Support for Analysis and Research in Africa

(SARA)

QUARTERLY REPORT

April - June 1996

This report follows the SARA workplan for the period January 1, 1996 - September 30, 1997. The workplan builds upon the activities and accomplishments of HHRAA and SARA's work during the previous three years and on the recommendations of the HHRAA Midterm Assessment. The main focus of the activities is on dissemination and advocacy to ensure that the key findings and messages emerging from the AFR/SD/HRD portfolio are reaching the appropriate audiences.

Of necessity, SARA is a project responsive to the Africa region's needs, and USAID and REDSO requests channeled through AFR/SD, so additional activities may gain priority during the year. Currently, SARA seeks to be responsive to AFR/SD/HRD requests relating to:

- dissemination and advocacy opportunities
- consultative and professional meetings
- collaboration with other A.I.D. projects or donors
- work with African institutions

If any changes are made in the workplan, these changes will be in accord, and consistent, with the SARA contract and explicitly approved by the SD CTO for SARA.

AREA I: CHILD SURVIVAL

1. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues.

SARA has worked closely with SD on the development of their action plan in this sector, covering the remainder of the Project. The plan has in fact been produced, and is now the basis for SD activities in child survival.

BEST AVAILABLE

2. Develop a monograph on the sustainability of community-based programs for the use of insecticide-impregnated mosquito nets for malaria control.

SARA has executed a purchase order with the Johns Hopkins University, which ran a mosquito-net project in Bagamoyo, Tanzania, to write this monograph. During the first quarter of 1996, the JHU staff from the Bagamoyo project have presented SARA with a draft document, with the following outline:

- overview of techniques available for malaria control currently available, with emphasis on outcome and efficacy;
- critically examine models for sustaining public health operations such as malaria control (including examples from the literature);
- examine likely outcomes from programs in Africa where malaria control is in operation;
- report in detail on the Bagamoyo model;
- recommend information needed for sustainability guidelines.

This draft will now be presented at a Consultative Group meeting in Baltimore for review and comments. A final draft (of maximum 100 pages) will be reviewed by at least two technical experts before submission to SARA for production.

SD approved a peer review of this monograph, to ensure the quality of HHRAA-commissioned research and analysis activity. Reviewers include: Dr. Susan Zimicki, Center for International Health and Development Communication, Annenberg School for Communication; Ms. Jacqueline Cattani, Division of Tropical Disease Research, World Health Organization; Dr. Robert Northrup and Dr. Rose Macauley, BASICS Project; Prof. Carl Kendall and Prof. Donald Krogstad, Tulane University School of Public Health and Tropical Medicine.

3. Technical assistance to AFR/SD/HRD in the implementation and monitoring of its collaborative work with WHO/AFRO in strengthening malaria prevention and control programs in Africa. Provide resource persons for meetings, and activity reviews.

Pending requests from SD for this technical assistance.

4. Finalize and disseminate the African Bureau's "Framework for Child Survival Programs" document.

This document is in final form. The development of an updated second edition is being considered for dissemination.

5. Finalize and disseminate the Guide for Integrated Case Management, and promote and monitor its use with key agencies (BASICS, WHO/AFRO, UNICEF, NAPHI).

The Guide is now in its final draft, and is being tested in the field wherever opportunities can be found, involving the key agencies cited here. An additional chapter on monitoring and evaluation will be developed. A chapter on communication for IMCI was developed by BASICS, with SARA input, and will be tested in Mozambique.

6. Training of facilitators in the use of the Guide.

This will be the next step, to be coordinated with BASICS and the World Bank, among others.

7. Preparation of presentation materials about the Guide (overheads, slides) for HHRAA use with donors, CAs, etc.

SARA computer assistant for dissemination will produce these presentation materials as needed. Currently awaiting AID/Contracts approval to hire this person.

8. Provide facilitation assistance to the BASICS-sponsored IEC conference in West Africa.

Workshop postponed.

9. Finalize and disseminate Hugh Waters' paper on the status of CDD and ARI programs in Africa.

This paper is now in final form. Publication and dissemination are the next steps.

10. Provide technical assistance to HHRAA on the design and follow-up of African child-survival activities.

Suzanne Prysor-Jones traveled in January to Côte d'Ivoire, where she worked with Hope Sukin on developing a results framework for REDSO's regional Health and Family Planning Project. In April, she went to Bamako to work with the USAID mission in Mali on their child-survival portfolio planning, as a member of a larger team that was visiting Mali at that time to work on the youth strategic objective. Prysor-Jones developed a draft child-survival strategy for USAID/Bamako.

SARA will respond to additional requests with SD approval.

11. Assist in the development of advocacy strategy, including selection of messages.

Through the convening of HHRAA sub-sector core groups and the technical assistance of Porter/Novelli in particular, SARA is assisting SD in the identification and articulation of messages, and in the formulation of strategies to disseminate these messages.

12. Advocacy materials (e.g., Powerpoint) to use with USAID, CAs, and other donors to promote comprehensive approach in designing health programs (including health policy reform, health care financing, systems strengthening, community outreach).

SARA computer assistant for dissemination will produce these materials. Approvals have been received, and this person begins work July 15.

13. Organize a workshop to promote and monitor the adoption and use of systems for commodities logistics management (CLM).

A decision was made to organize a consultative meeting to clarify next steps on this front.

14. Training in the use of the CLM software in four countries. Translation of the MSH training materials and the essential drug book into French.

Clarification awaited from SD on the nature and scope of CLM activity.

15. Presenting findings from TDR care-seeking behavior study in appropriate package.

SARA has not yet received this study.

16. Editing, printing (500 copies) of Nutrition Practices Manual; translation into French; printing (500) copies of Manual in French.

Translation is currently underway. Manual is still being tested and reviewed.

AREA II: POPULATION, FAMILY PLANNING, AND REPRODUCTIVE HEALTH

1. Assist AFR/SD in the implementation of their portfolio, including literature reviews, organization of consultative/briefing meetings, and assistance with the development of impact action plans.

SARA has worked closely with SD on the development of their *Population and Reproductive Health Action Plan for Achieving Impact,* which covers the remainder of the Project. The plan has in fact been produced, and is now the basis for SD activities in population, family planning, and reproductive health.

SARA staff continues to support AFR/SD by responding to ad hoc requests for data and informational needs. During the first quarter of 1996, for example, PRB conducted a POPLINE search and literature review on the magnitude of HIV/AIDS in the medical profession in Africa, developed a presentation (12 graphs and a narration) on the status of population and family planning in SSA, and produced a briefing paper on adolescent reproductive health issues linked to education for the upcoming Education Linkages Workshop.

2. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues:

a) improving FP services in African urban settings
b) expanding programs for young adults
c) emergency maternal care; immediate post-septic abortion FP services and referral
d) vertical and integrated FP service delivery
(Carolina Population Study to be presented to SD next quarter.)
e) male involvement in FP

The population core group (Bob Haladay, Lenni Kangas, Phyllis Gestrin, Lalla Touré and Rhonda Smith) has been holding meetings to develop focused action plans in two areas: emergency maternal services and post-abortion family planning services; and improving urban family planning programs. The group established measurable expected outcomes, developed a list of key messages, and completed a detailed list of advocacy activities for selected audiences. These workplans include a list of potential spokespersons or policy champions who will be enlisted to assist with dissemination and advocacy activities, persons responsible for each action, and a timeframe.

Activities completed or underway for the emergency maternal care action plan include: a Powerpoint (computer graphic) presentation on emergency maternal service needs and policy actions to be used for a variety of policy audiences, and multiple correspondences with

REDSO/W and ECSAHC to coordinate activities in this area. The next step is to establish a technical working group in Washington to identify focus countries with training/services in place. The goal is to improve linkages between services and policy initiatives by capitalizing on country programs where there is already an interest

SD has just awarded additional funds to JSI to carry out follow-up actions to the urban studies activity. SARA staff will be assisting SD by preparing a computer graphic presentation summarizing the urban study results and a draft statement regarding the importance of urban services for USAID's "Guidelines for Strategic Planning."

Cluster A - Improving Service Delivery for Family Planning & Reproductive Health:

3. Assist AFR/SD with production and dissemination of summary policy booklet (fact sheets, etc.), of case study findings from urban studies.

SARA awaits submission of documents from SD. SARA dissemination person will produce these materials. Approvals have been received, and this person begins work July 15.

