
Population/Reproductive Health/Maternal Health

E. Population/Reproductive Health/Maternal Health (Strategic Objective 20)

SARA Advisors:

Caroline Blair, Reproductive Health Advisor, Population Reference Bureau (PRB)

Renuka Bery, Dissemination and Advocacy Manager, AED

Rhonda Smith, PRB/SARA Consultant

Improving Provider Performance

SARA activities support the following AFR/SD intermediate results for improving provider performance:

IR 20.1: Improved policies and strategies to expand reproductive health programs promoted

IR 20.2: Enabling environment to design, implement, and evaluate reproductive health programs improved

Technical Support to AFR/SD Reproductive Health (SO 20) Team

The reproductive health (RH) core team membership experienced numerous changes during year one of SARA II. Caroline Blair joined SARA in November 1999 as the Reproductive Health Advisor. Rhonda Smith of PRB continues to participate in RH core team activities, albeit at a reduced level. Lalla Toure has done several consultancies with SARA during this year.

Despite changes in the membership of the core team, it continued to meet regularly and to form strong new working relationships. SARA staff worked closely with AFR/SD to review the results packages and implement activities dedicated to achieving these results for both RH and maternal health. The SARA core team members also assisted AFR/SD managers in working with other CAs in developing and refining activities funded by AFR/SD. This work included negotiating scopes of work for newly funded activities, drafting an impact review of male involvement activities funded in earlier years, guiding dissemination strategies, participating in evaluations, developing and providing materials for fora such as SOTA meetings, and providing input to the development of summary sheets and web content on AFR/SD-supported activities. The SARA team participated in the USAID annual review process,

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including assisting in the development of a Power Point presentation, and were co-presenters in the orientation briefing given to the new Assistant Administrator of the Africa Bureau.

With the launch of SARA II came the requirement to negotiate sub-contracts with SARA's key sub-contractors. The SARA reproductive health advisor played a key role in developing scopes of work for PRB, JHPIEGO, and ACI and for ensuring that these SOWs fell within the core team's results packages. Overall, in the area of reproductive health, year one of SARA II focused on putting administrative mechanisms in place with sub-contractors and African institutions, on consolidation of activities started under SARA I, and on planning future activities and a portfolio review.

Issues Identification

Reproductive Health Portfolio Review

A major activity that started up during year one of SARA II was the review of the Africa Bureau's whole RH portfolio. SARA drafted the scope of work for the consultant, and participated in the management of the review, which is ongoing. The review is expected to guide RH in its efforts to streamline its activities to better reflect the current state of the art in RH, to more closely tailor its portfolio of activities to meet needs in the field, and to facilitate AFR/SD's role in advocating for increased funding to key RH issues. The specific objectives of the review are:

1. to review the influence the RH portfolio of activities has had on policies and programs;
2. to determine whether the RH activities reflect current priority issues and approaches to reproductive health programs in Africa (in terms of addressing important needs and reflecting the state of the art in technical areas); and
3. to recommend any adjustments to the current mix of activities and funding allocations for AFR/SD to RH, given SD's comparative advantage and existing resources, as well as the activities of CAs, other donors, and host country governments are doing in reproductive health.

Based on the findings and recommendations of the review, AFR/SD may decide to revise its results packages. If so, the SARA team will assist in this exercise.

The SARA team took part in numerous meetings, workshops, lessons-learned sessions (for example the role of skilled attendants, behavioral issues in safe

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motherhood, and lessons-learned sessions organized to by the Mothercare project). Such participation ensures that the SARA team and the RH core team is up-to-date on best practices and facilitates identification of follow-up activities, including dissemination and advocacy. The SARA RH advisor also took part in the adolescent reproductive health symposium organized by USAID's Center for Population, Health, and Nutrition at which participants were asked to "brainstorm" and make recommendations regarding future adolescent health programming to follow up the outgoing FOCUS project.

RH Literature Reviews and Conference Proceedings

The SARA RH Advisor and the SARA/PRB consultant participated in the preparatory activities leading up to the portfolio review, including coordinating extensive literature reviews for each of the RH areas. Plans are underway to finalize these and include them on the AFR/SD web site.

Health Care Financing

Two meetings were held with AFR/SD regarding potential activities in RH health care financing. Additional meetings had been planned but did not materialize during the year. As health reform takes root throughout Africa, many countries and organizations are struggling to identify successful models and to learn from others' experience. SARA will explore the possibility of documenting models of health care financing, insurance schemes and promoting the review and discussion of related issues. SARA will explore possible support to this area in the upcoming year, including multi-country case studies and the research questions identified as part of a workshop on RH financing supported through the Policy project in 1999.

