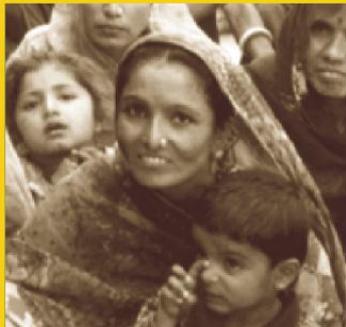




**PARTNERS OF THE
IMPLEMENTING BEST
PRACTICES (IBP) INITIATIVE**

ANNUAL REPORT
December 2004 to December 2005



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HIGHLIGHTS

IBP Consortium

- The IBP MOU was extended for another two years.
- CARE and Futures Group are considering becoming IBP members.
- The IBP Coordinating Committee met in January and July 2005 to review its strategic plan and develop a programme of work.
- The IBP Steering Committee also met in January and July and defined its responsibilities.
- FHI handed over Chair of the IBP Consortium to IntraHealth in August 2005.

IBP Programme of Work

- The Learning Organizations Task Team planned to do a literature review on “learning organizations.”
- The “How to Guides” Task Team drafted new versions of how-to guides for the mini-university, tech café, information fair, and poster session.
- The Leading Change Task Team is developing a tool for leading change and continues to meet every other month.
- IBP Secretariat and members are working with WHO to support the development of communities of practice in nursing and midwifery.
- IBP partners and the IBP Secretariat have provided technical inputs to eight different meetings and conferences.
- IBP supported a panel at the December 2005 meeting of the American Public Health Association on the IBP Initiative.

Country Support Activities

- WHO/AFRO, USAID, and IBP partners organized a meeting (Feb 2005) on repositioning family planning in West Africa.
- IBP and The Policy Project are working to organize a technical meeting during the Pan African Parliament in late 2006.
- IBP follow-up visits were undertaken in Zambia, South Africa, Ethiopia, Kenya, Tanzania, and Uganda. Updates from Africa include the following:

Benin

IBP, WHO/RHR and UNFPA are working with a team of in-country partners and the MOH to support updating of technical guidelines and sharing of good working practices.

Tanzania

Twenty-one organizations and the MOH participated in a coordination meeting and established a permanent coordination task force. They also formed subcommittees to work on family planning, safe motherhood, adolescent SRH, IEC/BCC, and MIS.

Kenya

The Kenya IBP team has reached many of the goals set at the IBP launch meeting. A key to success was the strong leadership from the Ministry of Health.

Ethiopia

The IBP team developed a proposal for integration of FP, which is now being turned into a programme of work. USAID and IBP may organize an IBP/MAQ activity.

Uganda

The IBP Uganda team plans to meet regularly and share its successes in working on advocacy.

Philippines

The IBP Secretariat, JHPIEGO and MSH/LEAD are working with in-country partners to assess the feasibility of developing a multisectoral strategy to update and operationalize government FP clinical standards.

India

The Jharkhand Health Society (JHS) was formed in September 2003. The government of Jharkhand and the JHS have asked IBP to support their activities.

WHO-UNFPA Strategic Partnership Programme (SPP):

The IBP Secretariat is working with the WHO-UNFPA Strategic Partnership Programme (SPP) to support activities in countries in which both IBP and SPP activities are both happening. They include Zambia, Nigeria, and Burkina Faso.

IBP/ECS Knowledge Gateway

The ECS has been renamed IBP/ECS Knowledge Gateway. Since being launched in September 2004 it has grown to include over 3,300 individual members and 115 communities.

Advocacy material

The IBP brochure and Knowledge Gateway insert have been updated, along with a new IBP Bookmark in collaboration with HCP and INFO.

1 IBP CONSORTIUM

1.1 Extension of the IBP Consortium Memorandum of Understanding

In accordance with the IBP Consortium Memorandum of Understanding (IBP/MOU) a letter requesting an extension of the IBP/MOU for another two years and a short summary of IBP accomplishments was sent to all Heads of Agencies in September 2005. All partners signed the new agreement by the end of October 2005.

1.2 New Members

The IBP Secretariat held discussions with CARE and Futures Group about becoming members of the IBP Consortium. CARE is keen to join the Consortium, but waiting for the placement of its newly assigned Knowledge Management Adviser in January 2006. The Futures Group is working with the partnership on IBP activities involving Parliamentarians and the preparation of advocacy materials for WHO/AFRO/USAID Repositioning Family Planning strategy. Membership is being discussed internally, and CARE and Futures are expected to contact the Secretariat in early 2006.

1.3 IBP Consortium Co-ordinating Committee Meetings

The IBP partners have held two IBP Co-ordinating Committee Meetings, in January and July 2005. The first meeting focused on reviewing the objectives and action items of the 2005 – 2007 IBP Strategy. This was the final phase of a detailed strategic planning process initiated and led by the Public Health Institute, Population and Leadership Program. The outcome was a programme of work agreed to by all partners. Partners prioritized activities, established Task Teams and selected specific assignments to either work with or lead. The second meeting, held in July, focused on reviewing the progress of each Task Team.

IBP partners from the Africa region, UK, and Malaysia were unable to attend these meetings. Arrangements were made to share the draft programme of work by tagging an IBP planning meeting onto local meetings, through individual

visits to IBP partner agencies by the IBP Secretariat, or through electronic communication. IPPF has been going through a process of restructuring and would like to play a more active role once the new teams have been formed and staff members are in place. RCQHC, Makerere, ICOMP, and CAFS will, where possible, support regional and country activities, but have difficulties in participating fully in IBP Consortium activities, because of funding constraints.