4. Continue follow-up actions re:

a) dissemination of ECSA-produced monograph and promotion of improved policies on unsafe-septic abortion and programs for treatment and care of post-aborted women in post-septic abortion FP services as a public health problem

b) summary policy booklet on consequences of unsafe-septic abortion, to be finalized and disseminated by ECSAHC

c) additional activities include three country reports (Malawi, Uganda, Zambia) to be produced and disseminated

d) three in-country workshops

e) coordinating meeting for donors

f) presentation of findings at the SAGO 4th Conference

All these activities are proceeding under ECSA leadership, with assistance from JHPIEGO. The personnel changes with ECSAHC are affecting the pace of these activities. However, the publication of the policy booklet will proceed and should be completed by August. ECSAHC plans to publish and distribute 2000 booklets, which will also be translated into French.

5. Continue assessing and documenting the impact of Anglophone medical barriers workshop held in Zimbabwe.

Update on progress under Task Order 144:

- The first two tasks under the scope of work (producing the MAQ bulletins and developing and distributing the questionnaires) have been 3/4 completed. The in-depth questionnaires have been distributed to four of the six countries involved and the results reported thus far in two Anglophone bulletins. South Africa and Tanzania are the countries remaining -- JHPIEGO does not have active programs in these countries (which has both cut costs and ensured that changes post-conference have occurred) so JHPIEGO has not yet followed-up. While the evaluation strategy was intended to be a face to face interview - in South Africa JHPIEGO is considering a mailed questionnaire to elicit information on progress to date.

- No site visits have been charged to the task order as JHPIEGO has paid for visits under its own program costs.

- JHPIEGO is beginning to write a final evaluation report. Given USAID's interest in results, this report will highlight Zimbabwe in terms of what measurable changes have taken place post-conference. JHPIEGO has the most complete information on Zimbabwe, and it is the place where most progress has, as far as JHPIEGO knows, taken place. JHPIEGO just completed a separate, more comprehensive evaluation (funded by JHPIEGO and entailing considerable field data collection) which will provide important information to add to this story . JHPIEGO felt that it was worth waiting for this additional information to add to the evaluation report being prepared for HHRAA/SARA. If time, money and information permit before the end of the HHRAA project, JHPIEGO may focus on a second country.

Cluster B - Target special Groups: Young Adults and Men

6. Provide technical and financial support to CERPOD for follow-up activities re: study on tendencies and determinants of contraception and reproductive health in adolescents.

a) Dissemination of policy booklet
b) Advocacy training for CERPOD staff (+Reproductive Health Network members) using the findings from the Adolescents study
c) Conduct a session on the results and policy implications of the adolescents study during the SAGO 4th Congress
d) Assist CERPOD and REDSO to disseminate best practices in young adults theme

SARA has been providing the services of ACI subcontractor Gary Engelberg to assist CERPOD with the production of a policy booklet which aims to summarize the main findings of the Adolescent Reproductive Health quantitative and qualitative research undertaken by CERPOD with SARA support over the last 18 months. Mr. Engelberg has now visited Bamako for this purpose several times and is working closely with the CERPOD team (Gueye, Konate, and others) to complete the document. During this quarter, the draft booklet was reviewed by 16

journalists and health professional from 5 countries during a special media seminar (see section 9 below). Comments and recommendations from that group will be incorporated. The final product - an attractive, non-technical booklet with policy and program recommendations - is designed primarily for use by policymakers and opinion leaders, as well as family planning and health practitioners.

7. Participate in and provide follow-up support to the MACRO/WHO workshop on male involvement in family planning.

In collaboration with WHO, DHS/Macro convened (not with SARA funding) a workshop on "the role of men in reproductive health", in Senegal from April 15 to June 7, 1996. The purpose of this 8-week workshop was to analyze DHS survey data from nine countries (Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire, Ghana, Haiti, Kenya, Senegal and Tanzania), with at least two or three participants per country. SARA was allotted two days during week 7 to present the Advocacy Modules to the group. Upon their return from Dakar, Lalla Touré and Dana Faulkner provided a briefing on some very gratifying outcomes and cited some useful next steps.

- Participant Involvement: The training worked extremely well, especially for a pilot test that used new trainers (Lillian Baer and Barky Diallo). The participants were enthusiastic about the subject matter, participated actively in the discussions, and were invested throughout the workshop. This is additionally noteworthy because the Advocacy Workshop took place at the tail end of what had been six weeks of training in the DHS/Macro data-analysis course for most participants.
- Evaluations. The participants evaluations were very positive. In fact, all participants said they would use ideas and concepts from the workshop in the future, and everyone said that it would be useful for other individuals from other organizations to have similar training. All the participants recommended the training for other organizations in their countries. At least two participants had specific plans or requests for additional advocacy training.
- Timing. The delivery of the curriculum was somewhat constrained by the fact that it was necessary to compress 4-5 days of materials into a two-day workshop. This meant that some sections of the curriculum were treated only briefly, and that some off the participant discussions had to be limited., In addition, the trainers had to work very hard to absorb a lot of new material in a short time and prepare themselves to present it.
- Potential Future Resources. There were several participants with extensive advocacy experience who significantly contributed to the discussion. These individuals will be good sources as potential trainers for future workshops.

A useful next step will be to seek involvement of the regional USAID health and reproductive health project in an upcoming Advocacy Workshop at CERPOD, slated for October. Also,

follow-up of these participants will be carried out to see if the lessons from the workshop have been put into practice.

8. Support the revitalization and coordination of the Reproductive Health Network and their efforts with "male involvement" and "adolescent" research and advocacy.

AFR/SD's Health and Human Resources Analysis for Africa (HHRAA) Project, along with the Population Council, co-sponsored the first meeting of the Reproductive Health Research Network in Francophone Africa (Reseau de Recherche en Sante de la Reproduction en Afrique) in November 1995, in Dakar, Senegal. The purpose of the meeting was twofold:

- to hold a scientific meeting on the role of African men in reproductive health that would provide a regional forum to share research results, address critical gender issues that influence behavior and couple interactions, examine policy and legislation issues, and develop action plans to address the needs; and

- to hold an organizational meeting to strengthen and improve the network through better strategic planning, and to develop action plans for the future.

The workshop was well attended by over 60 participants. Consensus was reached on priority research topics and on actions to raise awareness about the need for male involvement in reproductive health in Africa. Group members proposed a number of actions to revitalize the Network.

Cluster C - Using the Media to Improve the Policy Environment

9. Assist CERPOD in establishing a senior-level radio and print journalist network from six Francophone countries to increase media coverage of HHRAA priority population and reproductive health issues.

Following a year of assessing the media situation in Francophone Africa, which included the completion of an extensive feasibility study, the Bureau for Africa approved a special media project to be implemented by CERPOD with technical assistance from the Population Reference Bureau.

The project proposed a seminar that would bring together print and radio journalists, as well as local health and population officials. The purpose of the seminar is to identify mechanisms for improving communications between the media and the experts, and to discuss ways to make research results and policy implications newsworthy.

During this quarter, SARA staff launched the media project and, in collaboration with CERPOD, successfully conducted a seminar for 15 journalists and health professionals. Highlights from the quarter are as follows:

From April 15 to May 14, 1996, Victoria Ebin , assistant director for the media at PRB, and Sie Some, Senior Journalist at CERPOD completed a month-long trip in the Sahel in preparation for the seminar. Ebin and Some interviewed journalists and health officers in five countries (Senegal, Mali, Cote d'Ivoire, Mauritania and Burkina Faso) to select seminar participants, and to gather views on how the relationship between the two groups could be improved. Discussions pinpointed some of the obstacles to communication, in particular, the lack of understanding that each has about the other's work. The health experts' distrust of the press and journalists' frustration with dry research data were frequently cited. All in all, responses to the proposed seminar were very positive.

From June 25 -27, CERPOD and PRB conducted the seminar at Saly, Senegal. Ten editors in chief (one radio and one press journalists from each country) and five IPPF-affiliate staff (one from each country) came together to focus on the selected theme - *Adolescent Reproductive Health* . The key objectives of the seminar were to create a setting where high-level journalists and health professionals could exchange views and develop a stronger working relationship.

The seminar was divided in two phases. Phase I sensitized participants to the importance of the topic and the necessity to work together. Facilitators asked participants to reflect on their adolescence, their education in reproductive health, and their present relationships with adolescents as parents, neighbors and friends. This step was crucial in getting participants personally involved and helped foster a sense of professional as well as personal responsibility. It also encouraged communication between participants. The account of an IEC specialist whose sister died as a result of female excision was a powerful catalyst in bringing the group together.

