greater program quality and accountability. The Best Practices Unit maintains and updates the Best Practices Compendium, develops topic-specific mini-compendia, and actively promotes and disseminates the Compendium and the Best Practices Approach.² The Compendium, which is available online, as a CD-ROM, and in hardcopy format, provides demonstrated best practices for program managers and technical staff who design and implement FP/RH programs. It also serves as a useful tool for policy makers, project developers, researchers, students, international organizations, and public health institutions. The Best Practices Unit is actively disseminating and soliciting best practices among these groups.

1.A Best Practices Within the Results Framework

The Advance Africa Results Framework includes three intermediate results (IRs):

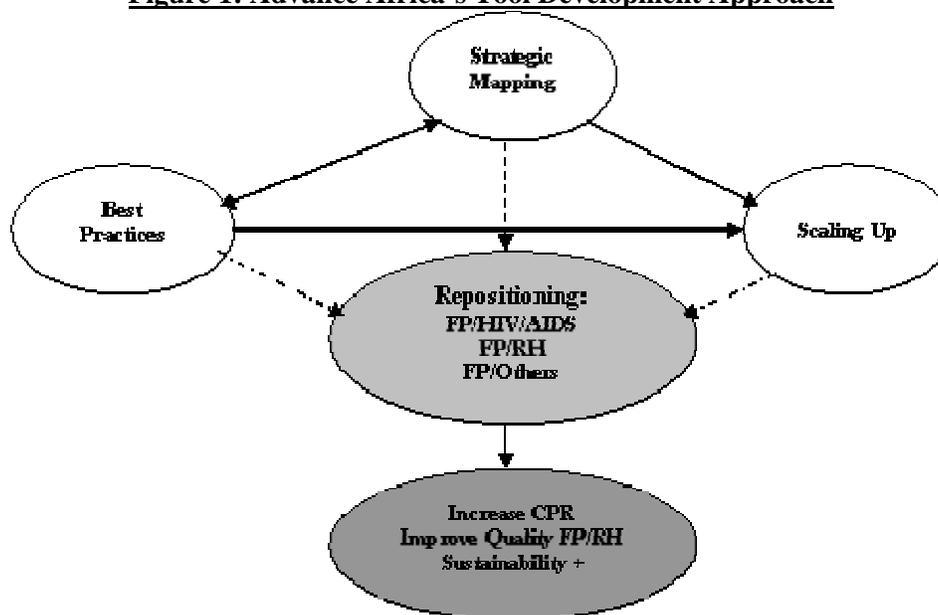
1. Increased access to and improved quality of FP/RH clinical and non-clinical programs
2. Increased capacity for informed FP/RH decision making
3. Improved awareness of the importance of family planning health benefits among African policy makers
 - 3.2 Development and use of advocacy tools to support the repositioning agenda

Within the results framework, best practices activities respond to IR2 and IR3. The Best Practices Approach and the Compendium are practical resources for informed policy and programmatic decision making.

Within the broader Advance Africa project, the Compendium is a useful tool for both country and regional programs, including repositioning family planning activities. Using best practices in its country programs, Advance Africa demonstrates the effective use of best practices, which can then be documented, added to the Compendium, and scaled up. By incorporating best practices into repositioning programs, policy makers and program managers are able to use concrete examples and their results as a functional advocacy and reference tool to improve and validate their repositioning strategies.

² Topics include adolescent reproductive health, HIV/AIDS, private sector involvement, and community involvement.

Figure 1: Advance Africa's Tool Development Approach



1.B Best Practices Definitions

To be considered a best practice, a submission must provide evidence and results. The practice of demonstrating effectiveness and accuracy is itself a best practice and stimulates greater accountability among technical assistance organizations. Advance Africa hopes this will influence donors to demand evidence of the use of best practices before funding programs. Technical assistance organizations, international private voluntary organizations (PVOs), nongovernmental organizations (NGOs), and CAs have their practices peer-reviewed and disseminated through the Compendium. Advance Africa's own practices are added to the Compendium and may set a standard for future project accountability.

Advance Africa has developed the following definitions of practices:

- A **practice** is a specific action or set of actions within a program or activity that is used consistently in response to a problem or identified need.
- A **best practice** is a specific action or set of actions exhibiting quantitative and qualitative evidence of success that is capable of being replicated, adapted, and transferred. Best practices represent the gold standard of activities and tools that can be implemented to support program objectives.
- A **promising practice** is a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.

1.C Best Practices Legacy

The Advance Africa project will leave a legacy of documented, evidence-based public health service delivery. Until Advance Africa developed its Best Practices Compendium, the concept of

best practices referred largely to clinical best practices. The Compendium sets a new standard in public health practice by promoting and making programmatic best practices a technical assistance goal.

The Best Practices Approach goes beyond the Compendium itself to contribute to critical thinking for assessing effectiveness and scale in public health practices. Advance Africa, in collaboration with the Best Practices Advisory Group (BPAG) and others, developed the methodology, criteria, and process for identification, objective technical review, compilation, and dissemination of best practices.

II. Internal Assessment

II.A Objectives of Internal Assessment

This report is a follow-up to the USAID review of the Best Practices Compendium that took place in January 2004 and the Management Review Meeting that took place in June 2004. USAID requested that Advance Africa assess best practices activity to date. The objectives of this internal assessment include:

1. Investigate who is using the Compendium and how the Compendium is being used
2. Review key activities and developments of the Compendium from January to August 2004
3. Explore the issue of creating incentives to submit practices
4. Present the dissemination, promotion, and collaboration plan for FY2005
5. Document USAID's role in the dissemination, use, and promotion of best practices
6. Provide recommendations for the Compendium at the end of the project

In the meetings with USAID, a number of additional issues, questions, and follow-up requests were raised:

- Though the Compendium has been developing successfully, it is too early to measure the impact of the tool. The total impact should be evaluated at the project's end.
- The external review/impact assessment should take place in early 2005 and report on the utilization, costs, and uptake of best practices and provide recommendations for transfer/integration of the Compendium to another host. Advance Africa will draft a scope of work for USAID consideration.
- An internal review to evaluate the process of the Best Practices Unit's activities should be completed by Advance Africa in August 2004.
- As Advance Africa enters its last year, the Best Practices Unit should compare the Compendium to other databases (John Snow, Inc. [JSI], WHO/IBP), consider collaborations, and make recommendations for future hosts.
- Further explorations are needed with regards to why practices are being used and how they are being adapted.

II.B Methodology

An external consultant was hired to oversee this internal assessment in collaboration with the Best Practices Unit of Advance Africa. The assessment contains a full review of project documentation and products, including progress reports, self-assessment reports, management review documents, the website, annual work plans, budgets, trip reports, collaborative efforts, and quarterly/annual

performance reports. The monitoring of progress against the workplan guarantees that the Compendium will move forward efficiently and effectively in the project's last year.

From February to July 2004, user surveys were conducted via national, international, and online venues. Quarterly web analyses determined the origin and numbers of online user "hits". Online subscribers were asked to complete in-depth surveys to determine actual use and application of best practices. Progress was monitored and evaluated via the Knowledge and Information Exchange Management database (KIX).³

Lastly, the Best Practices Unit reviewed the programs of other organizations, conducted direct queries, and worked with the Management Services for Health (MSH) Electronic Products Group (EPG) to determine the minimum requirements for Compendium maintenance. This research will aid in locating appropriate long-term hosts for the Best Practices Compendium.

III. Results of Internal Assessment

Following the USAID review of the Compendium in January 2004, the Advance Africa proceeded to actively implement workplan activities and respond to USAID questions and action items.⁴ In FY2004, Advance Africa made final revisions to the Compendium structure, reviewed practices, workplans, and dissemination activities, and intensified best practices collaboration with CAs and other international organizations. Key accomplishments are listed in the following sections.

III.A Workplan Activities

This section reviews FY2004 results for the Best Practices Compendium and all activities related to Advance Africa best practices.

III.A.1 FY2004 Accomplishments

- Revised the Compendium database in Web and CD-ROM formats based on user feedback
- Collected, reviewed, and entered new program interventions into the Compendium
- Conducted an internal review of all public practices in the Compendium (approximately 200)
- Increased collaboration with Best Practices Review Board and expanded profile and recognition of review board members
- Worked closely with the Emerging Markets Division of Deloitte Touche Tohmatsu in Q3 to develop a mini-compendium of private sector interventions to improve reproductive health. Created and finalized best practices mini-compedia (three) on community involvement, HIV/AIDS, and private sector interventions. Disseminated mini-compedia at regional and international workshops
- Continued to translate Compendium contents into French.
- Presented best practices methodology at 15 national and international venues

³ The KIX database is a straightforward and useful tool for tracking project activities at both global and country levels, and offers a method for analyzing and reporting on progress according to intermediate results. KIX is capable of producing a variety of reports on project components.

⁴ As indicated at the 28 January 2004 USAID meeting.

- Participated in consensus-building workshops on best practices with AWARE-RH and AWARE-HIV/AIDS in Ghana and Senegal
- Assisted in organization of a technical paper on knowledge management with John Hopkins University/Center for Communications Programs (JHU/CCP)
- Began documentation of best practices from Advance Africa's country programs
- Initiated internal assessment of the Best Practices Compendium

III.A.2 FY2005 Activities

To maximize the value of the Compendium as a product of Advance Africa, it was initially planned that during the last year of the project, activities would focus on strategic dissemination and promotion activities to raise the visibility, use, and reach of the Compendium, specifically toward key user subgroups.

The Compendium is currently in its final format, and therefore in the stage of its greatest return. With maintenance costs continuing to level off, the Compendium is functioning with its leanest budget to date. Decreased maintenance costs have been met with higher budget requirements for promotion and dissemination activities however. The current budget allows for continued maintenance, the submission of additional best practices (200), internal assessment, and limited dissemination/promotion, concurrent with the Best Practices Unit's regular activities and events.

In an effort to maximize the investment of the Compendium, solidify partnerships, and maintain the Compendium as a visible tool for CAs and other international organizations in the field, Advance Africa will be requesting resources from USAID to support the following plan of activities through June 2005.

Table 1: Best Practices Workplan FY2005

ACTIVITY	Timeline (Quarter)					Expected PRODUCT/OUTPUT	Expected OUTCOME	INDICATOR
	1	2	3	4	5			
1. Continue identification, documentation, and dissemination of best practices						Addition of new practices to Compendium (200)	Use of best practices by Advance Africa staff and/or partners in four countries	# of new best practices in Compendium # of organizations using best practices # of African countries using best practices
2. Complete internal assessment of Compendium for presentation to USAID								
3. Document best practices and use of the Compendium by Advance Africa country programs						Internal Assessment Report	Use of Compendium by IBP institutions to identify practices	<u>Milestone:</u> Evaluation of how the Compendium is used and discussion of options for its future development
4. Prepare the Compendium for use by IBP						Dissemination and updates of mini-compendia documents in English and French (5)		
5. Conduct final BPAG meeting						Dissemination of Best	Increased use of best practices within African	

ACTIVITY	Timeline (Quarter)					Expected PRODUCT/OUTPUT	Expected OUTCOME	INDICATOR
	1	2	3	4	5			
6. Encourage active contributions of best practices from multiple organizations						Practices Updates	countries	
7. Take advantage of TDY to promote the use of the Compendium						CD-ROM dissemination at various African organizations and regional and international conferences (e.g., APHA, GHC)	Transfer of Compendium to an organization who will sustain activity in the long run	
8. Prepare scope of work (SOW) for external evaluation of the Best Practices Approach and use of the Compendium; determine options for long-term sustainability						Evaluation reports from Compendium users (Advance Africa and external users)		
9. Continue active collaboration with AWARE-RH, and preparation of CD-ROMs for AWARE/RH best practices promotion in West Africa (<i>pending budget allocation</i>)								
10. Best Practices Review Board will assess practices according to the established criteria						Mini-compendium on AWARE-RH topics of interest developed		

III.B The Best Practices Approach and Criteria

The use of the Best Practices Approach, an evidence-based critical thinking framework, has been a key factor in the validity of the Compendium. The Approach's criteria distinguish between best and promising practices, and maintain quality control of best practices.

Advance Africa has been proactive in sharing its approach and methodology with other CAs and organizations. Several CAs, such as AWARE HIV/AIDS and AWARE-RH, have used and adapted the Best Practices Approach for their organizations' best practices assessment. WHO/AFRO has included best practices as an important element in the Regional Repositioning Family Planning Framework for the African sub-region. These collaborations have in turn contributed to the evolution best practices within the FP/RH community.

Figure 3. Advance Africa’s Best Practices Conceptual Framework



III.B.1 Criteria

The Best Practices Approach is unique to Advance Africa and uses two primary criteria, namely measured *evidence of success* (results, effectiveness, efficiency) and *transferability* (replication and bringing-to-scale) of promising and best practices. Advance Africa focuses on replication as it relates to the successful scaling-up of programs on country and regional levels.