1.4 IBP Steering Committee

The Chair of the IBP Consortium reconvened the IBP Steering Committee of founding IBP members and held two short meetings on 19 January and 21 July 2005. It was agreed that the Chair, in co-ordination with the IBP Secretariat, would work with members of the IBP Steering Committee to:

- Better define the operating procedures and definitions of the consortium, including how to market the consortium in a way that might attract additional resources to support its work.
- Further define operating procedures, roles, and responsibilities by beginning the process of creating an operating manual.

The IBP Consortium Operating Guidelines, which define membership criteria, structure, and roles and responsibilities, have been redrafted and reviewed by partners. A paper redefining the strategic vision and direction of the IBP Initiative was finalized in December 2005.

1.5 Chair of the IBP Consortium

Over the past year Family Health International (FHI) has enthusiastically and competently chaired the IBP Consortium, under the leadership of Mike Welsh, with support from Jason Smith, Wendy Castro, Reshma Naik, and Erika Dempsey. All partners have highly appreciated the exemplary fashion in which FHI has supported the IBP Consortium. The Chair has worked closely with the IBP Secretariat to move forward a number of activities including

finalizing the IBP strategy, developing and implementing an extensive programme of work, revising our operating guidelines, and making our presence known in more and more countries.

In August 2005, a "handover" meeting was held by the Chair involving representatives from the IBP Secretariat, USAID, and IntraHealth. The purpose of this meeting was to review with the future Chair, IntraHealth, lessons learned and the role of the Chair and Secretariat. The Chair passed the "Chair's Binder" including meeting minutes and draft versions of the Operating Guidelines to IntraHealth.

In October 2005, the Chair was officially handed over to IntraHealth. The Secretariat, on behalf of IBP Consortium members, thanked FHI for its cooperative, productive working relationship with Consortium members. IntraHealth was warmly welcomed as the new Chair of the IBP Consortium. IntraHealth, under the leadership of Pape Gaye, has been a champion of the IBP Initiative since it began in late 1999.

1.6 Video Conferences

The IBP Secretariat has been experimenting with convening videoconferences to support planning meetings. Three videoconferences have been held involving the Chair, the IBP Secretariat, PLP, and the IBP/ECS Knowledge Gateway Steering Committee. Videoconferencing has proved to be a highly productive and effective way of meeting and will be incorporated more into the IBP work agenda over the next year.

1.7 USAID

USAID has continued to provide strategic inputs as well as financial support to the members of the IBP Consortium and is disseminating best practices more broadly (e.g., through the new global Extending Service Delivery [ESD] Project and other partners). USAID, through the Public Health Institute, Population Leadership Programme, has continued to provide technical support to the IBP Initiative through the secondment of one senior adviser to the IBP Secretariat at WHO/Geneva.

2 IBP PROGRAMME OF WORK

IBP partners function in Task Teams and have undertaken the following activities:

2.1 Learning Organizations (Objective 1.3)

The Task Team elected to undertake a literature review about "learning organizations." Individuals have shared materials with the group and an intern at WHO undertook a very short search of the literature. This Task Team will refocus its energies on planning a meeting with partners to share both the technologies and strategies being developed to support knowledge sharing within their organizations and projects.

2.2 "How to Guides" Task Team: Mini University, Technology Café, Information Exchange Bazaar and Poster Sessions (Objective 2.1)

The Task Team met at the end of April 2005 to prepare an initial draft of the How-to Guides: *Organizing a Mini University, Organizing a Technology Cafe, Organizing an Information Exchange Fair, and Organizing a Poster Session*. These guides are currently being used by members of the Jharkhand Health Society, India, as the basis for preparing a District Managers Meeting to launch the reproductive health component of the RCH II strategy. Once feedback has been received, the guides will be revised, reviewed by partners, finalized, and published on the IBP Web site. The Technology Brochure will be circulated to partners to update with 2005/6 publications and then re-published on the new IBP Web site.

2.3 Leading Change Task Team - IBP/MAQ "How to Guide" on Fostering Change (Objective 2.2)

The purpose of this Task Team is to develop a framework for leading change to adapt, utilize, and scale up best practices in health. The Task Team has held three meetings, in July, August, and October 2005, and also works electronically through a Community of Practice on the IBP/ECS Knowledge Gateway.

A full report of the work of this Task Team is available from Management Sciences for Health (MSH), which is leading the task team. In summary, the Leading Change Task Team has specified its audience and agreed that the final

product will be a package of materials and tools focused on how to:

- 1) Create the conditions and capacity for change at all levels of the system
- 2) Use the Change Agent Guide (from the latest MSH *Manager*) to support change and utilization of best practices
- 3) Identify supporting materials

The product guides those who are in a position to lead change at local levels and those who are in positions to foster change, like IBP members at international and regional levels. The three items above will be in this package – starting from how and where to begin the change process, through rapid dissemination, and when appropriate, through scaling up the change.

The Leading Change Task Team will complete the guide, monitor its use, and share experiences and lessons learned. The Task Team will test the utility and practicality of the package in at least two countries and work with IBP members to integrate the approaches and materials into work at the country level. The overall objective is to connect evidence-based practices for successful change to the introduction and scale up of evidence-based clinical and programme practices.

2.4 Event Calendar (Objective 2.3)

Our partners have contributed to and maintained an Events Calendar on the IBP/ECS Knowledge Gateway.