Phase II focussed on acquiring knowledge. Participants read the draft version of the CERPOD report on adolescent reproductive health in five countries. The reading was followed by group presentations of the book's six chapters, which participants chose to present as theatrical performances (Appendix 2). The section on education for adolescents, for example, was transformed into a drama about the marriage of a middle-aged widow to an ambitious young graduate who raped his 15-year-old step-daughter.

Through this process of exchange--group discussion of themes and highly inventive performances -- participants became very familiar with the contents of the booklet. The exercise led to improvements in the CERPOD booklet as well. Participants' suggestions will be integrated into the final version of the text.

Participants then identified solutions for successful, on-going relations between the press and health organizations. These included developing a personal relationship between IEC specialists and journalists and an association of journalists trained in population issues. Other proposals called for a regular flow of documents from health organizations to media, and an independent press that supports family planning.

Participants' recommendations for developing long-term strategies to provide media coverage of population issues included regular in-country and regional meetings between gate-keeper journalists and health professionals. These meetings will also facilitate the development of networks for journalists specializing in population, which is another requirement for informed coverage. Since seminar participants have now formed a cohesive group, they believe that their activities can become the core of larger in-country groups. They also recommended that we reinforce the dynamics set in motion by this seminar and plan for a follow-up seminar.

Next steps include each media outlet preparing print supplements and radio programs on adolescent reproductive health. Later, with editorial additions, excerpts from these materials will be compiled into special formats and circulated to opinion leaders and policymakers throughout the region. This project is being carried out in close collaboration with the West Africa Project and the Johns Hopkins Population Communications Services (PCS) Project to revitalize and expand a Sahelian network of reporter-level journalists, also being implemented by CERPOD.

AREA III: NUTRITION

1. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues.

SARA has worked closely with SD on the development of their action plan, in this sector, covering the remainder of the Project. The plan has in fact been produced, and is now the basis for SD activities in nutrition.

2. Assist AFR/SD in the management of their analytic agenda, including organization of consultative meetings and assistance with review and oversight committees (priority areas: maternal nutrition, dissemination, and use of DHS materials).

This is an ongoing activity, responding to SD requests. The most important activity during the quarter was the production of the draft issues paper, by Jean Baker, Luann Martin, and Ellen Piwoz, called "The Time to Act: Women's Nutrition and Its Consequences for Child Survival and Reproductive Health in Africa." This paper presents data on problems of malnutrition in African women, and identifies entry points and activities for integrating women's nutrition interventions into child survival, reproductive health, family planning, and HIV/AIDS policies and programs.

SARA organized a one-day workshop with Macro International on improving the dissemination of and use of DHS nutrition materials. The meeting, held on June 11, was attended by 22 representatives of USAID, the World Bank, UNICEF, and many USAID collaborating agencies who use these materials.

The objectives of the meeting were to increase the use of DHS anthropometric, feeding and related child health, morbidity, and mortality information for program planning in Africa; to review recommendations from a 1995 assessment of the use of DHS-related nutrition materials and to provide guidance for future dissemination activities; to identify strategies for using nutrition materials to influence policies and programs of governments and donor organizations; to make recommendations for future DHS nutrition analysis and dissemination projects; and to obtain feedback on the format and content of existing DHS nutrition materials.

Participants divided into working groups to develop recommendations on each of these subjects. Major recommendations from the meeting include suggestions for how to involve partner organizations in dissemination efforts, how to reformat the materials to improve their use for advocacy purposes, and new ideas for improving communication among DHS nutrition data users to increase the likelihood that this information will be used by and is accessible to persons working in the field. A summary of the meeting recommendations will be provided in July.

Serigne Diene, BASICS West Africa Regional Advisor for Nutrition, was in Washington in May. Ellen Piwoz and Suzanne Prysor-Jones met with Diene and the BASICS nutrition working group to discuss priority activities for nutrition programming in West Africa. The BASICS regional office has received a buy-in for child-survival activities from REDSO/WCA, and many discussions centered around possible activities for the regional project. In addition, the 2-year workplan developed by ORANA was discussed at these meetings. This workplan included 1) a needs assessment visit to all eight ORANA countries (which was conducted by Diene, Dr. Mbaye of ORANA, and consultant Lamine Thiam during the May-July period) to identify focal points, priority activities, and country expectations of ORANA; 2) hiring of a nutritionist to work with the ORANA acting director and other staff to organize and implement priority activities; and 3) regional training workshops on use of nutrition data for advocacy (through PROFILES planning exercises) and qualitative research for nutrition counseling and adaptation of the ICM nutrition messages using the *Designing by Dialogue* manual.

3. Assist AFR/SD in the advocacy and dissemination of key messages and research findings through publications, workshop/meetings, media reporting, targeted communications, etc.

These materials will be produced by the SARA dissemination persons, Bret Harris and Renuka Bery, who will work closely with SD staff to respond to their specific needs..

4. Disseminate the strategic framework on child nutrition to African institutions.

This has been done.

5. Assist the implementation, monitoring and evaluation of selected analysis and dissemination and advocacy activities of the ECSA nutrition network.

SARA currently has purchase orders with the following national centers within the ECSAHC network:

1. The Centre for Educational Development in Health (CEDHA), Arusha, Tanzania
2. The Child Health and Development Center of Makerere University (CDHC), Kampala, Uganda
3. The Kenya Medical Research Institute (KEMRI), Nairobi
4. The Ministry of Health and Population, Malawi
5. The Tanzania Food and Nutrition Center, Dar es Salaam
6. The University of Namibia Library, Windhoek
7. The University of Zambia Medical Library, Lusaka
8. The University of Zimbabwe Medical Library, Harare

Most of the Dissemination Centres under the ECSA Information Dissemination and Communication Network are now implementing the dissemination activities identified in their workplans. During the process of implementing these activities, new challenges emerge; with these challenges new insights are made. When this happens, the need for sharing and learning from one another becomes important. The ECSA Assistant Coordinator for Dissemination is putting out occasional bulletins as a forum for exchanging information and sharing experiences. The first issue starts with highlights of the quarterly report from CEDHA and brief reports of activities from the other centres. To be distributed via e-mail and as hard copy, the next bulletin is planned for July 1996.

The Centre for Educational Development in Health/Arusha (CEDHA) activities have focused on a nationwide exercise on the collection of grey literature. This task was undertaken by William Lendita and L. Chelangwa. The two information specialists traveled to several regional centres in Tanzania and covered more than 2,000 km by road. The information that the two collected covered adolescent health and maternal mortality. Institutions visited included schools, health facilities and NGOs dealing with reproductive health. This report describes the problems encountered and offers suggestions on how some of those problems can be overcome. One of the major problems cited by the team was reluctance among professionals visited to share information. Other observations:

-useful information on reproductive health is given orally and therefore undocumented.

- few institutions maintain up-to-date records, due to lack of resources to undertake this task.

- the attention of professionals dealing with adolescent health has shifted to the urgent problem of HIV/AIDS leaving them with little time to address other issues.

Not all institutions however were reluctant to share information about grey literature, though Lendita singles out UMATI, the Kiswahili acronym for the Tanzania Family Planning Association for praise as an exception. But, faced with this problem what is the solution? Most of the people that one encounters in such an exercise have other pressing concerns. The first step towards solving this problem then, according to Lendita, would be to identify what has been produced first -- then "trace and chase". This should be easy when one is dealing with institutions that produce catalogues regularly which unfortunately is not the case with a majority of institutions in ECSA.

Nancy Kamau from the Kenya Medical Research Institute describes the process that her Centre followed in setting up the consultative task force and developing a plan of work. Kamau reports that the task force considers the dissemination project as an important mechanism for making valuable information available to administrators, policy makers, and program specialists. During the course of the project the Centre in Kenya will produce a bibliography that will document lessons learned in nutrition in Kenya while in the area of reproductive health the Centre is compiling a report on the coverage of this area by the Kenyan media. The report on the media will be disseminated to various audiences and will also be used as feedback to the media.

Reporting on its first quarter, the Makerere University Child Health and Development Centre, cites the challenges it faced trying to introduce itself to partner institutions in Uganda as the country's Dissemination Centre. The first quarter saw an improvement in communication when the Centre become connected to HealthNet. The address is CHDC@uga.healthnet.org. The Centre also established contact with the Media through the Health Press Association and is working directly with two journalists who are members of this Association. The team in Uganda led by Fred Kalyowa has collected a set of publications on reproductive health and nutrition that will be an important resource for the region.