These two criteria can be articulated as follows and viewed conceptually in figure 3.

- **Evidence of success**
 - Tangible impact
 - Success in meeting program objectives (effectiveness)
- **Transferability**
 - Replication in various settings
 - Potential for replication in other settings

III.B.2 Structure and Content of the Best Practices Compendium

The Compendium is now in its final format. The last modification included a reclassification of programmatic best practices by both technical and practice areas. Each entry has one primary technical area and up to four practice areas. Users are able to search by various indicators, such as geographic area or technical area, or by keywords.

The Compendium structure is based on primary technical areas and cross-referenced with best practice areas. A core group of 20 practice areas, obtained from FP/RH literature, ensure effective programming with a focus on increasing demand, access, quality, and sustainability of FP/RH services. Currently there are over 200 best and promising practices in the Compendium.

III.B.3 Practice Areas

Advance Africa revised the Compendium according to recommendations given during progress review meetings with USAID in September 2003 and January 2004. The structure of the Compendium underwent minor revisions to more effectively organize the practices based on the Best Practices Approach. Under the revised structure, users were able to access program interventions through evidence-based practice areas in addition to technical areas. User numbers increased after this revision.

As indicated in previous sections, user feedback has been positive regarding the current Compendium structure. Best practices are divided into the following areas:

- Accreditation
- Advocacy and Social Marketing
- Capacity Building
- Collaboration and Sharing Lessons Learned
- Communication and Education
- Community Involvement
- Contraceptive Logistics
- Family Planning Counseling and Voluntary Counseling and Testing (VCT)
- Health Reform and Decentralization
- Integration and/or Multisectoral Approaches
- Life Skills and Livelihoods
- Management Systems
- Participatory Approaches
- Policy Planning and Development
- Private Sector Involvement
- Quality Assurance and Performance Improvement
- Replication and Scaling Up
- Resource Mobilization and Sustainability
- Social Support and Networks
- Youth-focused Interventions

III.B.4 Submission and Review

The Best Practices Compendium has streamlined its submission process by providing two options for the submission of best practices. The first is a downloadable two-page Microsoft Word document that requires the submitter to enter relevant information for assessment and review by the Best Practices Unit. The second option allows users to submit their best practices through an online submission form available through the Compendium website. Once either of these forms is submitted, the practice then enters the review process. Both methods have the same level of quality control for assessment and review. Past reliance on the hardcopy submission form delayed the process of best practices submission, but the current convenience of online submission has considerably streamlined this process.

III.B.4.a Soliciting Submissions

One of the goals of Best Practices dissemination and promotion is to actively solicit submissions for the Compendium. The Best Practices Unit is currently using meetings and conferences to reach potential submitters, and researching methods of targeting submitters in underrepresented areas of the Compendium.

III.B.4.b Priority Areas for Submission

When secondary technical areas were replaced with a list of practice areas during the Compendium's structural revision, it became clear that several areas are currently underrepresented. These technical and practice areas are:

- Management and Leadership
- Gender
- Collaboration and Sharing Lessons Learned
- Contraceptive Logistics
- Health Reform and Decentralization
- Policy Planning and Development
- Communication and Education (Training)
- Resource Mobilization and Sustainability

Several activities in the FY2005 workplan focus on filling these gaps. For example, in collaboration with the AWARE projects, Advance Africa plans to create a new mini-compendium of practices for West Africa that would include practices related to Gender, Collaboration and Sharing Lessons Learned, and Contraceptive Logistics.

Submissions are also made to the Compendium by conference participants and through timely follow-ups by the Best Practices Unit. Other groups collaborating with the Best Practices Unit include PopCouncil/Frontiers, the JSI/DELIVER Project, and Family Health International (FHI). The Best Practices Unit has also been soliciting submissions from IBP Consortium Members such as IntraHealth/PRIME II, Pathfinder, and EngenderHealth. Collaboration with IBP/ECS, which will be solidified in Q1 and Q2, will encourage the documentation of evidence-based practices. Advance Africa regional and national meetings planned for FY2005 will also serve as forums for active solicitation.

III.B.4.c Review Process

To ensure the Compendium's credibility, each practice must go through a thorough review process. A member of the Best Practices Unit first reviews each submitted practice for classification, technical consistency, and assessment. Once a practice has been accepted by the Best Practices Unit and uploaded to the Compendium, it is then sent to a member of the Advance Africa technical staff for review. After the necessary revisions have been made, the submission is then sent to a member of the Best Practices Review Board for classification as best or promising. To guide the process, Reviewers are asked to rate the practice according to evidence of success and transferability. They also provide brief explanations for why a practice was categorized as best or promising and to provide suggestions for who could benefit most from the practice.

The reviewer is able to post his or her feedback directly to the online Compendium. To ensure that all comments are addressed, each comment must be manually accepted or rejected by the Compendium's system administrator.

The Best Practices Review Board is comprised of technical experts in various fields of FP/RH. The Compendium currently has reviewers from the Academy for Educational Development, CATALYST, FHI, JHPIEGO, Muhimbili University College, and the Population Council. In Q3, the Compendium added reviewers from field-based, largely African organizations.

To recognize reviewers and highlight the scientific and programmatic rigor of the review process, brief biographies of each reviewer are posted on the Advance Africa website.^[1] Reviewers will also receive certificates of appreciation for their role in upholding the technical quality of the Compendium.

Lastly, Advance Africa hopes that each member of the review board will subsequently become an advocate for the Compendium. This critical group of technical experts will help to extend the visibility and reach of the Compendium.

III.C Use of the Compendium

The Best Practices Compendium has proven to be one of the most successful technical tools created by the Advance Africa project. Developed for use by the entire FP/RH community, the Compendium is a particularly valuable resource for project managers. Whether as a CD-ROM or as a web-based tool, it is user-friendly, comprehensive, and well designed. The Compendium contains one-page abstracts of successful projects and gives users dozens of practical examples across a broad array of FP/RH interventions.

III.C.1 Target Audiences and User Subgroups

Advance Africa continues to reach its primary target audience of program managers and policy makers via active follow-up of conference participation, outreach utilizing Advance Africa TDY, and active advocacy aimed at CAs. User data from registered users of the online Compendium indicate that outreach efforts have been successful, and usage by secondary audiences, such as African policy makers, has increased. The current user base consists of program managers, technical staff, program officers, FP/RH and HIV/AIDS researchers, monitoring and evaluation specialists, professors, and experts in the fields of health communications and behavior change communication (BCC).

Recent outreach efforts have targeted the following sub-groups, namely:

- FHI
- JSI/DELIVER Project
- The Center for Development and Population Activities (CEDPA)
- Ipas
- International Planned Parenthood Foundation (IPPF)
- Academy for Educational Development (AED)
- Population Council/FRONTIERS

Other outreach efforts include collaboration with the IBP community⁵ and IBP/ECS. Advance Africa has been a continuing partner and technical resource in the African Regional Reproductive Health Task Force meetings held in October 2003 and February 2004. These meetings serve to strengthen reproductive programs by providing an opportunity to share best practices and important research utilize this research to develop a road map toward the attainment of Millennium Development Goals (MDGs).

The use of the Compendium by USAID/Washington (USAID/W) and USAID missions for program development and documentation has yet to be actualized.

The evaluation of Advance Africa completed by the Population Technical Assistance Project (POPTECH) noted that the Compendium has been useful for USAID/W and USAID missions. While Advance Africa has promoted the Compendium to USAID country programs, there has not been wide-scale dissemination, promotion, or training among USAID field offices.

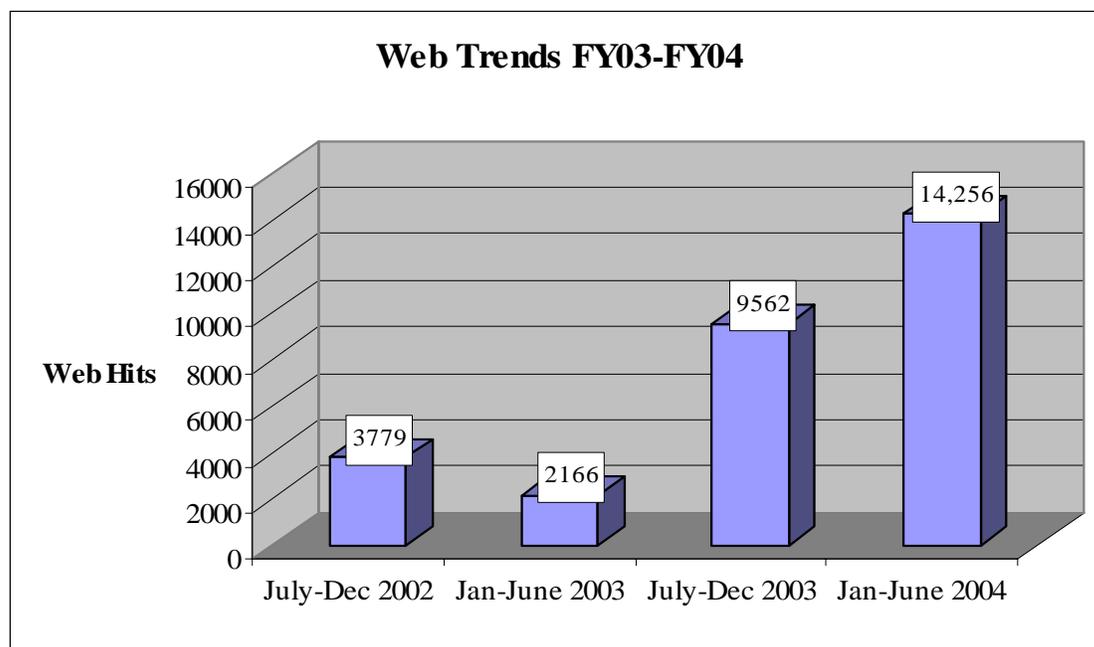
⁵ IBP Meeting June 2004

III.C.2 Compiled Data

The success of the Best Practices Compendium is dependent upon well-conceived and actualized dissemination and promotional efforts. The table below illustrates that online Compendium usage correlates positively with increased advocacy and promotion. International-level dissemination efforts tend to increase online usage, whereas regional and country-level dissemination efforts tend to increase CD-ROM usage.

Because CD-ROM users are usually not registered, they are underrepresented in online surveys. The Best Practices Unit is addressing this issue by conducting a follow-up survey with CD-ROM users at the Reproductive Health Priorities meeting in South Africa (October 2004). Conference participants who receive a CD-ROM will also be requested to leave business cards or contact information.

Table 2: Best Practices Online Compendium Data



The proportion of non-U.S.-based Compendium users has remained relatively consistent over the last two quarters; approximately 35% of all users are non-U.S.-based users. This is high compared to similar projects, which usually have an average 10% international user base.

The most common question regarding the Compendium is exactly who uses it, how they are using it, and how they are applying best practices. To find the answers to these questions, the Best Practices Unit continues working to increase responses to surveys and questionnaires. Results from user survey qualitative data will be highlighted below in section III.C.3.

III.C.3 User Surveys

The Best Practices Unit solicits feedback from both field-based and U.S.-based users. This section highlights the similarities and differences between these two subgroups.

III.C.3.a Online User Survey Results

In July 2004, the Best Practices Unit undertook a survey of registered users to aid in the assessment and evaluation of the Best Practices Compendium. The survey focused on five questions:

1. Who is using the Compendium?
2. Is the Compendium reaching its target audience?
3. How is the current audience being reached?
4. In what context(s) is the Compendium being used?
5. How are the best practices within the Compendium being implemented?

A detailed survey (written and telephone) was conducted with a select sample of 170 registered users. A narrative introduction, designed to verify participants' informed consent, was read or e-mailed prior to start of the survey. The methodology included close-ended and open-ended questions to allow respondents time for elaboration. The close-ended questions enabled the Best Practices Unit to make summaries, comparisons, and generalizations regarding the responses. This survey primarily focused on registered users (n=20), hence the data are biased towards registered, U.S.-based, online users.

Key findings from the surveys are:

- Forty percent of respondents learned about the Compendium through direct contact with Advance Africa staff.
- Thirty percent of respondents learned about the Compendium through online research/searches for specific FP/RH and HIV/AIDS programs, or for best practices.
- Thirty percent of respondents learned about the Compendium through "other" sources, such as colleagues and consortium partners.
- Ninety percent of respondents prefer to access the Compendium online.
- Ten percent of respondents prefer the hardcopy version of the Compendium for the convenience of carrying it to the field, where there is little access to computers and the Internet.
- Ninety percent of respondents rated the Compendium as very useful and an accurate resource.

Additional responses noted that the Compendium was being used as a training tool by professors and students at public health institutions. Another respondent uses the Compendium in field training and capacity-building for technical staff and program developers.

One respondent uses the Compendium as a reference tool when going to the field. This respondent does a geographic search for all practices in the country he plans to work in, and checks for the status of FP/RH in that particular country.