2.5 Professional Associations (Objective 2.4 and Objective 3.1)

Global Alliance of Nursing and Midwifery

This task is being undertaken in close collaboration with the WHO Department of Nursing and Midwifery and the WHO Department of Knowledge Communities and Sharing. The purpose of this team is to work with key WHO Nursing and Midwifery Collaborating Centres to help them form a Global Alliance for Nursing and Midwifery and use the IBP/ECS Knowledge Gateway to establish Communities of Practice that focus on three key areas of

action: HIV and the Family, Improved Maternal Health, and Distance Education.

In June 2005, a meeting was held at WHO, in Geneva, to discuss the formation of a partnership based on the principles of the IBP Initiative. In November 2005, another meeting was hosted by the Johns Hopkins School of Nursing, in Baltimore, supported by IBP partners, to establish a Steering Committee and form the Global Alliance for Nursing and Midwifery. It is envisaged that this initial activity will lead into a larger one that involves improving access to and the use of information within international and country-based nursing and midwifery training institutions and professional organizations. A proposal for the next phase of activities will be submitted to the partners at the next IBP Consortium Co-ordinating Committee Meeting to be held in May 2006.

Knowledge sharing with professional groups and organizations

As part of our programme focused on enhancing knowledge sharing with professional organizations and agencies, the IBP Partners, in collaboration with WHO Country Offices, have provided technical inputs to the following international conferences, meetings of in-country professional associations, and in-country meetings:

- African Reproductive Health and Research Training Network, 23 - 25 January 2005
- Repositioning Family Planning in West Africa meeting held in Accra, Ghana, February 2005
- The Forum for Youth and Adolescents in Reproductive Health in West and Central (Francophone) Africa, June 2005
- 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 18 - 21 October 2005
- The Society of Gynaecology and Obstetrics of Nigeria, (SOGON), November 2005
- East, Central, and Southern Africa Obstetrical and Gynaecological Societies, (ECSAOGS), Tanzania, November 2005
- Steering Committee Meeting: Communities of Practice in Nursing and

Midwifery, Geneva, June 2005, and Baltimore, 9 -11 November 2005

- WHO/AFRO/USAID Repositioning Family Planning Meeting to Prepare an Advocacy Kit, Geneva, 9 - 11 November 2005

2.6 133rd Annual Meeting American Public Health Association (APHA) 10 - 14 December 2005 (Objective 2.5)

The partners of the IBP Initiative supported a panel discussion that provided an exposition of the Implementing Best Practices (IBP) Initiative on Tuesday, 13 December 2005. IBP partners submitted an excellent selection of abstracts for this meeting and the panel presentation involved representatives from FHI, WHO/RHR, JHSPH/CCP/INFO, IntraHealth, MSH, and Georgetown University. The presentation and abstract submitted by FHI and the IBP Secretariat are available in the library of the IBP/ECS Knowledge Gateway, IBP Partners Community.

3 Country Support Activities

3.1 WHO/AFRO and USAID led Repositioning Family Planning (Objective 3.2)

A meeting focused on "Repositioning Family Planning in West Africa" was held in Accra, Ghana, 15 - 18 February 2005. The meeting was sponsored by WHO/AFRO, USAID, Advance Africa, AWARE-RH, and the Policy Project, and supported by the Ghana Ministry of Health, the West African Health Organization (WAHO), UNFPA, the International Planned Parenthood Federation (IPPF), and other collaborators including IBP partners. The meeting was designed to follow up the major resolution by African Health Ministers at the 54th Regional Committee meeting of the WHO/AFRO, held in September 2004 in Congo, Brazzaville, to reposition family planning on the continent over the next ten years.

The conference provided a forum for key stakeholders in West Africa to advocate for repositioning family planning as a critical strategy in addressing the impact of unmet need, reproductive rights, and poverty reduction. Over 250 representatives from 15 West African countries attended the meeting.

As part of the follow-up to this meeting, the IBP Secretariat has met with representatives from USAID to clarify the role of the IBP partners. It is proposed that IBP partners support in-country activities and the preparation of a package of advocacy materials. A meeting was held at WHO in Geneva, in November 2005, with participants from USAID, the Policy Project, WHO/AFRO, WHO/RHR, and the IBP Secretariat to initiate the preparation of a set of advocacy materials.

Partners have also been requested to support an analysis of the role and experiences of, and the lessons learned from, lower level workers in community-based distribution programmes designed to improve maternal health and family planning programmes. This proposal will be presented for discussion at the next IBP Consortium Committee Meeting, to be held May 2006.

3.2 Pan African Parliament (Objective 3.3)

Discussions involving the Policy Project have been held and plans are being prepared to support technical discussions at the next Pan African Parliament, in March 2006, which may result in a technical meeting, held during the Pan African Parliament later in the year.

3.3 Country Follow-up Activities (Objectives 3.4, 3.7, 3.8, 3.9 3.10)

AFRICA

IBP follow-up visits have been undertaken in Zambia, South Africa, Ethiopia, Kenya, Tanzania, and Uganda. These visits provided follow-up to support country teams and to assess what activities these teams were able to carry out since the IBP/SPP Launch. Perhaps most importantly, this visit demonstrated how IBP functions at the country level and how this should translate to IBP's overall vision, goals, and purpose.

Benin

As part of the follow-up to the repositioning meeting, the IBP Secretariat, in collaboration with the WHO/RHR and the UNFPA-supported Strategic Partnership Programme, undertook a mission in November 2005. The purpose of this mission was to create a team of in-country partners willing to work with the Ministry of Health to support the updating and dissemination of technical guidelines and the identification and sharing of good working practices from Benin. A proposal for the next phase of activities will be presented at the IBP Consortium Co-ordinating Committee Meeting.