Planned or ongoing activities in other centres cover dissemination of publications, running dissemination seminars and liaising with the media on coverage of thematic areas. Here is a summary of other areas that the Centres are focusing on:

- In Zambia, the University of Zambia Medical Library will utilize its well developed e-mail network to disseminate information on thematic areas right down to the district level in an undertaking that will be led by Regina Shakakata. Some of the information will be published in the nationally available Zambia Health Information Digest. In addition the Centre, which is directly linked up to the Internet, will open

up a World Wide Web page on health on the Internet. At a later date the WWW pages will carry information from ECSA.

- In addition to developing information dissemination and advocacy strategy for the identified themes, William Kazembe, at the Library and Documentation Centre in Malawi, is leading a team that will produce bibliographies on Adolescent Health and Nutrition in Malawi. The Centre will also compile reports on media coverage about adolescent health and nutrition by two of Malawi's national newspapers.

- The Tanzania Food and Nutrition Centre (TFNC) is seeking to improve national nutrition programming by collecting grey literature about improved nutrition programming in Tanzania and compiling these into a booklet which will be translated into Kiswahili to make it widely accessible. Led by Benedict Jeje, the team at the TFNC will also translate the DHS nutrition charts into Kiswahili to make the charts more readily available.

- Namibia is focusing on the production of annotated bibliographies on nutrition and reproductive health that will help capture information generated in these two areas since independence in 1990. This task, led by Brimah Jalloh, will provide policy makers, program managers, and health workers with information resources in those two areas.

- One of the outcomes of the activities of the Zimbabwe Dissemination Centre will be the production of a revised edition of UTANO, a bibliography on grey literature in health in Zimbabwe that was first produced in 1993 under a two-year project supported by IDRC. The new edition of UTANO will be distributed to various audiences. The team in Zimbabwe is led by Mondli Sibanda and Edward Mujera, both at the University of Zimbabwe Medical Library.

6. Monitor and evaluate the impact of the Makerere workshop on the implications of DHS and other data for nutrition plans and strategies.

A post-workshop evaluation indicated an overwhelmingly positive opinion of the meeting and the recommendation that similar workshops be organized for other African countries with DHS data. According to participants, the most useful aspects of the workshop were 1) that it provided an opportunity to discuss nutrition issues and share experiences with colleagues from the region, 2) the preparation of the advocacy plans, and 3) the identification of key nutrition messages. The teams indicated that they planned to work together to implement their strategies in their countries.

Post-workshop questionnaires were mailed to all workshop participants in November 1995. Some participants were interviewed during international meetings. Participants from Uganda reported that their plans developed during the workshop have been implemented in part and have influenced the Ministry of Health to include, in its annual plan for the Nutrition Division, development of standard feeding guidelines for pregnant and lactating mothers and for children under three, as discussed at the workshop. In addition, they are soliciting funds to hold their own workshop and are trying to sensitize relevant sectors to the need for guidelines. In Namibia, the Cabinet has approved inclusion of a separate cross-sectoral food and nutrition chapter in the country's first National Development Plan, 1995.

7. Assist the implementation of selected advocacy and dissemination activities on nutrition in West Africa, including technical support and collaboration with ORANA.

Contacts with ORANA and the Dakar-based BASICS nutrition expert are continuing. Cf. above #2.

8. Field test revisions, and printing (300 copies) of the *Designing by Dialogue* Manual; translation into French and printing (200 copies).

A revised, edited version has been produced and translated into French. The French translation is now being reviewed for accuracy, and will be available by September.

Work is proceeding this quarter with the field test of the manual by the Freedom from Hunger (FFH) Credit with Education Program in Ghana. SARA consultant and manual co-author, Kate Dickin, and FFH Vice President for Programs, Ellen Vor der Bruegge, traveled to Ghana to meet with the local FFH-supported program to discuss their plan for using the manual and conducting the consultative research on young-child feeding. This research will be implemented in July and August, when Dickin and Vor der Bruegge will return to Ghana to discuss the research experience and assist in analyzing and interpreting research findings and subsequent program recommendations. A final report on the field test, with recommendations on how to improve the manual, especially for use by grassroots community organizations, will be available in mid-September.

9. Preparation of presentation materials about the manual (overheads, slides) for HHRAA use with donors, CAs, etc.

SARA dissemination person will produce these materials. Cf. above #3.

10. Completion and editing of papers on complementary feeding, exclusive breastfeeding, and maternal nutrition.

These activities are ongoing. The first was finished in May, the second in June, and the third will be ready in July. Cf. # 2 above.

AREA IV: EMERGING THREATS AND CRISIS RESPONSE

1. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues.

SARA has worked closely with SD on the development of their action plan, in this sector, covering the remainder of the Project. The plan has in fact been produced, and is now the basis for SD activities in emerging threats and crisis response.

An HIV/AIDS core group has been working in collaboration with SD to develop an Advocacy Implementation Plan and packaged Policy Communications Materials for promoting the concept of Introducing HIV/AIDS prevention and mitigation activities into multi-sectoral (health and non-health) development sectors. The purpose of the activity is to lay out an advocacy strategy and implementation plan that focuses the dissemination of HHRAA/SARA research products on the accomplishment of the specific desired policy impacts identified by the group.

Using the USAID organizational chart, the group conducted a "backwards analysis" to identify the categories of actors (e.g., AID/W, AID regional bureaus, and missions) with the ability to make the targeted outcome happen. Further analysis separated these individuals into primary actors (decision-makers) and secondary actors (those with significant direct ability to influence the decisions of the primary actors). To support the implementation of this advocacy plan, packaged Policy Communication Materials will be prepared based on existing HHRAA/SARA research outputs. Materials will be based on key message points from HHRAA/SARA's work that will prompt USAID to consider a multi-sectoral approach to HIV prevention and mitigation.

The SARA Research Manager, Dr. Duale, has put particular effort into an issues paper for the Africa Bureau to use in their intra-agency discussions for the development of a new worldwide HIV/AIDS project to succeed AIDSCAP. Highlighting issues such as STIs and the need for usable monitoring and evaluation, this paper has been a catalyst for very robust discussions within the Bureau, as it struggles with the particularly challenging characteristics of the AIDS pandemic in Africa. Not only this paper, but the SARA Strategic Framework on "HIV/AIDS, STIs, and Tuberculosis in Africa" is being using by the core group developing the new project; this policy influence is right on target with HHRAA's and SARA's purposes.

2. Produce and disseminate the report of the HHRAA-sponsored workshop on HIV/AIDS in Kampala.

This has been done. A summary report of the workshop prepared in English and French is published in the No 8/9 , May 1996 issue of the magazine *SidAfrique*, a quarterly review edited by the Pan African AIDS Organization (OPALS), with the support of the French Ministry for Cooperation.

3. Develop and produce debriefing materials on HHRAA-sponsored studies on HIV/AIDS (Cluster A).

The SARA dissemination person will produce these materials. Poster presentations on priority policy and research issues for HIV/AIDS prevention and mitigation in Africa and a distribution of HHRAA/SARA publications on HIV/AIDS and STIs were organized for the XI International Conference on AIDS held in Vancouver, Canada, in July.

4. Develop a lessons learned paper on Partner Notification Strategies for STI control.

May Post is drafting this paper.

5. Develop an issue paper on public-health crisis prevention, mitigation and recovery.

Tulane University has advanced this paper to its final stages; it formed the centerpiece of the consultative meeting held this quarter. See next item.

6. Consultative meeting on public-health crisis prevention, mitigation, and recovery: linking relief to development.

"Crisis Prevention, Mitigation, and Recovery in Sub-Saharan Africa: Linking Relief and Development through Public Health" was the theme of a two-day Consultative Group meeting sponsored by the HHRAA Project through SARA on June 5 -6, 1996 at the Tulane Institute for Development Studies in Rosslyn, Virginia. The meeting was attended by about 40 participants representing ten US, European and African universities, five PVOs/NGOs, and five USG departments and agencies. Six different offices of USAID were represented at the meeting.

The focus of the meeting was to reflect on how relief and development can be linked, to address the increasing number of crises arising from epidemics, natural disasters, and conflicts in Africa. Analyzing lessons learned from recent crises such as famine and drought in East and Southern Africa, the Rwanda crisis, and the Ebola outbreaks, the participants identified policy, program, and research issues and constraints in linking relief and development as an approach to the prevention and mitigation of crises, and subsequent sustainable recovery. Within most of the international agencies, relief and development are two separate entities, with different planning, funding, and implementation mechanisms and a different corporate culture. The group recommended that relief and development communities should seriously reflect on how to reduce the number of crises in

Africa and how to improve relief-development linkages for a better prevention and management of health crises in Sub-Saharan Africa.