The majority of respondents use the Compendium as a reference during the design, proposal development, and planning of their programs. Several respondents, however, noted a lack of practices specific to their work, which impeded their ability to directly apply best practices to their programs. Several users also questioned the possibility of direct replication and application of best practices to their work. One user struggled with the idea of documenting the impact of best practices on programs by stating, "It's really hard to trace the application of specific practices to changes in program interventions, and then link that to some tangible outcome."

III.C.3.b Field Users Survey Results

A member of the Best Practices Unit presented at the 10th Reproductive Health Priorities Conference in South Africa in 2003, and follow-up will be conducted with participants at the 11th RH Priorities Conference in October 2004. Attendees included program and project managers, lecturers, practitioners, and other professionals, primarily from South Africa. From this audience (N=30), the following results were gathered.

Sample question: *What suggestions for improvement do you have for the Best Practices Compendium?*

Of the participants who answered this question (N=20), several mentioned the importance of targeting stakeholders as a primary audience. Several also noted that it was important to “increase the awareness of policy makers, governments, and organizations [regarding the Compendium].” These points have been incorporated into the Best Practices dissemination and promotion strategy for FY2005. For Africa-based staff, the CD-ROM was highlighted as an essential dissemination format due to limited Internet access.

The following suggestions were also made:

- Best practices workshops for program managers
- Marketing to institutions of higher learning for health professionals
- Methods to better respond to those without Internet access
- Guidance for those submitting proposals

All users believed that additional efforts to increase the visibility and usage of best practices in the field of FP/RH should be undertaken. Some suggestions users made to increase access and visibility included:

- Initiate joint mailings with wide-reaching organizations such as the Health Information and Publications Network (HIPNET), which has a bi-monthly mailing that reaches over 50,000 people internationally
- Create linkages with the IBP/ECS, which will soon have a global library containing FP/RH best practices
- Become associated with and advertise in professional FP/RH journals
- Make the Compendium available in libraries throughout the world, especially those related to FP/RH

It is important to note Compendium format preferences among field and U.S.-based users. Those in the field prefer CD-ROMs, whereas U.S.-based users prefer the online format. This is an important distinction for dissemination efforts.

III.D Best Practices Dissemination and Promotion

With the Best Practices Compendium now in its final format, investments made in its development can be maximized through promotion. The documented Compendium methodology and Best Practices Approach should also be disseminated.⁶ Advance Africa is actively

⁶ The Best Practices Approach is being documented in an upcoming journal article for publication in scholarly journals.

disseminating best practices through CD-ROM, presentations, publications, and a comprehensive website.

In addition, Advance Africa is writing an article on the Compendium and the Best Practices Approach. This will give readers an opportunity to explore the methodology and process behind the development of the Compendium. It will also serve as a foundation for the USAID external evaluation, tentatively scheduled for spring 2005.

The Best Practices dissemination strategy is constrained due to a limited budget for this activity. The usage of the Compendium by USAID/W and USAID missions in program development and documentation has not been actualized because no concrete strategy has been developed. It is recommended that USAID provide clear guidance for the Best Practices Unit's dissemination efforts and determine how they would like the Compendium and Best Practices Approach to be used among CAs, USAID missions, and other partners.

III.D.1 Dissemination and Promotion Strategy

Dissemination efforts in the project's final year will focus on systematically and proactively expanding the reach of the Compendium and use of best practices. With additional resources, Advance Africa will be able to scale up these efforts. The goals of dissemination are to increase the number of users, increase outreach to user subgroups, increase the number of submissions, and encourage successful replication of the Best Practices Approach.

Current promotion and dissemination strategies focus on international, regional, and country levels. The Compendium will continue to serve as a reference, programming tool, information source, teaching tool, and index for targeted users. Dissemination efforts coincide with the solicitation of best practices from the FP/RH field.

The primary goals of the dissemination and promotion strategy are to:

1. Increase awareness and use of the Compendium
2. Promote greater collaboration and sharing of best practices with partners, CAs, international organizations, and communities of practice
3. Solicit submissions to increase the number and variety of best practices included in the Compendium

The practice of demonstrating effectiveness and scale is a best practice in itself, which engenders greater accountability among technical assistance organizations. Advance Africa hopes this best practice will influence donors to demand evidence of the use of best practices before funding programs. Technical assistance organizations, International Private Voluntary Organization (PVOs), NGOs, and CAs, can have their practices reviewed and disseminated through the Compendium. Advance Africa's own practices will be added to the Compendium and set the standard for future project accountability.

This phase of promotion and dissemination is expected to continue through the end of project activities in June 2005. Effective promotion and dissemination supports Advance Africa's goal of increasing and repositioning family planning programming as a global strategy. Activities will be integrated into Advance Africa's ongoing field and networking activities.

At the international level, the Compendium is targeting key global audiences that work in the fields of FP/RH, HIV/AIDS, maternal and child health (MCH), child survival, gender, and

reproductive health communications and advocacy. Advance Africa’s ongoing participation and training efforts in international meetings, brown bag presentations, and FP/RH conferences will provide opportunities to reach these audiences.

If funding permits, additional efforts would include CD-ROM mailers, technical briefs, electronic outreach via listservs, e-mail lists and other e-forums, and direct outreach through international forums, libraries, schools of public health, and field-focused clearinghouse organizations. This audience includes:

Target Audience	Activities
<p data-bbox="298 476 565 506">International Level</p> <ul style="list-style-type: none"> <li data-bbox="298 533 743 562">• African policy makers and program planners <li data-bbox="298 562 743 592">• International development and health agencies <li data-bbox="298 592 743 636">• Health, population and development experts/ technical experts <li data-bbox="298 636 776 665">• International reproductive health advocacy groups <li data-bbox="298 665 711 709">• Public health/nursing/medical schools and institutions <p data-bbox="298 1024 548 1054">* pending additional funding</p>	<p data-bbox="805 476 1089 506">July-December 2004</p> <ul style="list-style-type: none"> <li data-bbox="805 512 1214 541">• Presentations on Best Practices Compendium <li data-bbox="805 541 1336 585">• Presentations on best practices approach, methodology, and criteria <li data-bbox="805 585 1320 615">• Mass e-mailing to target audiences: best practices updates <li data-bbox="805 615 1101 644">• Expanded listserv dissemination <li data-bbox="805 644 946 674">• Briefing notes <li data-bbox="805 674 1360 703">• Outreach to public health schools w/CD-ROM, presentations* <li data-bbox="805 703 1320 747">• Collaboration with IBP/WHO* (<i>pending funds for further feasibility /preparation of transfer</i>) <li data-bbox="805 747 1360 791">• Collaboration with AWARE* (<i>no funds for TA, staff time, and materials to do a West African Mini-Compendium</i>) <li data-bbox="805 791 1157 821">• Sharing of best practices methodology <p data-bbox="805 842 873 871"><u>Events</u></p> <ul style="list-style-type: none"> <li data-bbox="805 871 1360 900">• Repositioning Family Planning Working Assembly, Sept 2004 <li data-bbox="805 900 1377 945">• 11th Annual Reproductive Health Priorities Conference: October 2004 <li data-bbox="805 945 1239 974">• Best Practices Advisory Meeting: October 2004 <li data-bbox="805 974 1320 1018">• American Public Health Association (APHA) Conference: November 2004 <li data-bbox="805 1018 1377 1115">• Brown bag sessions series Fall 2004 (outreach to CAs and U.S.-based schools of public health) current budget 3 schools in U.S., 5 CAs. *15 other international Public Health Institutions and 10 other CAs would be targeted <li data-bbox="805 1115 1352 1159">• WHO/AFRO Regional Political Leaders Meeting: September 2004

At the regional level, Advance Africa is involved in a number of efforts in Southern and Western Africa focused on African policy makers, government leaders, and program managers. User research from late 2003 and early 2004 indicated that African policy makers were key decision makers in family planning programming, but were difficult to reach through online dissemination. Advance Africa is targeting this important subgroup through direct efforts with WHO/AFRO to target African policy makers and parliamentarians. WHO/AFRO’s “Repositioning Family Planning in Reproductive Health Services: Framework for Accelerated Action 2005-2014” was developed with Advance Africa technical support, includes the promotion and use of best practices. On 1 September 2004 at the WHO Regional Committee for Africa meeting in Brazzaville, Congo, Ministers of Health from 46 African countries adopted this framework.

As a follow-up to both national and regional promotion activities, Advance Africa is leading a Repositioning Family Planning for West Africa conference, co-sponsored by WHO/AFRO, USAID/WARP, POLICY, and AWARE-RH, tentatively scheduled for February 2005. This conference will bring together 250 regional policy makers, technical experts, program managers, media representatives, and private sector representatives. At this conference, the Compendium will be presented, onsite training will be available, and Compendium CD-ROMs will be disseminated to all participants. The Best Practices Unit will also survey this subgroup regarding usage, impact, and most effective format of dissemination.

Lastly, the Best Practices Unit has targeted other African groups at regional levels through CD-ROM distribution and training at World Bank Institute collaborative trainings and at an African program managers' meetings. Feedback from the program managers' meetings in Benin and South Africa indicated an overwhelmingly positive response to presentations on the Compendium and the Best Practices Approach. Feedback also indicated that a French translation of the Compendium was desirable.

Target Audience	Activities
Regional Level	July-December 2004
<ul style="list-style-type: none"> • Key regional stakeholders (policy makers, program managers, project partners) • Regional health, population, health, education, and development agencies (NGO, UN) • Regional policy groups • Regional private sector (commercial and NGO) associations • Regional universities and schools of public health <p><i>* pending additional funding</i></p>	<ul style="list-style-type: none"> • Presentations on the best practices approach • Presentation and promotion of the Compendium • Mass mailing to regional organizations in eastern/western/southern Africa • Technical support for WHO/AFRO regional repositioning framework • AWARE mini-compendium development: Fall 2004 (pending funding agreement with USAID/AWARE) <p>Events</p> <ul style="list-style-type: none"> • Second Regional Meeting of Reproductive Health Program Managers: July 2004 • Direct outreach to Ugandan and South African schools of medicine and public health*

At the country level, Compendium activities will focus on dissemination, promotion, and training for the best practices approach, and active solicitation of best practices submissions. Country-level dissemination has been undertaken primarily through Advance Africa country programs and repositioning family planning advocacy efforts in the Democratic Republic of the Congo (DRC), Angola, Senegal, Mozambique, and Zimbabwe.

Advance Africa has integrated the best practices approach and Compendium promotion and dissemination activities into the workplans of its country programs. All Advance Africa staff in field offices have been oriented to use and promote the Compendium within their workplans. Documentation of this integration process will occur in Q4 (FY2004) and Q1 (FY2005).

Target Audience	Activities
Country Level	July-December 2004
<ul style="list-style-type: none"> • Ministries of health, education, and social welfare • National policy makers and key stakeholders (government, NGO, UN, and private sector) • FP/RH program managers and providers • Advance Africa staff • Consortium Management Group (CMG) • Pan-African Regional Technical Assistance Group (PARTAGE) members • Other in-country partner agencies and CMG members* • Public health/nursing/medical schools and institutions* • Key commercial business and private sector leaders * • USAID missions* <p><i>* pending additional funding</i></p>	<ul style="list-style-type: none"> • CD-ROM dissemination through staff TDY • Use existing meetings, conferences, and events as dissemination venues • Trainings for policy makers during national advocacy conferences • Charge CMG with tasks and tools for outreach efforts* • Supply CMG field offices with CD-ROMs* • Outreach to existing clearinghouse organizations* • Using country programs to disseminate to partner organizations* <p>Meetings</p> <ul style="list-style-type: none"> • Maximizing Access for Quality (MAQ) Initiative Meeting (DRC): December 2004 • Mozambique end-of-project meeting • Angola Journalists' Workshop (date pending)

With additional funding, national dissemination and promotion efforts would specifically target national FP/RH clearinghouse organizations and all consortium management group (CMG) members with field offices, and equip USAID missions with Compendium materials and tools.

In-country partners would also be actively solicited for submissions of best practices. Information sessions, brown bag presentations, and CD-ROM dissemination would coincide with ongoing Advance Africa activities.

III.D.2 Challenges

To date, Advance Africa has been proactive in sharing the criteria and review process of best practices with CAs. POPTECH evaluators noted that, while the Advance Africa project is mandated by USAID to develop the Compendium, no project funds are available for promotion and dissemination of the tool. They further noted a lack of clarity regarding joint USAID/Advance Africa responsibilities for ensuring utilization and promotion of the Compendium.

In recent management review meetings, USAID has articulated expectations for Advance Africa to disseminate and promote the Compendium. It is expected that USAID will provide Advance Africa clear guidance for dissemination and articulate how they would like the Compendium and best practices approach to be used among CAs, USAID missions, and other partners.

Advance Africa has taken a lead role in the promotion of best practices by strategically piggybacking promotional efforts with other ongoing activities. Compendium usage has increased as a result, but still falls short of Advance Africa's goals. Advance Africa wishes to target its efforts in the solicitation of practices, focused sub-user outreach, and actual product dissemination. USAID also has a key role particularly in using the Compendium in its missions and among CAs, in program development, and in relevant meetings and forums. USAID was interested in how Advance Africa plans on disseminating the Compendium at the country level.