Tanzania

The country team has advanced considerably on their action plan, but as individual agencies, rather than in a co-ordinated effort. Agencies involved in the IBP launch felt that they had gained a lot from the launch and that sharing of best practices (or good working practices being tested throughout the country) was essential; however, effective co-ordination was lacking. During the visit to Tanzania, a coordination meeting of all Reproductive and Child Health

partners was held. Although this was not meant to be an IBP activity, it in essence was exactly what the IBP country team should have been doing – meeting under the guidance of the Director of RCHS to coordinate efforts. Twenty-one organizations attended as well as concerned MOH departments. As a result of the meeting, a permanent coordination task force was established. Subcommittees were formed to focus on the following sub-groups: Family Planning, Safe Motherhood, Adolescent Sexual Reproductive Health, IEC/BCC, and MIS. This particular meeting was supported by JHPIEGO and it was decided that the semi-annual meeting would be supported by different partners.

Next steps

- Put all members from the coordination meeting on the IBP/ECS Knowledge Gateway and conduct a training programme.
- Work with the RH focal point, Dr. Theopista John, and UNFPA and ensure that SPP activities and IBP efforts are coordinated.
- Follow up with EngenderHealth to write up specific country experiences following the IBP launch (i.e., COPE)

Kenya

The Kenya IBP team has been very active and successful in reaching many of the goals they set as a result of the IBP launch. The team's goal was to reduce maternal mortality through family planning through a series of advocacy, training and logistics activities. Key achievements have been to secure national resources for family planning, the formation of a family planning caucus, and development of a training module for service providers. Key to the success of this group was an already strong leadership from the Ministry of Health (MOH) that established a coordination framework in which IBP is situated. The Kenya experience demonstrates how organizations can work together and support the Ministry and how the involvement of the MOH is key to the success of the programme.

Next steps

- Connect MOH with potential assistance (i.e. ,UNICEF) to write up best practices.
- FHI will write up how IBP advocacy work produced the FP line item in the National budget.
- Discuss possibility of best practice meeting.

Ethiopia

The IBP country team has met often since the Uganda launch. They developed a proposal for the integration of HIV and FP. The proposal was submitted to UNPFA, JICA, Gates, WHO, and USAID. At present no funding has been made available, and it is not really clear why funding is needed because much is being done in this area. What seemed lacking in the proposal was an analysis of who's working where, what materials already exist, and how organizations already working in the field can collaborate. The proposal is now being turned into a program of work that will not need any additional funds.

USAID organized a field trip to Sheshamane where a hospital and health center site, both supported by Pathfinder, were visited. The focus of the trip was to see the FP and VCT sites and to discuss possible coordination of the two. This, of course, seems totally feasible given that both services are available on site! Defining exactly what we mean by counselling, however, came up as a key issue. When and how much information do you offer at a VCT site? Do we actually mean counselling or just a referral that needs to be made? Do existing counselling materials need to be revised? A local home-based care nongovernmental organization (NGO) for people living with HIV was also visited, which seems an appropriate programme in which to introduce family planning.

Meetings with USAID's Health and HIV staff were very productive. The focus of USAID discussions generally were to make sure that USAID was supporting the IBP partners funded by them to work together in an integrated, collaborative way. The second issue, which everyone agreed upon, was the continued effort to collaborate between the HIV and child and reproductive health projects. Finally, meeting with the Minister of Health and the Deputy Family Health team leader was very helpful and encouraging in terms of their support for IBP. The Minister is supportive of the IBP effort in general, and specifically the project to integrate FP into VCT and PMTCT. Discussions were also held on the MOH-led innovative health extension worker program, which could prove interesting to follow and study as a potential best practice.

USAID will discuss with IBP partners at the IBP Consortium Co-ordinating Committee Meeting

in December 2006 the possibility of planning an IBP/MAQ country-specific activity to introduce evidence-based guidelines and to support taking local effective practices to scale.

Next steps

- Follow-up possible collaboration with the Gates Institute.
- Plan IBP/MAQ meeting in collaboration with DHS dissemination meeting.
- IBP proposal (HIV and FP integration) to be transformed into a workplan by Pathfinder.
- USAID will put a monthly IBP update on the ECS. Encourage more use of the ECS.
- Follow-up to see how IBP can be more integrated into the MOH, possibly working with the RH task force.

Uganda

The Health Communication Partnership (HCP), based at the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, has drafted an extensive report on activities in Uganda, which will be submitted to partners for review. The team was enthusiastic about the launch and how it affected the RH work that is being accomplished in-country. In particular, the launch emphasized for the team the need for advocacy, and the team took this very seriously in developing its country plan. As a result, advocacy efforts targeted at the country's politicians, including the President, have resulted in RH being made a priority area and increased funding for contraceptives. It appears that the team had been very active in the past, but over time has not met regularly. In spite of that, activities have advanced significantly. All members of the team realized that they could do much more if they met more regularly. What the team also realized was that the effect of IBP was felt even before the Launch, with the identification of key partners and a situation analysis.

USAID Uganda has been extremely supportive of the IBP effort. Steve Wilbur (JSI/Deliver) provided a good overview of the logistics situation in Uganda. JSI/Deliver works closely with the MOH and has been able to involve UNFPA more closely. Their programme is very large and not only assists the MOH with FP supplies, but also with vaccines, lab supplies, ARVs, test kits, and TB drugs. JSI, as a member of IBP, attended the launch. JSI also has the AIM

(HIV) and UPHOLD (integrated health and education) projects in Uganda. All have had some involvement in IBP and could be key players in the future.