The policy, program, and research recommendations developed by the Consultative Group will be used to revise the position paper that Dr. Nancy Mock has prepared on the subject. The recommendations will feed into the design and implementation of the USAID Greater Horn of Africa Initiative (GHAI). GHAI will be a test case for linking USAID relief and development assistance in Africa. The representatives from REDSOs, present at the meeting, expressed the need to involve professionals and institutions in Africa in discussing the prevention and management of health crises, and in promoting policy dialogue through operational workshops and ad hoc task forces in order to facilitate consensus, commitment, and development of operational guidelines for crisis prevention, mitigation, and recovery.

The results of the meeting were presented the following day at an International Forum entitled "From Humanitarian Assistance to Human Development". The Forum was organized by the George Washington University in collaboration with PAHO/WHO. The results were also presented to a well-attended (about 60 participants) round-table discussion at the National Council for International Health Annual Meeting in Crystal City. The theme of the NCIH conference -- Global Health: Future Risks, Present Needs -- and various presentations addressed some of the same issues that came out of the Consultative Group meeting.

In addition to the position paper, a summary report of the Consultative Group meeting will be prepared and made available for continuing discussion and raising awareness on issues of health crises in Africa.

7. Promote use of PSAPP materials for improving workplace HIV/AIDS programs in Africa.

SARA has assisted AFR/SD in organizing a peer review of the PSAPP (Private Sector AIDS Prevention Program) materials. Reviewers' comments will be addressed by AIDSCAP staff in revising and editing the materials before final production. SARA will support the preparation of presentation materials for the promotion of PSAPP.

8. Develop a short-term course in collaboration with NAPHI on managing future HIV/AIDS programs in Africa.

A number of African public health training institutions, development agencies, governmental and non-governmental organizations involved in HIV/AIDS programs in Africa will be surveyed electronically (phone, fax, e-mail) about training courses being offered on HIV/AIDS. A simple

survey questionnaire will be developed to guide the inventory exercise. The survey will gather information on the contents, profile of attendees, duration, and frequency of the courses. A graduate student at Tulane School of Public Health has been assigned to conduct the inventory and prepare the report.

9. Support an update on HIV/AIDS and STIs for a Journalists Workshop in West and Central Africa.

SARA has had some exploratory talks with SIDALERTE and PRB on how to plan the workshop.

10. A study on the role of nurse midwives in integration of STI services into FP and MCH programs in the ECSA region.

This proposal is at an exploratory phase. Dr. Post has been assisting Ms. M. Phiri, Coordinator of Nursing Affairs for the Commonwealth Regional Health Community Secretariat, to develop a study proposal on the topic for implementation in collaboration with the Center for African Family Studies (CAFS) in Nairobi, if funding become available.

11. Support the AFR/SD/HRD and REDSO/ESA initiative on integration of STI services into FP, MCH, and PHC programs.

The report of the consultative meeting on research priorities for sexually transmitted disease prevention in Africa prepared by Morehouse was sent to the majority of the participants who attended the REDSO/ESA conference on integration of STI services into other health programs.

12. Develop a computer model for estimating the spread of TB due to HIV/AIDS in Africa.

This is still in process with Dr. James Chin of UC/Berkeley. The proposed model will complement, and be merged into, the TB module of EPIMODEL. In addition to the TB module's current capabilities, the new TB module will be designed to (1) make country-specific projections for sub-Saharan Africa of the annual number of active TB cases among HIV-negative adults, taking into account the increased transmission of *M. tuberculosis* to HIV-negative persons from the increasing number of TB cases in HIV-positive and HIV-negative persons; and (2) estimate the cost of health care and drugs needed for patients with TB who are HIV-negative. For three countries in sub-Saharan Africa, country-specific projections through the year 2000 of the annual number of active TB cases in HIV-negative persons. Ten copies of the computer software will be delivered, along with detailed documentation and a manual for use of the computer-run TB model. The documentation will include a detailed description of the mathematical relationships assumed in constructing the TB model, but will be written so that it can be

understood by public health professionals not familiar with mathematical modeling. Ten copies of the model documentation and manual will be delivered.

13. Purchase and distribute about 200 copies of the NAS report on Preventing and Mitigating HIV/AIDS in Sub-Saharan Africa.

Purchase is complete, distribution is ongoing.

14. Support dissemination of findings emerging from the HHRAA-funded studies on TB.

These studies have not been received from SD. The SARA dissemination person will produce these materials.

15. Hiring health economists and social scientists to review both NAS and World Bank studies to identify a common set of key messages/lessons from them.

Instead of hiring health economists and social scientists, AFR/SD/HRD hopes to convene a core group of AID staff to review the studies and identify the key messages that USAID should consider in designing its HIV/AIDS programs.

16. Preparation of presentation materials about epidemic dysentery and cholera for meetings/workshops/TDYs.

The SARA dissemination person will produce these materials.

SARA will assist AFR/SD in developing a strategy for preparedness and management of epidemics in Africa.

AREA V: EDUCATION

1. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues.

SARA has worked closely with SD on the development of their action plan, in this sector, covering the remainder of the Project. The plan has in fact been produced, and is now the basis for SD activities in education.

Judy Brace and Francy Hays have been working closely with the HHRAA Education Unit members (there are six in addition to Julie Rea) to identify anticipated impact from their research and products, and helping them to achieve that impact. They have interviewed each unit member at least once in an effort to understand each member's portfolio (usually containing 3 or more activities), what they would like to see happen as a result of this work, and how they could most effectively ensure its life after HHRAA, i.e., where it might be adopted. In addition, Judy and Francy are helping the members to think of meetings/conferences at which to discuss the activity, how the report findings should be packaged, etc. They have completed a first round of this exercise, and should be coming up with a global picture of the unit's dissemination and advocacy needs shortly.

2. Provide technical support to SFR/SD analytic agenda activities.

a) review of decentralization issues in the education sector

Consultant Mark Sommers, working with Jim Williams, has produced a comprehensive draft on the decentralization of the education system in Ethiopia, and made a presentation at AID. The situation in Ethiopia has its own unique features, most notably the ebb and flow of regional groups in positions of leadership. Right now, it is the Tigrays who have power and on the basis of their desire for autonomy in their own region they have instituted the current decentralization program. For example, during the previous Mengistu regime, many, many schools were destroyed and education was not available at all in vast parts of Ethiopia. Sommers chronicles the initiatives the Tigrays have taken, the successes so far, the shortcomings so far, and anticipated next steps. His study took place in the Tigray region; what is occurring in non-Tigray Ethiopia is not covered here.

b) study of teacher as broker/policy implementation

The education sector has several activities coming to the fore. Consultants Grace Lang and Bekett Mount are back from Namibia, where from September 21 to November 28, they conducted field research, looking at four education policies – class size, school boards, language of instruction, and school discipline – in three regions. Grace and Bekett carried out interviews with ministry, regional, and district officials as well as with principals, teachers, and school-board members from twenty-six schools. The interviews covered: how policy is defined, the history of the policies selected, how policies are communicated, how implementation is expected to occur, what the barriers to implementation are, and the perspectives held of these policies by various stakeholders. School and community interviews focussed on the actual processes of policy implementation. Now writing up their findings in Washington, Grace and Bekett will present their findings at the March meeting of the Comparative and International Education Society in Williamsburg. This work is part of an SD effort to develop a comparative perspective

on ***the process of implementing policy*** and on ***the school as a unit of change***. A second African country, still to be identified, will serve as the comparative research site.