III.D.3 Feedback

The BPU will also continue to seek feedback from the field and both CAs and non-CAs, which will help promote the Compendium as a credible and useful resource.

Some feedback from users include the following:

“I believe this is a very useful tool that has a great deal of potential. I would suggest that documenting the scientific process used to determine the level of evidence is crucial to determining a ‘best practice.’”

Maggie Usher-Patel, WHO

“We all benefit from having a compilation of best practices. My main wish would be to make the Compendium even more accessible—I would much rather have a hardcopy that I could flip through. Sometimes we don't know what we don't know, so it's best to have it laid out. Advance Africa has done an excellent job of pulling together available research and program experience. Getting people to apply your word of wisdom is always the tough part—we have too many other demands on our time and too little time to just read.”

Cynthia Green, CEDPA

“Overall, these are very useful write-ups which provide lots of important information for anyone looking to design similar programs. The addition of links to other similar projects and contact information for people who could provide additional information is an added benefit.”

Lindsay Stewart, USAID/Washington

III.D.4 Incentives

The Compendium has faced a number of challenges, particularly in getting a wider range of submissions and in receiving feedback from CD-ROM users. In order to increase feedback from users and subscribers, the managers of the Compendium will explore various incentives with direction from USAID. Among CAs, the primary incentive for submitting best practices is to increase the exposure of their programs and best practices. The Compendium will continue to be disseminated to a diverse global audience. USAID plays a key role in supporting the use of incentives in their bids and programs among CAs.

One option is to recognize efforts by mailing a “Best Practices Certificate” to those organizations that submit a best practice added to the Compendium. These subscribers will also have the chance to have their best practice profiled in the e-distribution of a planned “Best Practice of the Month” or in the IBP/ECS’s “Best Practices Global Network” community of practice.

Advance Africa bags, pens, notepads, and possible raffles will serve as an incentive for users to respond to surveys, questionnaires, pop-up questions, and technology stations at relevant conferences and meetings. Another important incentive, particularly for African-based organizations, is the use of the Compendium as a dissemination channel to expand the reach and visibility of organizations.

III.E Collaborations

Collaboration and consensus-building have been the hallmark of Advance Africa’s Best Practices Approach. Advance Africa plays a leadership role in defining best practices, and shares its experience and technical expertise with CAs and other organizations. Advance Africa is currently working to promote greater collaboration on and sharing of the Best Practices Approach with field partners, CAs, international organizations, and communities of practice.

The project has been proactive in sharing the Compendium’s criteria, methodology, and review process among CAs and African reproductive health institutes in a number of international forums (IBP, SEAM, Global Health Council, AWARE-RH, AWARE-HIV/AIDS, WHO/AFRO, and national and regional repositioning meetings). This criterion involves an evidence-based approach that has been adopted and utilized by AWARE-RH and AWARE-HIV/AIDS. Advance Africa is also collaborating with the World Bank, WHO, UNAIDS (Joint United Nations Program on HIV/AIDS), as well as the IBP initiative to further disseminate its methodology.

These communities of practice have remarked that they find the Compendium and Best Practices Approach practical, valuable, and easy-to-use. When the methodology is presented to other organizations that would like to work with best practices (AWARE projects, IBP, UNAIDS), most add their specific objectives and subject areas, but also indicate that the criteria developed to define a best practice is of high quality.

III.E.1 IBP/ECS

Advance Africa, in collaboration with MSH, is a member of the IBP Consortium. The project participated in the planning and implementation of the IBP Africa launch in Entebbe, Uganda, 20-24 June 2004. This event provided an opportunity to promote the Best Practices Compendium and Approach to a wide range of African technical experts. Direct dissemination of CD-ROMs, Compendium materials, and training at the technology cafe reached over 250 participants.

Advance Africa made linkages with other IBP consortium member groups, and directly followed up with representatives.

The IBP Initiative requested that Advance Africa create a linkage between the IBP/ECS and the Best Practices Compendium. The Best Practices Unit is performing follow-up activities for the Uganda conference through actively promoting the ECS. The Compendium is being promoted and submissions are being encouraged through various ECS communities of practice. The Best Practices Unit also created its own community of practice, the “Best Practices Global Network,” which is open to all registered users of the ECS and is a forum for discussion of FP/RH best practices. Participation in this community will be strengthened via promotion and dissemination activities through FY2005, pending funding.

III.E.2 AWARE-RH and AWARE-HIV/AIDS Projects

Advance Africa has participated in the consensus-based best practices identification process for the AWARE-RH and the AWARE-HIV/AIDS projects. Advance Africa has shared its Best Practices Approach and methodology with both projects. Both AWARE projects have in turn adopted the methodology and adapted it for their own use.

If financial resources are granted, intensified collaboration with the AWARE projects could result in the submission, documentation, and promotion of best practices from 18 AWARE countries. The Best Practices Unit plans to produce a mini-compendium specific to the work of the two AWARE projects in English and French (online and in CD-ROM form) with input from the projects. This collaboration would increase submissions from African sub-regional field practices, and provide AWARE-RH and AWARE-HIV/AIDS with a collection and dissemination channel for best practices.

III.E.3 BPAG and USAID Cooperating Agencies

The BPAG was instrumental in the development of the Best Practices Compendium. The BPAG consists of representatives from Advance Africa’s CMG as well as members of other CAs. The group has met three times over the last two years to provide technical input and advice for the Compendium. In addition, the Best Practices Review Board has been providing technical feedback in their areas of expertise throughout 2003 and 2004. In October 2004, Advance Africa will convene the BPAG and the BP Review Board for a final meeting about Best Practices. The purpose of this meeting is to inform the technical experts who have dedicated their time and various skills to the creation of the Best Practices Compendium of the progress made throughout the duration of the project. The specific objectives of this meeting are:

1. To inform meeting participants, who have dedicated themselves to the creation of the Best Practices Approach and the Compendium, of progress made since the last Best Practices Advisory Group Meeting.
2. To present the results of the Best Practices Compendium Internal Assessment.
3. To present plans for Compendium promotion and dissemination in the coming year.
4. To discuss, utilizing the expertise of meeting participants, methods of strengthening dissemination efforts for the Compendium in order to reach the widest audience possible in a limited amount of time.

This meeting will be an opportunity for members of the organizations in attendance to share their innovative best practices. In addition, the goal is to use the BPAG and Review Board to generate

ideas on how to strengthen and implement the promotion and dissemination plan so that the BPC reaches the widest audience possible in a limited amount of time.

III.E.4 WHO/AFRO

Advance Africa has built a sustained partnership with WHO/AFRO through collaboration on numerous events and technical activities related to the development and promotion of family planning in the African sub-region.

A number of events have highlighted the Compendium and the Advance Africa Best Practices Approach as an important tool in promoting, planning, and furthering family planning in Africa. Within this broader agenda, the Compendium is promoted as a vehicle to:

1. Share experiences and lessons learned regarding repositioning efforts in the African sub-region including a discussion of legislation, programmatic integration of family planning in HIV/AIDS, safe motherhood and child survival efforts, contraceptive security measures, pre-service and in-service training reform, emergence of civil society advocacy, and other initiatives.
2. Promote tools for countries to help make family planning a priority on regional and national agendas while appropriately allocating resources and increasing access to and quality and sustainability of services, all guided by the implementation agenda of the WHO Repositioning Family Planning in Reproductive Health Services Framework.

At the Reproductive Health Experts Meeting in July 2004, WHO/AFRO invited Advance Africa to take an active role in the regional workshop in Johannesburg, South Africa from 28-31 July 2003. The workshop focused on the training of a core group of reproductive health experts and sharing of reproductive health best practices. Participants were interested in and enthusiastic about the Compendium and found it easy to install and use. Most of the participants promised to submit promising or best practices that they had developed and/or are currently using to the Compendium. Follow up with participants will occur during October – December 2004 to document user experience.

Advance Africa is currently refining the role of best practices within Repositioning Family Planning Strategies. Advance Africa will continue work with WHO/AFRO to:

- Develop regional strategies/guidelines and advocacy tools for repositioning family planning in Africa, including the Compendium.
- Disseminate best practices identified and documented in the region using the Compendium framework.

At the regional Repositioning Family Planning conference, Advance Africa will ensure that the Compendium is highlighted as a resource for strengthening family planning programs. The Compendium CD-ROM will be disseminated to all participants. Thematically-focused best practice mini-compedia may also be distributed in hard copy to each country team.

IV. External Review

The Best Practices Unit underwent an evaluation by POPTECH as part of a broader assessment of the Advance Africa project in June 2004. The Compendium was noted as the most widely-recognized and -disseminated technical tool created by the Advance Africa project. Both the CD-ROM and web-based versions of the Compendium were found to be user-friendly, comprehensive, and well designed.

Two key recommendations emerged from the POPTECH assessment:

- USAID should plan to find a long-term host for the Compendium with another CA, or include responsibility for Compendium development and dissemination in the scope of work (SOW) of any possible follow-on to the Advance Africa project.
- USAID should promote wider use of the Compendium and increased referencing to best practices in general by requiring that all project proposals, responses to RFAs/RFPs, and task orders demonstrate submitters' research into relevant best practices. Proposals for USAID funding should specify all best practices considered by the submitter, describe how those best practices are reflected in the proposal, and explain why these best practices were either considered or rejected.

An external USAID assessment of the Best Practices Compendium is expected to take place in spring 2005. The objective of this external assessment would be to validate best practices products, the Best Practices Approach and methodology, and best practices promotional activities by assessing the inputs, process, and outputs of the Compendium to date. It should assess whether the project has met and continues to meet expectations in terms of its core mission of identification, review, documentation, and promotion of best practices in FP/RH. More generally, the external evaluation would assess the overall progress of the Compendium since project inception in 2001.

The external evaluation would provide recommendations for future directions, particularly in areas that should be strengthened and areas that should be discontinued. It should also encourage further research of key user sub-groups in the field who were not reached during the life of the project due to budgetary constraints.

A draft SOW has been developed and submitted to USAID for review.⁷

V. End-of-Project Transfer

As the Advance Africa project comes to an end, a number of options are being explored for presentation to USAID. Given the results of this internal assessment, it is recommended that a host for the Compendium be determined by January 2005. To facilitate this process, Advance Africa has identified the minimum requirements and criteria to maintain the Compendium. This section highlights the technological and cost requirements, as well as the technical criteria that will be used to maintain the Compendium as a USAID investment and uphold the scientific rigor of the best practices approach.

The successful transfer of the Compendium would require resources during both the process of finding a suitable host and in the actual transfer itself. Transfer costs are not in the current FY2005 budget, which may limit organizations from being able to adopt or purchase the Compendium. USAID should take this fact into consideration, while considering which options will maximize both the value of the Compendium as an investment and impact of the Compendium as a product.

V.A Criteria and Profile for Hosting the Compendium

In addition to the technical and cost requirements needed to maintain the Compendium, there are

⁷ See Annex 1.0

organizational criteria necessary to continue the Compendium as a valid, useful resource. These criteria include:

1. Ability to work with and maintain access to international communities of best practices
2. Ability to solicit and add additional practices
3. Technical capacity to undertake internal review of best practices and uphold external review process
4. Access to necessary server requirements and human resources to effectively maintain and adequately promote the Compendium
5. Ability to disseminate and promote via electronic and other international, regional, and country-level networks and channels

Organizational Requirements

In order to efficiently maintain the Best Practices Compendium, it is of utmost importance that the hosting organization is connected to the international FP/RH community. The organization should have a technical staff that is willing to uphold both the internal and external review processes. This will require a sufficient amount of human and technical resources to continue adding practices to the database (see below).

Staff Time

The Best Practices Unit is currently comprised of one full-time staff member and one full-time intern. It is overseen by the Deputy Director of Advance Africa and receives support from other staff members as needed. In the past, the Best Practices Unit has had two full-time staff members and the support of several other Advance Africa technical experts. As the process of identifying, documenting, and disseminating best practices has been refined, the Compendium no longer requires as much in terms of human resources as it did in the startup stage. Additional staff time would be spent mostly in dissemination, outreach, and promotional activities.

The period from July to December 2004 will be consumed with advocacy activities in accordance with the proposed promotion and dissemination plan. By the time the Compendium is ready to be transferred to a new host, there will be close to 300 practices in the database. It is projected that one full-time staff member will be required in order to monitor and ensure the efficiency of the Compendium. This person will maintain the review process, update practices and be responsible for the overall management of the Compendium. He or she should possess a graduate degree, at least two years of professional experience in FP/RH, and an expressed interest in best practices. Collaboration with the Best Practices Review Board and consultation with BPAG will be carried out as needed. However, if USAID wishes to continue expanding the reach of the Compendium while maintaining active dissemination, one additional full-time staff member may be required.