Lastly, our meeting with Linda Andrews, EGPAF, was very interesting. Although EGPAF is not a member of IBP, Linda attended the IBP launch and as a result was motivated to initiate the cutting edge work she is doing in the area of integrating HIV and FP. Through her psycho-social support groups, she has had a lot of success at integrating the two areas. Because many IBP partners are interested in HIV-FP integration, it will be important to have her information shared through the ECS and other venues.

Next steps

- Continue to encourage team to meet more often.
- Share advocacy work (successes) among partners as well as HIV and FP integration work primarily being done through EGPAF.
- Follow-up with RCQHC to help support IBP in country, but also to collaborate on performance improvement and management efforts, which they are currently discussing developing.

Follow-up issues for IBP partners to consider

- E-mail all teams to encourage ongoing collaboration and see what kind of long distance assistance partners can offer.
- Make sure that all countries working on SPP work closely with the IBP country teams to share information and coordinate ongoing adaptation and implementation of guidelines. Joint follow-up meetings/visits may be helpful.
- Contact certain organizations that are players in countries, but not already IBP members (i.e., AED, ABT, Save the Children, etc). Country teams could identify these organizations and the Secretariat or Chair could contact them with information on how to join IBP.
- Document best, promising, and working practices in each country and provide venues for sharing and analysing them. Add presentations and analysis to already planned meetings and conferences.

- Reinforce in the IBP vision and objectives: that the IBP Consortium must be dedicated to supporting the MOH in countries to maximize resources and coordinate efforts of all RH actors (not just IBP members). Consortium members' headquarter offices must communicate this message to their country offices and reinforce the capacity of these offices to carry out this vision.
- Support teams to work together and develop their capacity to coordinate. One idea would be to develop a proposal to fund gaps in services in different countries. A country team would show how they have identified how to coordinate their programs/projects, which would demonstrate and reinforce this effort, while at the same time they would identify exactly where there were gaps (geographic, resources, etc.) that needed funding.
- Explore the possibility for IBP to develop and offer countries an easy mapping tool to identify which organizations are covering which geographic areas in which technical areas.

Scaling up of effective programmes in-country

Philippines (Objective 3.6)

The IBP Secretariat, in collaboration with JHPIEGO and MSH/LEAD, undertook a mission to the Philippines to assess the feasibility of developing a multisectoral strategy to support the updating and operationalization of the Department of Health's (DOH) updated Family Planning Clinical Standards. This work built on a regional SPP workshop that was held to introduce recently published WHO reproductive health guidelines. A concept paper has been written and accepted by the DOH and discussions are currently being held to plan the implementation of the guidelines once they have been published. JHPIEGO will provide follow-up activities with support from the IBP Secretariat.

India, Jharkhand (Objective 3.4)

Follow-up visits and support to the four States, Jharkhand, Uttar Pradesh, Uttaranchal and Andhra Pradesh, have been provided through the WHO Country Office, supported by the IBP Secretariat. Input tends to be on an *ad hoc* basis and in response to requests for assistance from in-

country partners. The IBP India Steering Committee has met three times this year, but many political and project changes occurring over the last year have reflected both on the structure and functioning of this committee. At the last meeting of the IBP India Steering Committee, in November 2005, it was agreed that in-country partners would support Jharkhand to convene a District Managers Meeting. It was noted that the Steering Committee had lost a great deal of momentum and discussions are being held to decide whether it should be restructured or discontinued.

The Jharkhand Health Society (JHS) was formed after the launch of the IBP Initiative, in September 2003. The JHS has increased its membership and provided a common meeting ground for local NGOs and international agencies working in Jharkhand to foster partnerships and co-ordinate activities between themselves and the Department of Health and Family Welfare.

The Director, Department of Reproductive Health, World Health Organization, has received a request from the Secretary of Health and Family Welfare, Government of Jharkhand, for the IBP Partners to support the JHS to expand its mandate and membership, enhance effective co-ordination of activities, and support the State Government to advance the reproductive health agenda of the RCH II strategy. IBP partners are requested to play a role in supporting the exchange of evidence-based guidelines and experience to create a common platform for more cohesive action from the diverse group of stakeholders in this field. A proposal to support Jharkhand was made at the IBP Consortium Co-ordinating Committee meeting in December 2005. This will be followed up in 2006.

3.4 Synergies with WHO/UNFP Strategic Partnership Programme and WHO/RHR Strategic Approach

The IBP Secretariat is working closely with the WHO-UNFPA **Strategic Partnership Programme (SPP)** (aimed at enhancing the use of WHO-published, evidence-based guidelines and tools in family planning, maternal health, and STIs prevention and care) to support activities in countries in which both IBP and SPP activities have already been launched (i.e., Zambia, Rwanda, Benin, Cameroon, India, and

the Philippines). The initial regional workshops held by the SPP have involved 46 countries from five regions and focused on introducing WHO evidenced-based guidelines to the Ministry of Health, WHO, and UNFPA regional and country officers. After this initial introduction, work progresses in each country to varying degrees on the adaptation and updating of national guidelines and policies. This would seem an ideal time to increase the involvement of the IBP partnership in the SPP programmes in order to co-ordinate activities with in-country partners to update and disseminate new guidance swiftly and effectively, and identify and take to scale in-country practices that are proven to be effective.