The researchers returned to the field, to Malawi, in May to carry out the second phase of their site research, and will return at the end of July.

c) study of the use of conditionality for education policy formulation

These studies are now concluding, and should be in to SARA by mid-July. The four ERNWACA national teams, in Mali, Ghana, Guinea, and Benin, are working with the ERNWACA coordinator Urban Dembele to produce their national reports. At a workshop in Bamako in June, they met with SD's Joe DeStefano and received guidance for the final stages of work.

d) review of health and education interface experiences

The twice-delayed consultative meeting, "Collaborative Programs in Primary Education, Health, and Nutrition," took place this Tuesday and Wednesday at AED. Featuring formal presentations by Beryl Levinger and Ron Israel of the Education Development Center, Bruce Dick from UNICEF, Don Bundy from the Partnership for Child Development, and Jack Jones of WHO's Health Education and Health Promotion Unit, the workshop focused on three topics: (a) health and nutrition interventions and services in the primary school, (b) health and nutrition in the primary school curriculum, and (c) sectoral reform, organizational issues, and community participation in linking primary education, health and nutrition. Participants included health, nutrition, and education leaders from the World Bank, AID, the Public Health Service, and cooperating agencies such as John Snow, Creative Associates, the Institute for International Research, the Clark Foundation, and the National Health and Education Consortium. The underlying issue was the constraints of poor health and poor nutrition on a child's Active Learning Capacity (Beryl's term); because of these constraints, children are unable to attend school regularly or, when they do attend, unable to take advantage of what their schools have to offer. The implication: investing in the health and nutrition of the child is an investment that will have direct educational outcomes. While there have been instances of such collaborative programs, the real task is to demonstrate, in a context of very limited resources, that investment of those resources in better health and better nutrition for schoolchildren produces superior educational outcomes than a comparable investment in education inputs (books, teacher training, etc.) directly. This empirical evidence will be the foundation for addressing all the subsequent questions of sectoral collaboration and curriculum reform.

The main recommendation for the next step was to look at the USAID strategic objectives and determine where to begin to inject ideas about this collaboration into current USAID programs.

3. Assist AFR/SD in the dissemination of research findings through publications as follows (a–bb):

These documents (a-bb) are still in the preparation stage, and have not yet been submitted to SARA. They will be a major item for the attention of the soon-to-recruited dissemination person.

Reform Strategies (Joy)

a)	Preparation of synthesis policy document; design, translate, print, and distribute 300 copies (200 English, 100 French).
b)	Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

Educational Decentralization (Jim)

c)	Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).
d)	Preparation of **two** synthesis policy documents from the report; design, translate, print, and distribute 300 copies each (200 English, 100 French)

Policy/Program Formulation (Karen, Ash)

e)	Preparation of case studies and analysis: editing, production, printing, distribution of 200 copies.
f)	Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

g) Preparation of synthesis policy document: design, translate, print, and distribute 300 copies (200 English, 100 French).

Fundamental School Quality Indicators (Ash)

h) Preparation of **two** synthesis policy documents: design, translate, print, and distribute 300 copies each (200 English, 100 French).

Education Program Impact Assessment (Karen)

i) Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

j) Preparation of **two** synthesis policy documents: design, translate, print, and distribute 300 copies each (200 English, 100 French).

Education Program Design Process (Karen)

k) Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

l) Preparation of **two** synthesis policy documents: design, translate, print and distribute 300 copies each (200 English, 100 French).

Conditionality in Education Sector Programs (Joe)

m) Preparation of background paper: editing, production, printing, distribution of 300 copies.

n) Preparation of report: editing, production, printing, distribution of 300 copies.

o) Preparation of **four** country case studies: editing, production, printing, distribution of 300 copies each.

p) Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

q) Preparation of **two** synthesis policy documents: design, translate, print, and distribute 300 copies (20 English, 100 French).

Educational Incentive Program (Karen)

r) Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

s) Preparation of **two** synthesis policy documents: design, translate, print, & distribute 300 copies (200 English, 100 French).

School as Unit of Change/Policy Implementation (Joy/Diane)

t) Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).

u) Preparation of synthesis policy document: design, translate, print, and distribute 300 copies (200 English, 100 French).

Learning Assessment (Ash)

v)	Separate translation, production and distribution of report's executive summary, 300 copies (200 English, 100 French).
w)	Preparation of **two** synthesis policy documents: design, translate, print, and distribute 300 copies each (200 English, 100 French).

Education/Health Linkages (Jim)

x)	Preparation of **five** synthesis policy documents: design, translate, print, and distribute 300 copies each (200 English, 100 French).

Pupil Flow (Jim)

y)	Preparation of synthesis policy document: design, translate, print, and distribute 300 copies each (200 English, 100 French).
z)	intermediate impacts
aa)	incentive programs
bb)	girl's education in Africa

This paper is under review by SARA and ABEL II.

Other

•	Revise, "finalize" Education mailing list, and maintain it.
•	Mail out Education Documents list to mailing list.

- Reprint Basic Education policy paper, making it more appealing.

5. Assist ERNWACA and ERNESA with dissemination activities, including dissemination strategy development

SARA is proposing a workshop to deal with this issue; the meeting is now set for August in Abidjan, due to the intervening ERNWACA evaluation, co-sponsored by SARA and IDRC.

- e-mail connectivity where possible

SARA is working on connectivity issues, and may hire a regional consultant to visit national sites for the resolution of technical issues.

- printing of ERNWACA News bulletin (three issues in 1996/97)

SARA is now committed to supporting this activity.

- synthesis and dissemination of key documents (e.g., state-of-the-art)

The document prepared by SARA consultant Richard Maclure is now being prepared for printing, having been reviewed by SARA and ERNWACA.

6. Build ERNWACA capability to raise money for research using various techniques—including the participation of ERNWACA commissioned researchers to externally funded research programs—and in particular to set up a small grant fund aimed at strengthening educational research capabilities of young African researchers and to maintain them in Africa

7. Collaborate in the evaluation of ERNWACA and assist them to develop an operational strategy based on the results.

SARA participated in an evaluation of the Education Research Network for West and Central Africa (ERNWACA), in a joint effort with IDRC beginning late in May. At the urging of REDSO/WCA, SARA was teamed with IDRC to document and assess the ERNWACA presence and impact in the region since the network was established, with IDRC funds, and initiated regional research, with REDSO and HHRAA funds. SARA provided Dr. Maurice Garnier, of Indiana University and Mr. Luc Gilbert, consultant; they collaborated with Mr. E. Compare of

IDRC to develop a common methodology and to visit up to seven of the twelve ERNWACA countries.

The report should be ready by mid-July, in anticipation of a general ERNWACA meeting in August. Documentation of ERNWACA's track record, with both strong points and needs for improvement, will allow REDSO and other potential donors to have a better understanding of the network and its potential as a recipient of donor funds.

8. Technical assistance and workshop to develop ERNWACA national chapters capabilities to gather and organize existing or newly collected hard data on the workings of national education system, to provide services or participate in the conduct of sector assessments financed by external agencies, and to organize all relevant material in formats usable for policy debates.

9. Technical assistance to develop ERNWACA national chapters capabilities to initiate and/or to participate in relevant educational policy debates at the national and regional level, and to enrich these debates with materials collected and organized under 8.

Items 8 and 9 will be central to the agenda of the August ERNWACA meeting, which will focus on an overall strategy for ERNWACA's next phase of activities, taking into account the results of the joint IDRC-HHRAA formative evaluation of ERNWACA now underway. The workshop will represent a collaborative endeavor including the ABEL2 project, the DAE/WGESA chaired by UNESCO, the Swiss Cooperation Agency, and IDRC, and be attended by representatives of 20 African countries and build on various achievements already realized with the financial assistance from AID, IDRC, and DAE.

ABEL2 is presently developing new tools and techniques for policy dialogue and would find in this workshop an opportunity to identify fora and existing policy debates where these tools and techniques might be applied. DAE/WGESA would be able to obtain feedback about how to take advantage of the countless education-sector analyses on the continent, and especially how to increase African participation in these analyses. Both would develop new contacts through which to promote their technical resources. The HHRAA project could also take opportunity of this gathering in Abidjan to submit the policy messages that have emerged from its education portfolio and obtain recommendations about priorities for advocacy.

In sum, the main activities of the workshop would be: (1) to review the conclusions of the joint IDRC/HHRAA formative evaluation of the network, (2) to concentrate on the findings of the WGESA and to link those findings with ERNWACA's new role in monitoring educational policies and reforms in the region, and (3) to involve ERNWACA chapters in the formation of

national and regional educational policy through the use of ABEL2's new and appropriate policy dialogue techniques and tools , -- e.g., the organization of well-documented debates is a proven way to disseminate meaningful information and to influence policies, especially when the debates are participatory.

10. ERNWACA (purchase order)

The ERNWACA purchase order relates to the conditionality studies mentioned above, and is intended to support central oversight by the ERNWACA Secretariat of the national studies undertaken on conditionality, for which separate purchase orders exist with AED. Like them, it is near conclusion.

AREA VI: HEALTH SECTOR FINANCING AND PRIVATE SECTOR DEVELOPMENT

1. Assist AFR/SD in the selection of key messages and development of specific dissemination and advocacy action plans for priority issues.