It will also be necessary to include two part-time interns per year or one full time intern in the ongoing maintenance of the Compendium. Interns are currently responsible for researching additional practices for submission to the Compendium, following up with new submitters, updating existing practices and ensuring the Compendium contains the most accurate and current information. The interns would also assist with administrative duties as necessary.

It is also recommended that a technical expert in FP/RH be utilized to review practices two days per month. This is essential to ensure the accuracy, pertinence, and proper categorization of submissions.

V.B Minimum Technical Requirements for Hosting the Compendium

The Compendium requires technical expertise for any troubleshooting or corrections that need to be made to the database. The Best Practices Unit is currently supported by two experts who spend an average of four hours per month working on the database. Minimum requirements for server capacity will be discussed below. The organization that hosts the Compendium must have a staff member with at least two years of professional experience in the following platforms:

- MS IIS Administration
- ASP programming
- SQL server database administration
- SQL programming and database concepts

Server Capacity

The Best Practices Compendium is currently an MS SQL Server database installed on a server, which is housed in the MSH office in Boston. The database is used to store all data used on the Compendium website.⁸ In addition, the organization taking over the Compendium will need to have a Microsoft Web server installed on a separate server. This will be used to process the ASP pages, as ASP is the Web interface used for the website. It is assumed is that the organization taking over the Compendium will have these servers and software in place; if not, the cost of these technologies will need to be added to overall cost figures.

Transfer Details

Based on feedback from current experts, the transfer of the Compendium to a new host will involve several steps. The basic transfer from the MSH server to the new hosting organization's server will take 3-4 days and cost approximately \$5000, including necessary staff time. The details include:

Creation of website and testing of application (2-3 days)

- Import database (using a database backup file)
- Transfer ASP and HTML code
- Change configuration settings in the code to point to the new database
- Test website

Switch to new production (1 day)

- Shut down current application; put up temporary page
- Import the latest data to the new database
- Leave code unchanged and unmoved
- Adjust Advance Africa website code to redirect to new URL, assuming that the URL will change; these code changes can be prepared in advance and posted to <http://www.advanceafrica.org> in a few hours (methods for this are still being explored)

⁸ See Annex 2.0 for technical specifications.

However, if the prospective organization does not have the necessary technical platforms to support the website, the transfer will require:

Setup of Technical Environment (2-5 days)

- Configure servers
- Install and configure SQL Server and MS IIS
- Test configuration

Furthermore, a minimum of one to two weeks will be needed for the Best Practices Unit to fully train the designated organization on all functions of the Compendium, aside from the technical platform training, including:

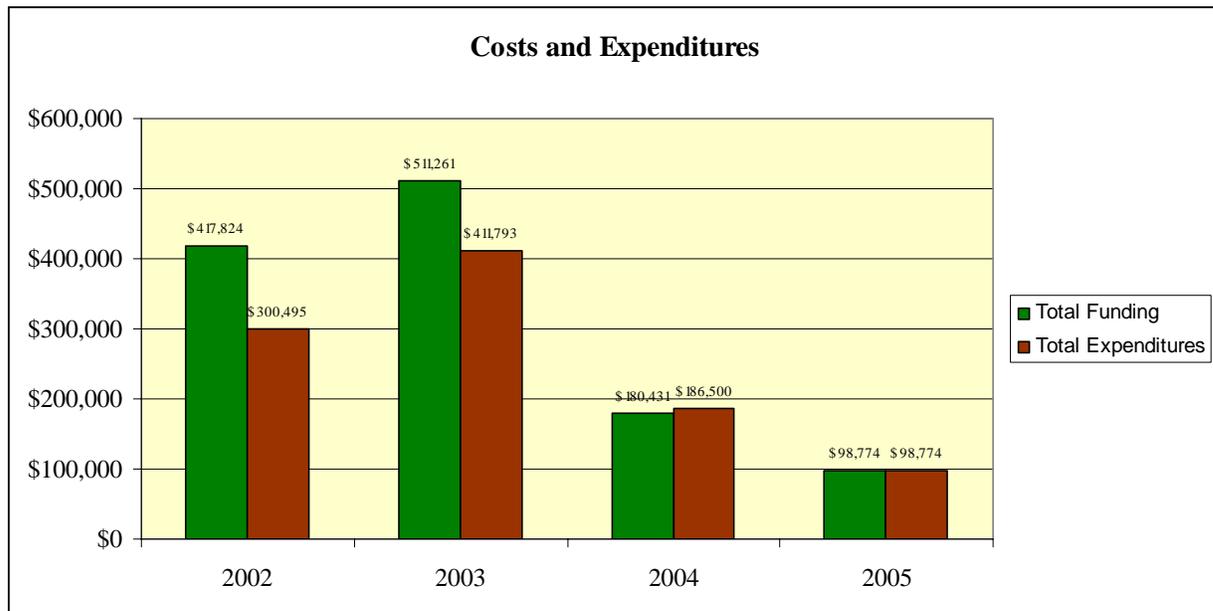
- Review process: internal and external
- Institutional memory
- Function of BPAG
- Identification and documentation of new practices
- Full orientation on the Best Practices approach
- Transfer of all archived files and explanation of use
- Transmission of basic administrative knowledge

Note: Currently Advance Africa does not have a budget for transfer costs; hence the organization taking over the Compendium would need to be able to absorb these costs. This does not include costs for servers, software tools, software, or licenses. If the organization does not have the appropriate technical platform, this should be taken into consideration when assessing costs.

V.C Financial Requirements

The following is a summary of costs and expenditures related to the Compendium.

- Activities for FY2002: Initial design of Compendium database, BPAG meetings, research and collection of best practices, creation of dissemination materials, methodology development, creation of Best Practices Unit
- Activities for FY2003: Website revision, dissemination, redesign of dissemination materials, regional workshops, BPAG meeting, research and collection of new best practices
- Activities for FY2004: Finalization of format, increased collection of best practices, promotion and dissemination, internal assessment
- Activities for FY2005: ongoing administration, submission, and review; promotion, dissemination, and training activities; Best Practices Advisory Meeting



The projected cost for maintaining/hosting the Compendium is approximately \$202,442 per year with one full-time staff member. This figure depends on the capacity of the hosting organization and is based on historical costs. It can be broken down in the following manner:

1. Full-time staff salary, including overhead: **\$106,500/year**
 - Required to monitor and ensure the efficiency of the Compendium⁹
 - Responsible for overall management of the Compendium

2. Intern(s) salary: **\$37,382/year**
 - One full-time or two-part time interns
 - Research additional practices for submission to the Compendium, follow-up with new submitters, update existing practices and ensure the Compendium contains the most accurate and current information.

3. Two days of technical expertise per month: **\$25,560/year**
 - Senior technical expert in FP/RH
 - Required to review new practices internally before being distributed to the Review Board

4. Ongoing database maintenance cost: **\$3,000/year**
 - Technical assistance for troubleshooting the database
 - Based on historical costs

5. Dissemination and Promotion: **\$30,000/year**
 - CD ROM production; estimated production of 5000/year, based on past distribution of 4000/year
 - Graphic design and printing; based on historical costs
 - Dissemination of Best Practices publications and materials, to be distributed at international and domestic conferences
 - Outreach to CAs to increase awareness, including necessary travel
 - Presentations at domestic and international venues, including necessary travel

⁹ See p.28: "Staff Time"

- Greater collaboration and sharing of the Best Practices Approach with field partners, CAs, international organizations, and communities of practice
- Soliciting diverse target audiences to increase the quantity and variety of submissions

TOTAL EXPENDITURES: \$202,442 per year

Pending the USAID decision to continue the expansion, promotion, and dissemination of the Compendium, the total expenditures may either increase or decrease.

V.D Potential Hosts

Implementing Best Practices (IBP) Initiative, Electronic Communication System (ECS)

The best practices approach of Advance Africa has been widely used within the Implementing Best Practices (IBP) Initiative, which is a consortium consisting of the World Health Organization/Department of Reproductive Health and Research (WHO/RHR), USAID, UNFPA, IPPF, and 16 other international partner agencies. This initiative demonstrates a dynamic model of international cooperation focused on harmonizing approaches and reducing duplication of effort. The best practices approach helps countries access, adapt, and apply evidence-based best practices, technical guidelines, materials, and tools more effectively to improve the quality of reproductive health internationally. In association with MSH, Advance Africa has been a member of the IBP consortium since inception and has participated in IBP country launches in Egypt, India, and Uganda.

The IBP has been researching a method to document evidence-based best practices gathered during country launches and from its consortium members. During the past year, the Electronic Communications System (ECS) was developed with the assistance of INFO. This system ensures that all IBP participants stay connected with each other and the initiative. As a member of the ECS, one can join communities of practice which are categorized according to specific interests. The ECS provides a wealth of information and resources to its members, and is a forum for the discussion of evidence-based best practices.

The IBP/ECS is a highly favored option for hosting the Compendium and promoting the best practices approach, and the IBP Consortium has expressed its interest to USAID. By transferring the Compendium to an organization that possesses the required technology and technical expertise, USAID would maintain its investment with minimal allocation of new resources. With the involvement and support of the 22 IBP consortium members, the Compendium can continue to expand its user base and increase the number of submissions. The linkage of the Best Practices Approach with the IBP vision would increase the value of each initiative, and IBP launches would be ideal venues for field dissemination efforts.

African Institutions

Multiple international audiences utilize the Compendium. Though the initial mindset was to target the Compendium specifically to program managers seeking to scale up or implement their FP/RH programs, the audience has expanded over time. The Compendium is now additionally targeted to policy makers, technical experts, and international schools of public health, nursing, and medicine. Several African schools of public health have been contacted to discuss their interest in possibly hosting the Compendium, such as the Regional Center for Quality Health Care of Makerere University in Kampala, Uganda.

Though there is potential for an African institution or school of public health to absorb the Compendium, it is first necessary to determine whether they will be able to meet its technical and organizational requirements.

Private Organizations

There are several private foundations that have an interest in supporting technologies in FP/RH, namely the Gates Foundation and the William & Flora Hewlett Foundation. Advance Africa will also explore these private-sector funding options.

Other USAID Cooperating Agencies

It is also feasible to propose hosting of the Best Practices Compendium to other USAID cooperating agencies, such as the INFO project, which has linkages with multiple CAs, and FHI, which has various best practices activities. Finally if USAID conducts a follow-on to Advance Africa/CATALYST, the Compendium could potentially be integrated into a new project altogether.

VI. Recommendations

VI.A Submission and Review

Budget constraints have severely limited Advance Africa's capacity to review and add large numbers of best practices in FY2005. The current budget and workplan targets an additional 100 best practices (proposed targets were 300). In negotiation with USAID, CAs, and other private sector sources, Advance Africa may seek additional financial and human resources for the development of sub-regional mini-compedia.

This assessment concurs with the POPTECH evaluation, which noted that USAID has a key role to play in providing incentives for CAs to submit practices to the Compendium and to utilize the Compendium and best practices in project development.

VI.B Use of Compendium

Based on these findings, it is recommended that the Best Practices Unit continue to document the various types of uses and applications of best practices. However, it is technically difficult and outside of the scope of Advance Africa's mandate to document the impact of the use of best practices in program implementation. Some follow-up efforts with users will take place at the Reproductive Health Priorities Conference in October 2004.

Advance Africa should prioritize its solicitation and research efforts to fill the gaps in underrepresented technical and practice areas of the Compendium (i.e. Management & Leadership, Policy Planning & Development, Health Sector Decentralization, and with regards to sub-regional representation). It is important to maintain the technical rigor, accurate representation, and wealth of documented best practices in the Compendium.

From a monitoring perspective, Best Practices activities need to be more fully integrated and accounted for within the overall Advance Africa results framework to ensure integration of the Compendium into repositioning and country program activities.

In the June 2004 Advance Africa management review, the issue of future responsibility for ensuring the utilization of the Compendium was raised and not clarified. Though Advance Africa

has taken a lead role in the development of the Compendium, USAID can play a key role in promoting the Compendium with USAID missions and CAs in relevant meetings and forums.

VI.C Dissemination and Promotion

The current Best Practices workplan is limited in scope and funding within the final year of the Advance Africa project. Additional funds are required to implement the full dissemination and promotion strategy. This would increase usage and reach on international, regional, and country levels. Additional resource allocation for dissemination, promotion, and targeted solicitation of practices is advisable to maintain the quality, usefulness, and usage of this investment.

Current and future dissemination efforts should be conscious of the differences among user sub-groups and maintain the Compendium's accessibility in different formats. Based on user surveys, field-based users prefer CD-ROM and printed formats, while U.S.- and Europe-based users prefer the online format.

The Compendium should be promoted as a dissemination channel to expand the reach and visibility of field and African-based organizations. Again, it is recommended that USAID clarify its expectations in this area.