Discussions are also taking place to link IBP with WHO/RHR's **Strategic Approach** to strengthening reproductive health policies and programmes. The programme has been working in over 20 countries and the potential for collaboration with the IBP Initiative has yet to be capitalized on. The Strategic Approach has recently started to address the issue of "scaling-up" effective practices. And because this is an area in which the partners are also working, it would make sense to identify how to foster effective collaboration between the two approaches. Possible areas of collaboration are:

Zambia

Is involved in both IBP/SPP activities and intends to introduce recently updated family planning and maternal health guidelines and scale up effective programmes. This would seem an ideal opportunity for IBP partners to be more involved. The Central Board of Health has led the updating of local guidelines, and discussions are being held to determine how to share in-country experiences and take to scale programmes that have been successful.

Nigeria

An initial ARH strategy has been developed, but not much progress after that. Currently, interest is renewed, and it would be timely to explore possibilities with partners to support the Strategic Approach to take this effort forward.

Burkina Faso

Is exploring the possibility of working with the IBP partnership. They completed a Strategic Approach assessment in 1996-97. They had wanted to move forward, but nothing ever continued. There would be potential to start up where they left off, particularly because IBP has received some requests from Burkinabe organizations.

A proposal to foster collaboration will be made at the IBP Consortium Co-ordinating Meeting. Refer to www.expandnet.net for more information about scaling-up and the strategic approach.

4 Advocacy Materials (Objective 4.1)

The IBP Advocacy Brochure, IBP/ECS Knowledge Gateway Insert, and Bookmark have been re-written, reviewed, and revised in collaboration with JHBSPH/CCP/INFO Project and the Health Communication Partnership (HCP). These materials have since been published and are available to the partners. Work will be initiated early 2006 to update and revise the IBP Web site.

5 IBP/ECS Knowledge Gateway

The IBP/Electronic Communication System (ECS) was launched in September 2004, and use of the system has rapidly exceeded expected growth over this year. At the IBP Consortium Committee meeting held December 2005, the IBP/ECS was renamed the IBP/ECS Knowledge Gateway. A fourth phase of enhancements is currently being completed that will provide additional features that will allow individual agencies to customize their own communities. A demonstration model has been set up for the WHO/RHR- and UNFPA-supported SWAps/PRSP Communities of Practice.

The IBP/ECS Knowledge Gateway now has over 3,000 members in the Global Community and supports 115 virtual online communities. Partners have also created active communities to support their activities and those of the IBP Consortium. Other Departments within WHO have started to use the system. JHBSPH/CCP/INFO Project took over paying for the hosting of the system from WHO/RHR in June 2005 and is now also providing the day-to-day administrative support. JHBSPH/CCP/INFO Project has signed a formal MOU with WHO/RHR to manage the IBP/ECS Knowledge Gateway jointly. The IBP/ECS Knowledge Gateway continues to be hosted by the developer, WA Research. A Steering Committee has been formed that involves IT and technical experts from both agencies. The IBP/ECS Knowledge Gateway Steering Committee held a videoconference to discuss the management and future development of the IBP/ECS Knowledge Gateway. The WHO Department, Knowledge Sharing and Communities, remains involved with the development of the system and has fostered its use by other Departments within WHO. All parties have contributed funds to manage and develop further the use of the IBP/ECS Knowledge Gateway.

The IBP/ECS Knowledge Gateway was the venue for an Online Discussion Forum supported by YouthNet, INFO, and WHO/RHR on Adolescent Reproductive Health in April-May 2005. This forum involved over 650 participants from 82 countries. Another Online Forum supported by INFO, PATH, and WHO/RHR on the Female Condom was held in October 2005. Over 350 individuals participated.

Partners have continued to upload their publications and use the system within their own agencies.

Please see **Annex 1** for a report on work with the IBP/ECS Knowledge Gateway.

ANNEX 1

Electronic Communication System (ECS) Update – January - December 2005

Goals:

After the ECS Task Team meeting (held on December 1, 2004), ECS Task Team members committed themselves to the following tasks:

1. Familiarizing themselves with the ECS
2. Reviewing and revising the IBP/ECS brochure
3. Reviewing the “how-to” documentation (IBP tutorial and QuickStart guides) and identifying how they could be improved, or what is missing
4. Introducing the system to co-workers and training those interested in using it
5. Creating linkages from partner Web sites to IBP and the IBP/ECS
6. Looking for ways to integrate use of the ECS into partner organization activities

Basic IBP/ECS Facts

| | |
|------------------------------|-------|
| Total membership: | 3,131 |
| Total number of Communities: | 115 |

Achievements:

- 27 ECS Task Team members, with an active online community
- Links to IBP from IBP partner Web sites including QAP, EngenderHealth intranet, ACQUIRE extranet, IRH home page, JSI Intranet, Deliver Web site, and others.
- Revised version of the ECS flier with input from all committee members
- Several task-oriented communities created by IBP partners (Development Communicators, FHI Network of Champions, SDM Evaluation, Pathfinder, INFO, MAQ, IRH, HIPNet M&E)
- Several demonstrations/trainings on the ECS organized by team members for their own staff
- ECS featured at HIPNet meeting, attended by over 35 representatives of USAID partners
- INFO and YouthNet organized a successful one-month online forum (March – April 2005) with over 650 participants through the “Youth and Adolescents” community. This was the first public IBP community to feature a planned activity that was promoted in advance outside the IBP.
- INFO and PATH organized a second (November 2005) successful one-month online forum on the female condom with over 350 participants.
- New “how-to” materials have been developed: checklist for demonstrations and training, ECS brownbag flier, guide to adding documents to the Global community library.
- New documents continue to be added to the Global community library by IBP partners. Special thanks go to Margot Kane of Pathfinder, Laura Raney, and Debra Warn of Population Council.