Core group formed with help from Porter/Novelli.

2. Produce a short summary report that will include the methodology for assessing the private sector, as well as the results of four case studies and the proceedings from the Nairobi conference (English and French).

This document has not yet been written by the Cooperating Agency.

3. Prepare presentation materials based on this information.

Cf. #2 above.

4. Publish, translate, and disseminate guidelines for assessing the private sector (prepared by DDM and BASICS)

5. Continue dissemination of **22 Questions**, English and French versions.

This document has been sent to Missions and donors. A mailing list was developed (primarily for Africa) and the document was sent out in English and/or in French, depending on the destination country.

6. Prepare presentation materials derived from **22 Questions** and **Strategies to Promote Health Financing Policy Reform.**

To be prepared in consultation with HHRAA staff.

7. If decision is made to continue with the document, **Strategies to Promote Health Financing Policy Reform and Implementation in Africa,** assist in preparation of the document for publication (incorporate suggestions by review panel, write executive summary), produce the publication, and its dissemination.

Decision pending.

8. Print and disseminate health care financing guidelines, once these guidelines have been prepared by DDM and BASICS.

Not yet prepared.

9. Develop a manual on Monitoring and Evaluation of Health Reform Initiatives in Africa

10. Participation in African workshops

Assistance was provided to HHRAA staff in preparation for a presentation at the South Africa meeting at the end of the quarter, and for planning the series of DDM meetings in Africa in the fall. SARA will also be supporting HHRAA's role in this fall's health financing meeting in Ethiopia, in concert with UNICEF and the World Bank.

11. Develop a health-care finance framework (cons. meeting)

To be held in Washington in the next quarter. SARA will facilitate and organize.

AREA VII: CROSS-CUTTING ISSUES

1. Develop a manual to be used for the promotion of research for use by groups such as WHO/AFRO, ENHR, HSR.

Bob Porter has moved over from Porter/Novelli to AED in June, and will be taking on this task.

2. Work with REDSO/ESA to foster and leverage regional support for ECSA-region initiatives, especially capacity building for key health-reform issues.

SARA assisted in the planning of a workshop with REDSO/WCA and REDSO/ECA staff to discuss regional financial sustainability strategies and networking activities.

3. Broker the development of CESAG as a regional technical resource for capacity building for health reform.

Suzanne Prysor-Jones traveled to Dakar in January where she developed a proposal with the Centre Africain d'Etudes Superieures en Gestion (CESAG) to expand their regional Francophone role to become a center for capacity building for health reform in West Africa

CESAG, founded in 1985, has been a major training center in health administration for the Francophone region. Now managed by the Central Bank of West African States, CESAG is emerging as a regional management training center for West Africa and a technical resource for the support of management training in individual countries in the region. Suzanne was joined in Dakar by Steve Reiman of MSH to craft a proposal for donor assistance in the following priority areas:

- Master's degree in health management, with specialities in operational management, health economics, and health-policy analysis.
- Short courses on key health management issues, targeting top and middle managers and trainers
- Technical assistance to countries, as follow-up to the short courses
- Symposia for policymakers on key health management issues
- Research on specific, priority health-systems issues

In June, CESAG officer Laurence Codjia traveled to Boston and Washington to advance this process. Suzanne went to Boston for two days to prepare the visit and accompany Laurence Codjia, who has responsibility for health management at CESAG -- the Centre Africain d'Etudes Superieures en Administration et Gestion, in Dakar. Laurence has asked for assistance to revise and update the CESAG Masters Degree curriculum in Health Management. A first step has been to acquaint her with existing MSH management training materials to see how some of these can be adapted for the Masters, and also explore future MSH-CESAG collaboration on other fronts, e.g., short courses, training of management trainers. DDM / Harvard is putting on a conference

at CESAG in late September to share the results of HHRAA-funded studies on health financing and decentralization. SARA hopes to piggy-back a small meeting of interested donors and "users" to discuss a new Health Economics branch of the Masters Program. Laurence then proceeded on to Washington to meet with BASICS, Partnerships for Health Reform, the Pharmaceutical Management Project, the Africa Bureau, and CTOs of BASICS and FPMD (Family Planning Management Development). The outcome was some commitment from individual management training people to assist CESAG with updating its masters degree curriculum as well as possibly doing some joint short courses. The Africa Bureau has some regional funds in the above projects which will probably be made available after some negotiation. We will be assisting CESAG to mobilize funds from other donors also.

4. Interagency coordinating meetings (two over two years) planned and held.

5. Health Systems Research modules

SARA has been asked by WHO/HSR to collaborate on an effort to upgrade health research capacity in Africa. HSR is preparing to update already existing teaching modules for use in pre-service training in the region. A workshop will be organized by HSR with experts in the field, in order to do this. Prior to the workshop, an assessment of the current state of research teaching in selected public health training settings is necessary.

Accordingly, Dr. Duale traveled to Harare, Zimbabwe, June 16 - 25, 1996 to work with Prof. Gabriel Mwaluko of the Joint Health Systems Research Project of the World Health Organization in Southern Africa (Joint WHO/HSR) in Harare, Zimbabwe, and Dr. Sidney Ndeki of the Centre for Educational Development in Health (CEDHA) based in Arusha, Tanzania, in initiating a regional assessment of health systems research training offered by institutions of higher learning in Eastern and Southern Africa. The purpose of the assessment is to review the current teaching of health systems research in pre-service offered by selected public health, nursing, and medical training institutions in ECSA and to determine needs and recommendations for improving health systems research training curricula and materials.

Dr. Ndeki is hired as a SARA consultant to implement this assessment. Dr. Ndeki worked together with Duale and Mwaluko to develop and come to a consensus on the following:

1. Study design: purpose, methodology, and expected outcomes

2. Interview Guide (questionnaire) for Training Institutions

3. Interview Guide (questionnaire) for Lecturers/Tutors of Research-related Subjects

4. Self Administered Questionnaire for Final Year Students

5. Implementation Plan for the Assessment

6. Letter of Notification (2nd notification) to Country Contacts

7. Draft Table of Contents for the Report of the Assessment.

The time table for the implementation of the study is:

June 17 -21 : Development of tools, Implementation plan and briefing

June 24 -28: Data collection in Zimbabwe

July 8 - 12: Data collection in Malawi

July 15 -19 : Data collection in Zambia

July 29 -August 6: Data collection in Uganda

August 7 - 22 : Data analysis and report writing

August 22 : Final draft of the report to SARA and Joint WHO/HSR

August 30 :Written comments from SARA and WHO/HSR due in Arusha

September 7 : Final Report presented to HHRAA/SARA and WHO/HSR

September 29 - Oct 2: Workshop to discuss the report . Present the report in Kampala during the AFRICLEN and ENHR Scientific Meeting

October 2: Dissemination and follow-up action

March 1997: Joint WHO/HSR Technical Advisory Committee meeting

6. NGO paper development

A first draft has been developed. Discussions are to follow on whether to complete this with some field studies of NGO associations.

7. Strategy for epidemic control

8. NAPHI support

Item #5 above, Health Systems Research modules, will be coordinated with NAPHI. SARA has asked JHPIEGO for a proposal to improve reproductive-health teaching in public-health settings. SARA has assisted SANA in developing a joint activity with NAPHI to improve nutrition teaching in these settings.

9. Advocacy modules in up to 8 workshops in Africa

These modules are in development by Ritu Sharma of AED, and were successfully field tested this quarter in Dakar (cf. Item #2e in the section on Population). SARA has already received other requests for advocacy training -- from CERPOD, SAGO, and the Health Ministry in Burkina. The mission in Nairobi has suggested that the NGO Consortium working in Kenya with AIDSCAP might field test the Guide; the USAID Mali Democratic Governance Strategic Objective team is interested in the possibility of using the Guide to build skills in community organizations; and the Pretoria mission has asked for a copy of the Guide.

10. Guidelines and presentation materials on decentralization

Once Guidelines are prepared by SD, the SARA computer specialist for dissemination will produce these presentation materials.

11. Dissemination of WHO decentralization report

12. REDSO decentralization meeting

13. Consultative group on capacity building for health reform

14. Assessment of MOH planning capacities

Discussions have been held with CESAG on the need for an assessment.

15. Indicators Project—CERPOD

Gary Engelberg worked with CERPOD staff and consultants to design a manual to be tested in Mali.