VI.D Collaborations

Best practices should play a prominent role in the repositioning family planning agenda. Attendees at the Ghana repositioning family planning conference will be key targets for best practices dissemination and promotion. Advance Africa should ensure that best practices are part of the technical development sessions and directly target and survey key participants before, during, and after the conference.

Advance Africa should use CMG members, especially FHI and AED, as a means of furthering collaboration, promotion, and dissemination of the Compendium. Advance Africa should also continue to piggy-back onto other activities, but with a greater emphasis on training, surveying, and dissemination. Some examples include the MAQ Initiative (DR Congo Conference), YouthNet, POLICY, INFO, JHUCCP, and CATALYST. USAID/W, USAID/WARP, and the Africa Bureau should also consider allocating additional resources for collaboration between Advance Africa and the AWARE projects. Such collaboration would be a great contribution to the West African sub-region, where little has been done in terms of documenting best practices.

The Best Practices Unit's active participation in IBP/ECS provides the Compendium with a dissemination channel and an opportunity to share and gather potential submissions. It is important that USAID promote collaborations between Advance Africa and other CAs so that the best practices methodology can be shared and disseminated through USAID missions, U.S.- and field-based CAs, and other country-level networks. Without overt endorsement from USAID, CAs have no incentive to use the Compendium to its full potential.

The Best Practices Advisory Meeting represents another key venue for Advance Africa to solicit additional practices and solidify its usage by all represented agencies.

VI.E. External Assessment

Based on the conclusions of this assessment and USAID recommendation, it is too early to conduct an external assessment of the Compendium. The full dissemination and promotion plan should be implemented, allowing time to increase exposure of the Compendium and increase the number of practices in the database. The assessment would review Compendium products, the Best Practices Approach and methodology, and best practices promotional activities by assessing the inputs, process, and outputs of the Compendium to date. It should assess whether the project has met and continues to meet expectations in terms of its core mission of identification, review, documentation, and promotion of best practices in FP/RH. It is also recommended that the external assessment provide recommendations regarding future directions for the Compendium and encourage further targeting of key user sub-groups in the field.

VII. Next Steps

In the immediate future, Advance Africa will take the following steps:

1. Promote active collaboration between Advance Africa and CMG members and other CAs. Solicit practices from these groups in accordance with the promotion and dissemination plan.
2. Attend local and international conferences to generate awareness of the Compendium and Best Practices Approach, including:
 - Flex Fund Partners Meeting, Washington, D.C., 30 September 2004
 - 11th Annual Reproductive Health Priorities Conference, South Africa: 5-8 October 2004
 - American Public Health Association (APHA) Conference, Washington, D.C., 8-10 November 2004
 - MAQ Meeting, DR Congo, 6-10 December 2004
3. According to the Advance Africa external evaluators:
 - If warranted by the findings of the upcoming evaluation of the Compendium, USAID should plan to find a “home” for the Compendium with another CA, or to include continued responsibility for Compendium development and dissemination in the SOW in any follow-on project to the Advance Africa/CATALYST projects.
 - USAID should promote broader use of the Compendium—and broader reference to best practices in general—by requiring that all project proposals, responses to RFAs/RFPs and task orders demonstrate the submitters’ due diligence in researching best practices that might be relevant to the proposal. Proposals for USAID funding should identify specific best practices considered by the submitter, describe how those best practices are reflected in the proposal, and/or explain why the relevant best practices were considered but rejected.
 - CATALYST should produce a comprehensive summary of best practices that are currently being implemented. Such a summary, succinctly packaged as a prioritized list of best practices, would greatly enhance the project’s legacy.
4. During the Advance Africa Management Review in June 2004, it was recommended that the project tap into the experiences of bilaterals and encourage them to infuse their

projects with up-to-date, evidence-based practices. To encourage bilaterals to utilize the Compendium, outreach activities must specifically target both the solicitation of best practices submissions from bilaterals. The Compendium, mini-compendia, and CD-ROMs should also be shared with bilaterals. Pending USAID funding and time management, this can be done at HQ and country levels. The Best Practices Unit continues to gather additional best practices while also focusing heavily on disseminating its evidence-based Approach and Compendium.

5. Meet with USAID to discuss results of this Internal Assessment Report. Request feedback from management and incorporate into report for presentation at the Best Practices Advisory Meeting.
6. Conduct Best Practices Advisory Meeting in October 2004. This will be the first meeting to convene both the Best Practices Advisory Group and the Best Practices Review Board, and the final meeting of the entire advisory panel. The result of this meeting will impact the amount of active and effective promotion and dissemination the Best Practices Unit can achieve in the immediate future.

VIII. Annexes

1.0 Draft Scope of Work for External Assessment

This draft scope of work will be used as a first step in carrying out an external evaluation of the Advance Africa Best Practices Compendium.

Background

In 2001, Advance Africa developed the Best Practices Compendium to identify, document, and promote best practices in family planning and broader reproductive health. The purpose of the Compendium is to provide an accessible reference of technically sound and successful best practices and program interventions. The target audience is African program managers, who design and run family planning and reproductive health programs, as well as technical staff, project developers, policy makers, students, and public health institutions. The Compendium is available online and in a number of dissemination formats, including CD-ROM, mini-compendia, and in hard copy. The Compendium online also provides an interactive format whereby best practices can be submitted, and after review are added to the existing database of best practices.

The first three years of the project have involved product development, construction of the web-based Compendium, organization of a review board and an advisory group (BPAG), collection of best practices, and testing of usage, promotion, and dissemination.

Objective and Scope of the Evaluation

The external assessment would be conducted by an external evaluation team. This team would work with a focal person from the Best Practices Unit and a specialist from the Advance Africa Monitoring and Evaluation Team. The evaluation team will report to USAID.

The objective of an external assessment is to validate the Best Practices Compendium, the Best Practices Approach and methodology, and best practices promotional activities by assessing the process, inputs, and outputs of the Compendium to date. This includes the assessment of whether the project has met and continues to meet expectations in terms of its core mission of identification, review, documentation, and promotion of best practices in family planning and reproductive health. The external assessment should evaluate the overall progress made since Advance Africa's inception in 2001. It is also anticipated that the external assessment would provide recommendations regarding future directions, particularly in areas that should be strengthened and those that should be discontinued.

Accordingly, the External Assessment should:

- Provide an independent assessment of the achievements of the project, with an emphasis on the technical contributions the project has made to expanding the knowledge base and methodology of programmatic best and promising practices in family planning and reproductive health, particularly to target audiences.
- Assess the Compendium's structure, content, distribution formats, and review and submission process

- Assess the user base through interviews and discussion with select Compendium users regarding how the Compendium is being used and the extent to which best practices are being implemented
- Assess dissemination and promotion activities of the Compendium through outreach and collaborative efforts in global best practices
- Assess current and projected costs and human resource requirements of the Compendium in terms of dollar and time requirements
- Examine the extent to which the project's objectives are achievable given its available resources; provide suggestions on functions, management, and resources for optimal performance
- Review the project's capacity in meeting the challenges of the remainder of the Advance Africa project (June 2005); review options and feasibility of transfer of the Compendium to other projects and/or organizations; provide recommendations for the future role of the project as a reference for FP/RH
- Examine how the Compendium has contributed to the collection, dissemination, and promotion of FP/RH programmatic best practices; review the institutional arrangements of the Compendium within Advance Africa, and the value of the project consortium, the BPAG, and internal/external technical review boards

The external evaluation should clearly demonstrate the principles of evaluation set out by USAID and Advance Africa, and be conducted with a high degree of stakeholder participation, particularly in the inception, main evaluation, and final draft reports.

Timetable

The main evaluation would begin in spring 2005. The process should consist of: (1) an inception stage in which the evaluation team will prepare a detailed plan and desk review of project documents (two weeks), (2) a main evaluation stage carried out full-time at Advance Africa (two weeks), and (3) a period for compiling the component assessments into a synthesis report (two weeks). The timetable could be amended at the end of the inception stage, if necessary, to accommodate the evaluation plan. The final draft report would be due no later than 1 March 2005 with an opportunity for adding comments to the draft in August.

Skills and Experience

It is recommended that a team of two objective experts should conduct the evaluation with demonstrable track record in the following areas:

- Health expertise, with a concentration in reproductive health, including family planning, maternal and child health, sexually transmitted infections, and HIV/AIDS
- Strong Africa-related programmatic experience
- Web-based projects involving databases and information management
- Dissemination, capacity building, and training
- U.S. nonprofit sector, particularly in USAID funded projects

- Experience with consortium-led projects, multi-stakeholder programs, and the promotion of lessons learned
- Experience drawing on short-term expertise through collaboration
- Drafting and presentation
- Cost analysis
- Experience in dealing effectively with multiple organizations and technical staff
- Coordination of multiple aspects of a project, and synthesis of evaluation and assessments into a report

The team should have a balanced gender composition and be an adequate representation of developing countries when possible. Teams should be prepared to present results to USAID, Advance Africa, and consortium members.

2.0 Microsoft SQL Server and Windows Server System Requirements

Microsoft SQL Server 2000 System Requirements

Content Updated: April 24, 2003

Microsoft SQL Server 2000 requires the following minimum system configuration.

Note: If you are running a 64-bit version of a Microsoft Windows Server™ operating system, you need to use SQL Server 2000 Enterprise Edition (64-bit). Visit the SQL Server 2000 (64-bit) System Requirements page for additional information.

Minimum Requirements

Processor

Intel Pentium or compatible 166-megahertz (MHz) or higher processor

Operating System

• SQL Server 2000 Enterprise Edition and Standard Edition can run on the following operating systems:

Windows Server 2003, Standard Edition¹

Windows Server 2003, Enterprise Edition¹

Windows Server 2003, Datacenter Edition¹

Windows® 2000 Server

Windows 2000 Advanced Server

Windows 2000 Datacenter Server

Windows NT® Server version 4.0 with Service Pack 5 (SP5) or later

Windows NT Server 4.0, Enterprise Edition, with SP5 or later

• SQL Server 2000 Evaluation Edition and Developer Edition can run on the following operating systems:

Operating systems listed above for Enterprise and Standard Editions

Windows XP Professional

Windows XP Home Edition

Windows 2000 Professional

Windows NT Workstation 4.0 with SP5 or later

• SQL Server 2000 Personal Edition² and SQL Server 2000 Desktop Engine (MSDE) can run on the following operating systems:

Operating systems listed above for Enterprise, Standard, Evaluation, and Developer Editions

Windows Server 2003, Web Edition¹ (MSDE only)

Windows 98

Windows Millennium Edition (Windows Me)

Memory³

• Enterprise Edition: 64 megabytes (MB) of RAM; 128 MB recommended

• Standard Edition: 64 MB

• Evaluation Edition: 64 MB; 128 MB recommended

• Developer Edition: 64 MB

• Personal Edition: 128 MB for Windows XP; 64 MB for Windows 2000; 32 MB for other operating systems

• MSDE: 128 MB for Windows XP; 64 MB for Windows 2000; 32 MB for other operating systems

Hard Disk⁴

Enterprise, Standard, Evaluation, Developer, and Personal Editions require:

• 95–270 MB of available hard disk space for the server; 250 MB for a typical installation.

• 50 MB of available hard disk space for a minimum installation of Analysis Services; 130 MB for a typical installation.

• 80 MB of available hard disk space for English Query.

MSDE requires 44 MB of available hard disk space.

Drive

CD-ROM drive

Display

VGA or higher-resolution monitor

Other Devices

• Microsoft Internet Explorer version 5.0 or later

• Windows 95, Windows 98, Windows Me, Windows NT 4.0, Windows 2000, and Windows XP have built-in network software.

Additional network software is required if you are using Banyan VINES or AppleTalk ADSP. Novell NetWare IPX/SPX client support is provided by the NWLink protocol of Windows-based networking.

Client Support:

- Windows 95, Windows 98, Windows Me, Windows NT Workstation 4.0, Windows 2000 Professional, Windows XP Professional, and Windows XP Home Edition are supported.

- UNIX, Apple Macintosh, and OS/2 require Open Database Connectivity (ODBC) client software from a third-party vendor.

¹ Windows Server 2003 requires SQL Server 2000 Service Pack 3 or later to be applied.

² SQL Server 2000 Personal Edition is offered for desktop and mobile use. Personal Edition does not contain the full functionality of Standard Edition. For more information on the capabilities of Personal Edition, read the Choosing an Edition of SQL Server white paper. Analysis Services—including online analytical processing (OLAP), data mining, and other data warehousing features—are included in Personal Edition but cannot be installed on Windows 98 or Windows Me.

³ Additional memory may be required, depending on operating system requirements.

⁴ Hard disk requirements vary based on your system configuration and the applications and features you choose to install.

⁵ Supported for client connectivity only; does not include graphical tool support.