ECS Success Stories

Cameroon Youth Forum Discussion

A participant from the West Africa Repositioning meeting posted a notice to the IBP Global community about a conference planned for this summer in Cameroon on youth. Forty different IBP members responded to this notice with interest. IBP set up a special community for those interested in the conference. The organizers shared additional information along with application forms in this new community. The conference is planned for June 24-30. This is the first international milestone event being organized as part of the Change the World Network in West Africa for Young Activists.

EngenderHealth

The ECS has been promoted as a knowledge resource at events, meetings, and orientations, and staff members have been encouraged to join. Maggie Usher-Patel provided an overview of IBP, accomplishments and future plans at a “brown bag” lunch seminar. The seminar was well attended by program and IT staff as well as EngenderHealth board members. The ACQUIRE Project has included the ECS as a resource in its distribution list and dissemination guidance. The EngenderHealth Global Library Folder has been updated to include materials that were not previously available via the ECS.

FHI Network of Champions

Reshma Naik reported that FHI is using the ECS. She is technical monitor for a pilot project called the Network of Champions. Through this project, consultants from seven different countries (Zimbabwe, Tanzania, Uganda, Nigeria, Ethiopia, Pakistan, and India) are working to promote underused research findings through partnerships with local stakeholders such as health professionals, policy-makers, and health advocates. Reshma signed up all the consultants as well as a few field staff on the ECS, and the library has been populated with template forms, reference documents, and bi-monthly reports submitted by the Champions. Although she has had a tough time getting this group to use the system, she plans to introduce the ECS at the next orientation meeting and make it clear that this will serve as the group’s primary mechanism for communication. It was a challenge to

introduce the system to people via e-mail. Reshma felt that the ECS was “actually perfect for this type of project because the consultants are supposed to be interacting with each other, as well as with me, and we often have announcements and documents to be posted.” (April 2005)

HIPNet Monitoring and Evaluation/MAQ IUD Subcommittee

Both of these groups have used the ECS for committee activities. The MAQ IUD subcommittee is developing an IUD toolkit and the HIPNet monitoring and evaluation committee is collecting sample indicators and questions related to evaluation of print and electronic publications, with a plan to develop a set of indicators that USAID-funded projects can use for evaluation of publications. Both groups chose the ECS because of the library feature.

Institute for Reproductive Health

Jeanette Cachan of the Institute for Reproductive Health and a colleague are setting up three communities of practice to facilitate communication and the sharing of resources with counterparts in the field around different efforts including a multi-country evaluation, an impact study of the SDM, and curriculum development. Members for these communities are all different except for the leaders. The first community has about 12 members working on evaluating training efforts in five countries. They populated the community library with the evaluation protocol, data collection forms, time tables, and guidelines in three languages. They plan to generate discussion to help clarify study issues while giving members a chance to familiarize themselves with the site. Jeanette also plans to translate some key comments to/from Spanish, and she foresees a challenge. The two other communities will gather two different groups of people, one working on development of training curricula and another one working on an impact study involving public and private sector institutions.

Pathfinder International

Margot Kane set up a community for staff of Pathfinder on the ECS to develop a training

curriculum on CHBC, with 20 units. There are five authors, who frequently work from different places overseas. So far, the group has been able to avoid mishaps with e-mail failures, confusion around different versions and what is with whom, communications breakdowns, etc., in large part due to the convenient way the IBP community library is set up. So, that's been a great experience, and they are very happy with it.

Population Leadership Program

Aziz Alkharji of PLP reported that PLP's communications manager, Bob Leone, wanted to set up a virtual community for communication managers from different organizations to share knowledge. Aziz and Bob set up the community on the ECS. It is called "Development Communicators" and includes 56 members who already meet on a regular basis in person and via phone. The virtual community in the ECS enabled members to broaden their knowledge sharing capacity. Bob also mentioned that the system is really easy to use. He said that people did not use it right away but then started to use it more often. (April 2005)

West Africa Repositioning Community

USAID and its partners in West Africa organized a regional meeting on repositioning family planning in February 2005. With assistance from Advance Africa, IBP created a community for the conference participants where they could access press coverage of the event, a daily

conference newsletter, all the country action plans, and other conference-related materials.

YouthNet/INFO Online Forum

This month-long online forum was sponsored by YouthNet, the INFO Project, and IBP. The forum provided state-of-the-art information and an opportunity for connecting global best practices with country-based experiences on the subject of pregnancy prevention among youth. It was also designed to help launch an online community of practice on youth and adolescent reproductive health on the IBP ECS. More than 650 people from 86 countries joined the forum and received the postings. Of those, 87 people from 32 countries (28 of them developing countries) made a total of 129 postings throughout the forum. The postings were sent out as eighteen digests. In addition there was a welcome e-mail, weekly introductory e-mails, and a final summary. (March – April 2005)

New Communities

CARE Maternal and Neonatal Health Community in Latin America

Restricted to CARE staff in Latin America .
Goal: To strengthen institutional capacity in MNH programming, with a special focus on field staff within the country offices

Cervical Barrier Advancement Society - Clinical Trials Network (CBAS-CTN)

Goal: To discuss technical and logistical issues in trials of cervical barrier methods for HIV/STI prevention and/or contraception, and to share information about ongoing, planned and completed research. Sponsored by Ibis Reproductive Health.