16. Dissemination—ECSA

cf. Item#5 in the Nutrition Section.

This quarter SARA has received Quarterly Dissemination Reports from KEMRI (Kenya) and CEDHA (Tanzania). Both institutions are moving ahead to gather fugitive materials produced in their countries, KEMRI working on collecting nutrition information, CEDHA on adolescent health and maternal mortality. In other Center news: Zambia's center is planning its own health-related home page on the Internet. Both KEMRI and the Malawi Center in the MOH are reviewing media coverage on reproductive health, and the Makerere Child Health and Development Centre is working with two journalists of the Health Press Association.

17. Dissemination—other

The dissemination and advocacy plans of the various units have progressed in this quarter, with assistance from Porter/Novelli (health care financing, emerging threats & crisis response) and from Francy Hays working with Judy Brace and Jim Williams (education). Some of the plans are being put into action, e.g., some education materials are being transformed into syntheses. Other materials are underway, including the ERNWACA "state-of-educational-research" study completed by Richard Maclure, that is being translated into English, and will be produced into English and French.

The (incomplete) draft Advocacy Guide was field tested in Dakar at a WHO/DHS workshop that analyzed the data collected by DHS on male involvement in family planning. The participants received training in using the Guide, and were extremely favorable about the concept, the training, and the materials.

AREA VIII: AFRICAN INSTITUTIONS

1. Implement and evaluate contracts with partner African institutions:
- CERPOD (subcontract)
- Continue oversight of CRHCS/ECSA dissemination sub-contract, and manage the processing of new national dissemination centers.

2. Provide support and technical assistance to:
- ERNWACA (purchase order)
- ERNWACA national researchers (purchase orders)
- Monitor ERNESA purchase order for deliverables; review output

Judy Brace has been corresponding with the new ERNESA Chairperson, who is pushing to keep the work on schedule.

3. Explore joint activities with:

- ORANA

cf. Items in Nutrition section, and coordination with SANA.

- Networks and professionals associations as advocacy groups for reproductive health (e.g., skills-building workshops). Suzanne also held initial meetings with the AIDS research network for West Africa (NARWCA) and put its new coordinator in touch with ACI in Dakar.

cf. Items in Reproductive Health section on the Advocacy Workshop in Dakar.

- Network of Public Health Training Institutions (NAPHI)

cf. also item 3 in the Cross-Cutting Issues section on CESAG..

Earlier this year, Suzanne Prysor-Jones met with the Drs. Bukenya and Matchaba of the Network for African Public Health Institutions (NAPHI) in Lake Victoria, Zimbabwe; they discussed the next steps to operationalize the proposal for NAPHI-AED collaboration in nutrition under the SANA Project, mostly for improving nutrition teaching in public-health training settings. NAPHI is also interested in other areas, such as health reforms, disaster preparedness, and reproductive health. Drs. Bukenya and Matchaba were in Victoria Falls attending a meeting of networks concerned with health research in Africa, and the meeting was an important first step to coordinating on several fronts: information sharing, training and capacity building, advocacy, priority-setting for research. HSR, ENHR, SOMANET, UPP (University Partnerships Program), IHPP, INCLEN, CRHCS/ECSA, and the GTZ Reproductive Health and Health Reform network were present. SARA was the only other agency there. Next steps were identified. One is that GTZ is working with HealthNet to set up AFORNETS (African Forum of Networks in Health Research for Development) for electronic conferencing.

Suzanne also held meetings with the Health Systems Research Project based in WHO/Harare that served to clarify next steps on updating the HSR training modules with a view to their integration into NAPHI settings. These steps were described above, culminating in Duale's travel to Harare in June. Cf. Discussion of NAPHI above, VII: 8.

In Nairobi, Suzanne also met with Dr. Festo Kavishe, Regional Nutrition Advisor for UNICEF/ESARO (East and Southern Africa Regional Office) to discuss SARA and SANA activities and how to best coordinate with the UNICEF regional and country programs, and with REDSO to discuss, among other things, the logistics for hiring the SANA/AED regional advisor.

Finally, Suzanne traveled on to Brazzaville for the WHO/AFRO meeting on ICMI (Integrated management of childhood illness -- the new WHO name for ICM, integrated case management) was attended by both UNICEF Regional Offices, GTZ/Tanzania, BASICS Washington and Dakar Regional Offices, as well as by WHO/Geneva/CDR and several WHO/AFRO units. The latest version of the SARA/BASICS Guide for the Introduction of ECM was given out. AFRO is to get back to us with a decision on how they wish to use it. Some agreement was reached on the steps for implementing ICM, and coordination mechanisms were discussed for early-use countries, which include Mali, Senegal, Niger, Madagascar, Zambia, Uganda, Tanzania, Ethiopia and, possibly Eritrea, Botswana, Congo, Ghana, and Sierra Leone.

4. Explore mechanisms to involve African experts in the HHRAA implementation process.

5. Foster professional linkages with:

- The Society of African Gynecologists and Obstetricians (SAGO). SARA will be taking parting technically and financially in the next SAGO meeting, in December in Abidjan.
- The West African Reproductive Health Network. Cf. II:8 above.
- The Network of African Public Health Institutions. Cf. VII:8 and VIII:3 above.
- The World Bank's Better Health in Africa Initiative. No action this quarter.
- Networks of AIDS Research in Africa (NARESA, NARWCA). Cf. Item 3 above.
- WHO/AFRO. Cf. IMCI, I:5.
- WHO Health Systems Research Group. Cf. VII:5.
- Council on Health Research and Development and the Essential National Health Research Initiative (COHRED/ENHR). Suzanne met with Dr. Owor of the African ENHR Secretariat to discuss the possibility of reviewing the booklets

for researchers on improving research utilization at the next ENHR meeting in Kampala, scheduled for next quarter.

6. Electronic linkages with African partner institutions.

SARA consultant, Gail Kostinko, has produced a number of materials for SARA related to HealthNet. During this quarter, she finalized and submitted a "Directory of HealthNet Users in Africa" developed from the responses received to a questionnaire circulated to all HealthNet users in Africa. While the response rate was modest (98), it nonetheless provides an initial tool to increase contact among individuals, organizations, and institutions that share similar interests. The directory divides respondents into health topic areas, into geographic (country) areas, and lists them alphabetically. A large number of those responding were willing to be topical resource persons for others, which is gratifying. We hope this will enable users with questions on specific health issues to identify and contact the most appropriate experts who are on the network.

Gail has also developed "HHRAA/SARA SUMMARIES." These are summaries of key SARA documents, and have been launched on a HealthNet electronic bulletin board. African users of HealthNet can read the summaries, and, if interested, can access the HealthNet archives where the full text of each documents is available.

These online documents now include:
AIDSCOM Lessons Learned
Improving Feed Practices during Childhood Illness
Knowledge Utilization and the Process of Policy Formation
Population and the Environment/Workshop proceedings
Action for Better Health in Africa (whole document, part 1)
Action for Better Health in Africa, part 2)
Population Dynamics of sub-Saharan Africa (whole doc., part 1)
Population Dynamics of sub-Saharan Africa (part 2)
Population Dynamics of sub-Saharan Africa (part 3)
DFA Report: Africa: Growth Renewed, Hope Rekindled (overview part 1)
Africa: Growth Renewed...(overview, part 2)

These summaries are also accessible through SatelLife's Home Page: <http://www.healthnet.org>.

AREA IX: MANAGEMENT

1. Support the management, monitoring and the evaluation of the HHRAA/SARA activities. Impact evaluation of key SARA activities, management system in place, reports produced

Reports have been submitted in accord with contract requirements.

2. Prepare, execute and monitor subcontracts with:

a. CRHCS/ECSAHC

This contract is proceeding as planned, though there has been some internal instability at ECSA. We are requesting a six-month no-cost extension for the dissemination component, because of the SARA extension and because the pace of implementation of the dissemination component, with its particularly heavy contracting element, requires an extension.

b. CERPOD

This contract is proceeding as planned. We are requesting a one-year extension because of the SARA extension and because the addition of the Journalists Project to the CERPOD workplan requires additional time and money.

c. Other African institutions

Our only other contract with an African institution at this time is with African Consultants International. This IQC is being accessed regularly, as documented in other places in this report.

3. Support SD portfolio reviews and follow-up actions under the HHRAA project. SARA participation in working groups and implementation of follow-up actions

cf. Sector sub-sections in this document.

4. Maintain reporting schedule per contract

On schedule.

5. Draft and track task orders and cables

This is our daily bread.