Windows Server 2003 System Requirements	
Requirement	Standard Edition
Minimum CPU Speed	133 MHz
Recommended CPU Speed	550 MHz
Minimum RAM	128 MB
Recommended Minimum RAM	256 MB
Maximum RAM	4 GB
Multiprocessor Support **	Up to 4
Disk Space for Setup	1.5 GB

3.0 Best Practices Compendium Promotion and Dissemination Plan

Background and Rationale

In 2001, Advance Africa developed the Best Practices Compendium to identify, document, and promote best practices in family planning and broader reproductive health, and to provide African countries with appropriate technical assistance to develop, improve, and expand their FP/RH programs. The purpose of the Best Practices Compendium is to provide an accessible, easy-to-use reference of technically sound and previously implemented best practices within program interventions. The target audience is program managers, who design and run FP/RH programs, as well as policy makers, technical staff, project developers, researchers, international organizations, and public health institutions.

The project's activities have included product development, construction of the website, organization of the review board and the Best Practices Advisory Group (BPAG), development of the review and submission processes, and collection of programmatic best practices within a number of technical FP/RH areas. Currently, the Compendium is available online and in a number of dissemination formats, including CD-ROM and hardcopy mini-compendia on adolescent reproductive health, private sector partnerships, HIV/AIDS, and community involvement. The online Compendium is an interactive format whereby best practices can be submitted, and after review, be added to the Compendium database.

The legacy of the Advance Africa Best Practices Approach will go beyond the Compendium itself into the critical thinking framework for assessing evidence of effectiveness and scale in public health practice. Advance Africa will actively disseminate the criteria and processes of identification, unbiased review, compilation, and dissemination of best practices through its website, CD-ROMs, presentations, and publications. The practice of demonstrating effectiveness and scale is a best practice in itself, which stimulates greater accountability among technical assistance and service delivery organizations.

Since its inception, the Compendium has been responsive to its users and audience base. It has been revised in accordance with feedback from users and the support of USAID and CMG members. To date, the results from Compendium surveys, questionnaires, focus groups, interviews, and web analysis indicate a number of important facts:

- Response to the Compendium is overwhelmingly positive; users frequently cite both the value and the need for a resource such as the Compendium.
- Feedback from U.S., African, and international users has affirmed that more dissemination and outreach efforts are needed to reach a wider target audience through direct contact, electronic forums, and clearinghouse organizations.
- Users in Africa indicate that the CD-ROM is an important and preferred format. Feedback from these users has been challenging, and the need for training has been revealed.
- Experience has indicated that, although policy makers and government decision makers are key actors in the selection of FP/RH practices and program design¹⁰, the Compendium has not fully reached this important audience. More efforts need to be made to reach this audience.
- Website analysis indicates that the user base is diverse, and consists of technical staff, researchers, students, and professors. Thirty percent of users are outside of the U.S.

¹⁰ Best Practice in CBD programs in sub-Saharan Africa

- Currently best practices in the Compendium are overwhelmingly from U.S.-based organizations. More efforts must be undertaken to solicit submissions from African and other international sources.

Dissemination and Promotion

In response to the project mandate and the above conclusions, the Compendium is moving into a phase of more proactive promotion and dissemination. The goals of these activities are to:

- Increase the awareness and use of the Compendium through more rigorous outreach efforts
- Promote greater collaboration and sharing of the Best Practices Approach with field partners, CAs, international organizations, and communities of practice
- Proactively solicit diverse target audiences to increase the quantity and variety of submissions

This phase of the Compendium is expected to continue through the end of the project (June 2005). The strategy is consistent with Advance Africa's goal of expanding family planning programming and its global strategy of repositioning family planning. The Best Practices Compendium is also valuable to Advance Africa's broader dissemination strategy of targeting a larger base of subscribers, users, and submitters. Compendium dissemination and promotion activities will be integrated into the context of Advance Africa's ongoing field, networking, and dissemination activities.

Materials: Existing materials have been developed and will be used in dissemination and promotion efforts. They include the Compendium website, CD-ROM, periodic e-updates, technical briefs, training presentations, technical briefings, and mini-compendia. These materials will be adapted for use depending on the audience and context. Currently these materials are available in English, though it is anticipated that a number of these materials will be translated into French and Portuguese.

Promotion and dissemination activities will continue to systematically target the following multiple audiences and venues. The plan will prioritize where the Compendium and Advance Africa will focus their efforts for the greatest impact.

Audience: The Best Practices Compendium will target a number of audience subgroups to increase awareness and usage of and submission to the Compendium. Advance Africa will use multiple venues to effectively reach different audiences, with consideration of the target audience's needs and preferences for information.

At the international level, the Compendium will target key audiences in the fields of FP/RH, HIV/AIDS, maternal and child health (MCH), child health (CH), child survival, gender, and reproductive health communications and advocacy. Dissemination efforts include mailers with CD-ROM and technical briefs, electronic outreach via listservs, e-mail lists, e-forums, and direct outreach via existing international field work. These audiences will also be reached through Advance Africa's ongoing participation in international FP/RH advocacy meetings and conferences. The targeted audience consists of:

- African policy makers and program planners
- international development and health agencies
- health, population, and development technical experts
- international reproductive health advocacy groups
- public health/nursing/medical schools and institutions

At the regional level, Advance Africa is involved in a number of efforts with African policy makers and government leaders. The Compendium will be integrated into Advance Africa's collaborative efforts with WHO/AFRO and will target African policy makers at the Repositioning Family Planning meeting tentatively scheduled for February 2005. In addition, the Compendium will target African groups at regional levels through CD-ROM distribution and training, email outreach, and solicitation of subscribers from regional United Nations, multilateral, policy, and donor groups. Some regional target groups include:

- Key regional stakeholders (policy makers, program managers, project partners)
- Regional health, population, education and development agencies (NGO, UN)
- Regional policy groups
- Regional private sector (commercial and NGO) associations
- Regional donors

At the national level, activities will focus on direct dissemination, promotion, training, and active solicitation of submissions. This will be done specifically by targeting clearinghouse organizations working on FP/RH, and equipping all USAID country missions and consortium members with Compendium materials and tools. In-country partners will also be actively solicited for submissions of best practices. In the field, Advance Africa staff will conduct information sessions, "Brown Bags," and CD-ROM dissemination. Audiences include:

- Ministries of health, education, and social welfare
- National policy makers and key country stakeholders (governments, NGOs, UN, and private sector)
- FP/RH program managers and providers
- African public health/nursing/medical schools and institutions
- Key commercial business and private sector leaders
- USAID country missions

Within its country operations, Advance Africa is in the process of integrating Compendium promotion and dissemination activities into its workplans. These efforts will target USAID country missions, Advance Africa partner organizations, and all Advance Africa local and national networks.

Advance Africa is conducting a number of awareness raising activities targeting policy makers and program managers through national advocacy conferences in Angola, DR Congo, Mozambique, and Senegal. These meetings will discuss planning efforts for integrated family planning. The Compendium will be presented as a tool for:

- Incorporation into Advance Africa country program workplans
- CMG members
- CMG members' organizations' staff
- Other partner agencies
- UN and other donor groups

Evaluation: Evaluation is a core component of the Compendium's promotion and dissemination activities and will be monitored on a monthly basis. The following methods are being used to both quantitatively and qualitatively assess use, reach, access, and submission:

- Quarterly record of website "hits" and demographic analysis of users
- Subscriber surveys and in-depth interviews of use and impact
- Briefings and questionnaires

- Surveys, focus groups, and personal interviews for hard-to-reach subgroups, namely, African policy makers/program managers, USAID country missions, and field organizations
- Questionnaires targeting international organizations implementing best practices, public health council and association members, and public health students and professors

In July 2004, an in-depth internal assessment report will be completed that will assess and review the Compendium's promotion and dissemination efforts. This assessment will also provide suggestions for any modifications and improvements in future promotion and dissemination activities.

Incentives: The Compendium has experienced challenges in collecting a wider range of submissions and in receiving feedback from CD-ROM users. In order to increase feedback, the Compendium will use various incentives. For submitters, the Compendium will recognize their efforts by mailing a Best Practices Certificate to those organizations that submit a best practice added to the Compendium. These subscribers will also have the chance to have their best practice profiled in the e-distribution of a planned "Best Practice of the Month." Advance Africa bags, pens, notepads, and possible drawings will serve as an incentive for users to respond to surveys, questionnaires, pop-up questions, and tech-stations at conferences and meetings.

Endorsements: The Compendium will also seek active endorsement from both its field and high-level users to add to the credibility and use of the Compendium.

Below is a table illustrating potential audiences and the venues available to them:

ADVANCE AFRICA BEST PRACTICES COMPENDIUM PROMOTION AND DISSEMINATION March-December 2004												
Target Audience	Activities	Timeline 2004										
International Level		M	A	J	J	A	S	O	N	D		
<ul style="list-style-type: none"> • International development and health agencies • Health, population and development technical experts • International reproductive health advocacy groups • Public health/nursing/medical schools and institutions 	<ul style="list-style-type: none"> • Mass emailing to target audiences • Expanded listserv dissemination • Briefing notes • Mass mailing to reproductive health schools w/CD-ROM <p>Meetings:</p> <ul style="list-style-type: none"> • International IBP • GHC • APHA • Int'l HIV/AIDS: Thailand 			X			X					
			X		X		X			X		
				X								
						X		X	X			X
								X				
Regional Level												
<ul style="list-style-type: none"> • Key regional stakeholders (program managers, project partners) • Regional health, population, health, education, and development agencies (NGO, UN) • Regional policy groups • Regional private sector (commercial and NGO) associations • Regional donors 	<ul style="list-style-type: none"> • Mass emailing to target audiences • Expanded listserv dissemination • Mass mailing to regional organizations in East/West/Southern Africa <p>Meetings</p> <ul style="list-style-type: none"> • WHO/AFRO Regional Political Leaders Meeting • Regional Advocacy Conference • Africa Program Manager's Meeting 			X			X					
			X		X		X			X		
				X								
				X								X
Country Level												
<ul style="list-style-type: none"> • Ministries of health, education and social welfare • National policy makers and key stakeholders (government, NGO, UN and private sector) • FP/RH program managers and providers • Public health/nursing/medical schools and institutions • Key commercial business and private sector leaders • USAID missions 	<ul style="list-style-type: none"> • CD-ROM Dissemination • Outreach to existing clearinghouse organizations • Using in-country programs to disseminate to partner organizations • Trainings to policy makers <p>Meetings</p> <ul style="list-style-type: none"> • National advocacy meetings (DR Congo, Angola, Mozambique) 			X			X					
			X		X		X			X		
				X								
						X	X					
<ul style="list-style-type: none"> • Advance Africa staff • CMG members • CMG organizational staff • PARTAGE members • Other partner agencies 	<ul style="list-style-type: none"> • Use existing meetings, conferences and events as dissemination venues • Charge consortium with tasks and tools for outreach efforts • Supply consortium field offices with CD-ROMS <p>Meetings:</p> <ul style="list-style-type: none"> • BPAG, USAID 	X				X						
				X		X						
								X			X	

The above strategy aligns with the following Advance Africa dissemination principles:

Key Principles:

- Dissemination will be a basic component of Advance Africa activities, and dissemination plans will be included during the entire project and activity planning process.
- Dissemination will be tailored to specific audiences, and will be based on their needs, resources, and interests. Multiple venues will be used to ensure that information is accessible to each audience in their own unique context.
- Communication should be mutual. The project will solicit input from local individuals and groups regarding their needs and preferred dissemination methods, and when solicited, Advance Africa will offer technical assistance and expertise.
- The project will attempt to create opportunities for and support dialogue among different audiences. Such dialogue will encourage active assessment of how information might be utilized in their own specific environments to promote best practices and scale up initiatives.
- The project will disseminate results through existing channels of communication and will promote local initiatives to disseminate information.
- Where country programs exist, dissemination strategies will be customized for the local project and situation. Information about the project will be disseminated to local, regional, and international audiences.
- Dissemination of information should be timely to encourage adaptation of best practices and lessons learned.
- Dissemination will consider how lessons learned, innovations, and best practices can be utilized most effectively to improve, strengthen, and scale up local and remote programs.
- Special attention will be given to reaching new audiences, particularly grassroots and policy-level women's groups, private sector groups and organizations, and groups outside of the health field.