Community Leaders

Goal: To group all those who lead or are planning to lead IBP ECS communities and send them regular tips, updates, advice, and share lessons learned

ExCHANGE - Expanding Community Health Care Accessibility Network for Governmental Exchanges

The ExCHANGE is a regional working group for developing, disseminating, and scaling up innovations in applying evidence-based and problem-solving processes for improving community-based health services. The IBP community of practice is a mechanism to facilitate international communication and discussion.

Family Planning Service Delivery Improvement Cooperative Agreement

For staff members at the DHHS Office of Family Planning and Title X grantees

FRONTIERS

After its recent project meeting in South Africa, FRONTIERS plans to use the ECS to enable staff members in field offices to contribute to program documents and communications staff to create an inventory of tools produced by various FRONTIERS projects to share across regions.

Jharkhand and Jharkhand Planning

Goal: To create a forum for discussion on issues related to reproductive health and health care in Jharkhand, to link members working together to achieve the goals set out in the Jharkhand Action Plan at the IBP launch conference in India, in September 2003, and to plan the launch of the IBP Initiative in Jharkhand

Nursing and Midwifery Steering Committee

Goal: To create an NMCOP for sharing, building knowledge, and adopting innovative techniques. Sponsored by WHO and its Nursing Collaborating Centres.

Obstetric Fistula

Goal: To allow participants of a recent meeting on the prevention and treatment of obstetric fistula to communicate and follow up on meeting outputs and outcomes. Sponsored by Johns Hopkins Bloomberg School of Public Health Gates Institute.

Strategic Partnership Programme (UNFPA and WHO)

Goal: The UNFPA Country Office in Uzbekistan sponsored a group that developed updated National FP and STI/RTI Guidelines for Primary Health Care Providers and started field testing in two regions.

UNFPA WHO Collaboration in Reproductive Health

This group aims is to build capacity in the area of PRSPs and SWAp to impact on reproductive health. This goal will be achieved through a process of collaborative learning and knowledge sharing and by supporting country-to-country and in-country transfer and exchange of information, experience, and expertise.

USAID Best Practices Package

Goal: To organize an online discussion among USAID staff and partners to develop a USAID Best Practices Package

Lessons Learned from Two Online Forums

1. The forum sponsor must be committed to the task of supporting the forum for the entire time period. Prior to the forum, the sponsor should have a solid plan for the structure of the forum, who in their organization will play the role of leader, and how/when they will respond to forum postings, as well as addressing the issues below.
2. The forum sponsor should develop a plan for marketing the forum to existing IBP ECS members and to potential members. The plan should include a kick-off that is effective in sending out announcements to other e-lists and organizations. Timing is important, as well as leaving enough time for marketing. We recommend a minimum of at least a month.
3. Both online forums have attracted a large number of new IBP ECS members. Adding so many new members in a short time with the current administrative system is labour-intensive. New members also need time to learn how to use the IBP ECS before the forum starts. Existing IBP members who join, but cannot remember usernames/passwords, also create additional work. In the short term, future forum sponsors could help register new members and answer “how-to” questions. In the long term, a self-registration system needs to be developed. The system should also be able to generate automatic and customizable “welcome” e-mails.
4. The forum sponsor needs to identify existing “experts” in advance – people who can participate in the forum and provide insight to the participants. The sponsor should also have available a list of online resources that can be suggested to forum participants for more in-depth information on the topic. URLs, contacts, and e-mail addresses for resources must be up-to-date and tested.
5. The forum needs periodic summaries of the discussion submissions sent as e-mails to participants.
6. Keeping the forum “alive.” In order to keep discussions going, the forum sponsor should plan in advance what will be e-mailed in the event of a no-submission day.

Kudos from Individual IBP Members

“I just need to say how pleased I am to be able to receive the information that you send out. Your announcements and information keep us informed in ways that I have not been able to find otherwise. Thank you very much for your shared work.”

(Canada)

“This network is very efficient and I love working with the group on this.”

(Ghana)

“Thank you for making me a member of this community. I'm very grateful to you for giving me this kind of opportunity. I expect to learn much.”

(Nigeria)

“Thank you very much for keeping in touch and sharing with me several updates on RH/FP Maternal Health. I have applied for the October meeting on Engaging men and boys in RH/Maternal/ HIV training. . . I have also shared the research finding on the possibility of providing injectable contraceptives through community based health workers with my colleagues in my Office at RCHS in Dar. They are all happy and motivated to read and implement BEST PRACTICES.”

(Tanzania)

“Thanks for the prompt reply and for getting our organization registered in the community of IBP. We have been working with women's groups in different interventions. I am particularly happy that some questions they often ask will receive varied answers from success stories of members.”

(Nigeria)

Going Forward

1. Apply the “multiplying mentorship principle” to the ECS more systematically. One person trains two people; these two people each commit to train two more; the four who have been trained each commit to train two more, and so on. If we apply this principle, we are not overburdening anyone with training, but we are expanding our reach. We need to establish a system to push the training process along and follow up/track those who have been trained.
2. Building on the online forum model, identify several other IBP partners willing organize at least one online forum on a topic related to their own expertise.
3. Encourage IBP partners to make a routine of submitting new publications and upcoming events to the IBP Global Community library and calendar.
4. Solicit additional input and suggestions from IBP partners on improvements/enhancements to the ECS and plan for next round of enhancements and improvements.
5. ECS Administration – address the challenge to continue to support the ECS (especially the Global and other larger open communities) without a full-time global administrator.