4.0 Review Board List

Name	Organization	Area of Expertise
Adamchak, Susan	PopCouncil/Frontiers	ARH, gender, reproductive health policy
Ampomah, Dr. Kwame	UNAIDS, Botswana	reproductive health, HIV/AIDS
Asamoah-Odei, Dr. Emil	WHO/AFRO	STI, HIV/AIDS, ARH, integration into non-health sector
Askew, Ian	PopCouncil/Frontiers(Kenya)	ARH, service delivery, HIV/AIDS, integration w/ other health services,
Bhuiya, Ismat	PopCouncil/Frontiers(Bangladesh)	ARH, HIV/AIDS, FP/RH service delivery, information/communication, integration of RTI/STI services with family planning
Carayon, Florence	FHI	education/training
Foreit, Jim	PopCouncil/Frontiers	education/training, family planning/contraceptive methods, FP/RH service delivery, HIV/AIDS, integration w/ other health services, sustainability
Gachuhi, Debbie	AED/ CHANGE Project (Nairobi)	ARH, BCC, MCH, HIV/AIDS, information/communication, monitoring/evaluation, operations research
Galdos Silva, Susana	MSH	CBD, ARH
Goodridge, Gail	Deputy Director of the IMPACT project	HIV/AIDS, management, private sector, policy development
Hollerbach, Paula	CATALYST	ARH, family planning/contraceptives, STDs in East Asia
Janowitz, Barbara	FHI	FP/RH, integration of family planning with other health sectors, cost containment/ recovery, privatization
Lu, Dr. Ricky	JHPIEGO	education & training, family planning/contraceptives, FP/RH service delivery, integration w/ other health services, MCH

Magarick, Ronald	JHPIEGO	MCH, family planning/contraceptives, FP/RH service delivery, integration w/ non-health sectors
Maggwa, Dr. Nduga	FHI	integration w/ other health services
Mason, Rich	IntraHealth	PAC, education/Training, family planning/contraceptive methods, FP/RH service delivery; performance improvement, M&E
Otolorin, Dr. Emmanuel	JHPIEGO	MCH, family planning/contraceptives, FP/RH service delivery, integration w/ other health sectors
Pallangyo, Prof. Kisali	Muhimbili University College Dar Es Salaam, Tanzania	RH/HIV/AIDS
Pearlstein, Dr. Richard	PLP	education & training, Management and Leadership Program (M&L), human performance improvement
de la Peza, Lourdes	MSH	service delivery, gender, management, operations, managing quality of services
Pick, Susan	Mexican Inst for the Study of Fam and Pop (IMIFAP)	ARH, MCH, information/communication, integration, LSE
Reynolds, Dr. Heidi	FHI	integration w/ other health services
Robinson, Beth	FHI	information/communication
Rogo, Khama	World Bank	ARH, maternal health, women's rights, abortion, population
Rudy, Sharon	Public Health Institute (PHI)	ARH, information/communication, management, CPI, performance improvement, training, human capacity development
Solter, Cathy	Pathfinder	ARH, education/training, family planning/contraceptives, FP/RH service delivery
Stanback, John	FHI	family planning/contraceptives, FP/RH service delivery

Stewart, Lindsay	Pathfinder + USAID/LAC	ARH, family planning/contraceptive, HIV/AIDS, FP/RH service delivery, gender, integration
Thapa, Shyam	FHI/DC	all areas except integration w/ other health sectors
Townsend, John	PopCouncil	ARH, MCH, family planning/Contraceptives, FP/RH service delivery, gender, management, integration w/ other health sectors
Vekemans, Marcel	IPPF	FP/RH Service Delivery, family planning/contraceptive methods, Integration of family planning w/ other health services
Wada, Tomoyo	MSH	ARH, MCH, HIV/AIDS, FP/RH service delivery, gender, integration w/ non-health sectors
Waszak Geary, Cindy	FHI, YouthNet	ARH

5.0 Revised Submission Form

Best Practices Submission Form

Take this opportunity to share the innovative best practices within your program or project with other program managers and organizations. All practices will be assessed by the Review Board before inclusion in the Compendium. Your program and best practices may be highlighted in the quarterly "Best Practices Updates."

Contact Information: Please include the key contact for any follow-up questions.

1. Key Contact Name: _____
2. **Organization Name:** _____
Website Address (if available): _____
3. Organization Address:
Street Address: _____
City: _____
State/Province: _____
Country: _____
4. Telephone Number: _____ (ext.) _____
5. Fax Number: _____
6. E-mail Address: _____

Please complete all questions below as fully as possible at this time. Criteria for a best practice include: evidence of success (evaluation and data), replicability, scaling-up or transferability. Be prepared to explain these.

1. **Practice Title:**¹¹ _____

2. **Practice Areas:** (please select up to four)

Advocacy & Social Marketing	Life Skills and Livelihoods
Accreditation	Management Systems
Capacity Building	Participatory Approaches
Collaboration & Sharing Lessons Learned	Policy Planning & Development
Communication & Education	Private Sector Involvement
Community Involvement	Quality Assurance & Performance Improvement
Contraceptive Logistics	Replication & Scaling Up
Family Planning Counseling & VCT	Resource Mobilization & Sustainability
Health Reform & Decentralization	Social Support & Networks
Integration and/or Multisectoral Approaches	Youth-focused Interventions

3. **Abstract:** (provide a brief synopsis/summary of the practice)

¹¹ Practice- specific action or set of actions consistently used by an individual or organization in response to a problem or unresolved issue.

4. Objectives: (statement(s) of purpose or intent of the practice)

- (1) _____
- (2) _____
- (3) _____

5. Key Activities:¹²

- (1) _____
- (2) _____
- (3) _____

6. Evidence:

a. Has the practice been evaluated? Yes No If yes, when? _____

b. Is the evaluation documentation and evidence available? Yes No

Please provide evaluation information. Email document to us or attach to this submission.

Title: _____

URL: _____

Reference: _____

(List on separate sheet if more than one)

c. **Why is this a best practice?** (Briefly describe the evidence of success demonstrating that this is a best/promising practice.¹³ For example: *Quantitative* evidence that CPR increased from 5% to 10% or *qualitative* evidence that client satisfaction with prenatal service increased.)

- (1) _____
- (2) _____
- (3) _____

7. Replication and Transferability:

a. Has this practice been replicated or scaled up? Yes No

b. If yes: where, when and by whom? _____

8. Documentation of Evidence of Practice Success: (Include all published documents in electronic format; submit by email)

Title: _____

URL: _____

Reference: _____

(List on separate sheet if more than one)

Submit this document to:

Best Practices Unit, Advance Africa
4301 N. Fairfax Drive, Suite 400
Arlington, VA 22203
USA

bestpractices@advanceafrica.org
tel: 703-310-3500
fax: 703-524-7898

Thank you for your time! We will contact you for more information.

¹² Main activities implemented to accomplish practice objectives. Indicate persons involved and their roles, as well as the key aspects of the best practice that are of value to replicate.

¹³ Best practice- a specific action or set of actions exhibiting quantitative and qualitative evidence of success together with the potential to be adapted and transferred. Promising practice- a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.

6.0 USAID Meeting Summary Notes

Summary Report Best Practices Compendium Review 28 January 2004

USAID Attendees: Caitlin Auld, Akua Kwateng-Addo, Mihira Karra, Rachel Lucas, Margaret Neuse, Maureen Norton, Kellie Stewart, Alexandra Todd

Advance Africa Attendees: Elvira Beracochea, Chris Grundmann, Tonya Nyagiro, Nina Pruyn, Mercedes Torres

Objectives: The objectives of the meeting held at USAID on 28 January 2004 were to:

- Review the follow-up actions taken by the Advance Africa Best Practices Unit since the last review meeting on 10 September 2003. Topics addressed: overlap of technical areas, review process and quality assurance, target audiences, and usage.
- Present the internal/external review and dissemination frameworks for the next six months and get feedback and input from USAID. Topics presented: Current/projected costs, promotion and dissemination, the internal review plan, and the draft scope of work for external evaluation.

Summary of the Presentation:

The review of the Best Practice Compendium was presented as follows:

- **Structure and Content:** Refined organizational framework of best practices and technical areas to address possible overlap issues. Gaps between the two will be identified and researched.
- **Audience:** The audience is comprised of a diverse base of users. Usage has doubled from Q1 to Q2. Thirty percent of users are currently non-U.S.-based, which is a significant increase.
- **Use of the Compendium:** Internal assessment will address use of the Compendium, particularly in programming.
- **Submission and Review Process:** Several phases of review for internal consistency and validation ensure practices are evidence-based and review is unbiased.
- **Current Review includes:** assessment of above points, costs, and promotion/dissemination.
- **Draft:** Scope of work for external evaluation

Issues Raised:

The following issues were raised and will be addressed in the internal assessment over the next six months:

1. The issue of value added is important. What value does this database have with respect to others, such as JSI (John Snow, Inc.) and WHO? How is it different?
2. USAID asked if there is a need to drop outdated practices from the Compendium and how actively new practices are being solicited.
3. More exploration needs to be done with regard to what practices are being used and/or how they are being adapted.
4. The issue of creating incentives to submit practices should be addressed.
5. The conduction of a survey to find out not only who is using the Compendium, but which best practices are being used, and how they have impacted FP/RH program design and implementation.

Conclusions:

- At this time, an internal assessment is sufficient to evaluate the Compendium as it is too early to measure its overall impact. The tool has been developed successfully, but the total impact should be evaluated at the project end, after the dissemination strategy has been implemented.
- The process evaluation of the Compendium will continue to take place over the next six months within the context of the current Compendium internal review.
- The external review/impact evaluation should take place next year and will look at utilization, costs, and uptake of best practices. It should also provide recommendations for transfer/integration of the Compendium to other hosts.
- Advance Africa will compare the Compendium to other databases (JSI, WHO/IBP) and consider possible collaboration.

7.0 Best Practices Compendium Framework

Best Practices Compendium Practice Framework				
Accreditation	Advocacy and Social Marketing	Capacity Building	Collaboration and Sharing Lessons Learned	Communication and Education
<ul style="list-style-type: none"> • Certification • Provider credentials • User rights and responsibilities • Improvement of preventive health services • Utilization management • Effective Management Information Systems (MIS) • Cost effectiveness 	<ul style="list-style-type: none"> • Branding • Condom promotion • Social marketing • General advocacy efforts 	<ul style="list-style-type: none"> • Organizational capacity building • Support supervision • M&E • Training and human resource development • TOT • Training and career development 	<ul style="list-style-type: none"> • Experience sharing • Tool development • Documentation of lessons learned • Study tours • Face-to-face learning 	<ul style="list-style-type: none"> • Mass media campaigns • Multimedia • Internet • Online courses • Drama, music • Art, poetry • Song • BCC • Multi-channel IEC • Literacy interventions • Health education • Curriculum development • Family Life Education
Community Involvement	Contraceptive Logistics	Family Planning Counseling & VCT	Health Reform and Decentralization	Integration and/or Multi-sectoral Interventions
<ul style="list-style-type: none"> • Peer Education • Child-to-child • Health committees • Community health structures • Community health workers • Community network approach • Male involvement • Community leaders • Women's empowerment • Religious leaders • Mobile clinics • Community-based distribution 	<ul style="list-style-type: none"> • Dual protection • Injectables • Natural family planning • IUD • Birth spacing • Female condoms/condoms • Pills • Norplant • Commodity distribution • Expanding access 	<ul style="list-style-type: none"> • Integration of VCT into family planning counseling • Expanded VCT with family planning messages • Provider-client communication • Male involvement • Quality improvement • Confidentiality 	<ul style="list-style-type: none"> • Sector-wide approaches • Health sector reform • Decentralization • District capacity building 	<ul style="list-style-type: none"> • Expanded response to HIV/AIDS • Joint programming • NGO/Gov. partnerships • Educational sector • Joint funding • FP/RH with MCH • FP/RH with HIV/AIDS • FP/RH with VCT/STI

Best Practices Compendium Search Framework

Life skills and Livelihoods	Management Systems	Participatory Approaches	Policy Planning and Development	Private Sector Involvement
<ul style="list-style-type: none"> • Life skills education • Negotiation/decision-making • Sexuality • Vocational skills training • Income generation activities (IGA) • Micro-credit/micro-enterprise • Business training/employment • Literacy 	<ul style="list-style-type: none"> • Management and leadership • Supervision • MIS • Training of managers and supervisors • Management training 	<ul style="list-style-type: none"> • Participatory learning for action • Partnership • Stakeholder development • Participatory planning • Participatory implementation 	<ul style="list-style-type: none"> • Planning management • Joint planning • Stakeholder coordination • Financial resource management • Stakeholder development • Decentralization • Donor policy • Resource availability • Educational investment • Legislative initiatives • Repositioning family planning • Political leaders 	<ul style="list-style-type: none"> • Private sector • NGO/PVO • Religious groups • Employer/workplace • Traditional providers
Quality Assurance & Performance Improvement	Replication and Scaling Up	Resource Mobilization and Sustainability	Social Support and Networks	Youth-Focused Interventions
<ul style="list-style-type: none"> • Improving service delivery • Client/provider interaction • Client-centered approaches • Systems improvements • Quality assessment • Traditional providers • PAC • VCT • MCH/ANC 	<ul style="list-style-type: none"> • Transferability • Scaling up on district, national, and regional levels • International levels 	<ul style="list-style-type: none"> • Cost-sharing • Organizational development • Planning for sustainability 	<ul style="list-style-type: none"> • Support groups for PLWA • Home-based care outreach • Social workers outreach • IGA/support for orphans • Psychosocial counseling • Women's networks 	<ul style="list-style-type: none"> • Youth-friendly services • School-based interventions • Out-of-school programs • Referral networks • Youth clinics/centers • Basic health education/FLE • Orphans and Vulnerable Children (OVC) • Peer education