Improving the Quality of Care in Francophone Africa

The USAID-led maximizing access and quality of care initiative (MAQ) continues to be active and SARA's RH advisor participated in both the MAQ steering committee and in the Francophone MAQ subcommittee. Dialogue with AFR/SD and the Francophone subcommittee to define potential future support to the MAQ process was started during the year. A possible area of support might include organizing regional meetings of high-level policy makers and programmers on RH topical issues of increasing interest and importance to Francophone West Africa. These meetings would be organized in collaboration with SFPS/FHA and its partner CAs. JHPIEGO, FHI, and INTRAH/PRIME are all involved in both MAQ and in RH issues in West Africa, making this proposed collaboration a good fit. One issue, which the Francophone MAQ steering

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committee has identified as needing discussion in the region, is the state of the art on the integration of HIV/AIDS and family planning (FP). Post-abortion care may also be a suitable topic and a PAC activity is under discussion as well.

Research and Analysis

Support to AFR/SD-funded Male Involvement Activities

SARA's RH advisor worked with the Reproductive Health Research Network (RESAR) to develop and finalize a qualitative research protocol on male involvement in FP. Data was collected in the participating countries (Benin, Cameroon, Niger, and Togo) in 2000, and its analysis is currently underway. The results of this study will assist countries in the region to develop policies and programs focused on men. This year, as part of its ongoing "men as partners" (MAP) work supported by AFR/SD, AVSC collaborated on the RESAR male involvement research and field-tested a curriculum for service providers designed to guide the delivery of RH services to men. Next steps include translating the curriculum into French and field-testing it in Guinea. Next year, using AFR/SD funds, AVSC will evaluate the impact of the Guinea Mission-funded MAP activities it has implemented in that country. SARA and AFR/SD will consider the dissemination of these findings in the region during 2001. As a result of activities supported by AFR/SD in Uganda, AVSC has secured additional funding for MAP work from the Hewlett Foundation and is negotiating possible funding with UNFPA.

The SARA team prepared a draft Impact Review of AFR/SD-funded male involvement activities implemented between 1996 and 1998 by JHU/CCP. The model, which uses sports as entry points, is shown to be a valid model and one that could be successfully replicated. JHU was able to leverage significant funding from numerous sources and at least two missions (Rwanda and Senegal) have either allocated funds for male involvement activities based on those implemented on a pilot basis by JHU or are discussing this possibility with JHU. JHU/CCP has developed a draft "how to" manual to assist groups wishing to implement RH IEC programs targeted at men through sports.

The Role of Traditional Birth Attendants in Safe Motherhood Programs

The SARA team has started discussions with the American College of Nurse-Midwives (ACNM) regarding repackaging and disseminating findings of their meta-analysis of the impact of traditional birth attendants (TBA) on maternal health and on plans to hold a symposium on this subject during 2001.

Dissemination and Advocacy

The REDUCE Model

Over the past year and a half, the SARA project has developed a safe motherhood advocacy and policy development program called REDUCE for the reduction of maternal mortality, morbidity, and disability. Other partners in the earlier stages of REDUCE's development were the Quality Assurance project (QAP) of the University Research Corporation (URC), the Measure Communication project (PRB), Mothercare (JSI), and the Maternal & Neonatal Health (JHPIEGO) project.

This year, SARA paid for some of Bart Burkhalter's time through a purchase order with QAP/URC and also paid for time from the LINKAGES project's (AED) PROFILES Coordinator, Victor Aguayo. Stephen Kinoti and Caroline Blair of SARA completed the team that moved the REDUCE model from its development into a field test in a country application setting.

Although maternal health has received increasing attention recently and growing scientific evidence exists of the magnitude and consequences of poor maternal health, governments continue to place low priority on the problem. The activity addresses the "low priority" problem with an advocacy model (REDUCE) that uses local team building and database models to estimate consequences.

At its heart is a set of spreadsheet-based computer models that estimate the magnitude of various consequences of maternal mortality and morbidity, including maternal and child deaths, disabilities and economic loss. The process of applying REDUCE in a country (adopted from the PROFILES experience) includes: 1) forming a team of local experts/advocates in safe motherhood; 2) training the team in the use of the computer models, while inputting country-specific data; 3) running and fine-tuning the models to obtain country-wide (or sub-country) estimates of the consequences of unsafe motherhood, possibly including the potential impact of a proposed intervention; 4) with the team, developing Power Point presentations that can be used to advocate for safe motherhood and the proposed intervention; and 5) helping the team to organize and carry out one or more advocacy events that use the presentations.

The SARA project organized the first field-test of REDUCE in Uganda in July 2000. The new approach was implemented in collaboration with a team of local health professionals from the Ministry of Health, the Regional Centre for the

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Quality of Health Care, Makerere University, the Makerere Institute of Public Health, and the Commonwealth Regional Health Community Secretariat. This was the first application of REDUCE in a developing country. The application appeared to be very successful, as judged by the interest, actions and accomplishments of the local team during the first two weeks. Presentation of the results of the two-week application to various partners has stimulated great interest and willingness to discuss further development of the REDUCE prototype, its field testing in a Francophone setting, and its expanded use in Africa.

Preliminary indications are that REDUCE could serve as a useful tool for maternal health advocates in Africa and beyond. The REDUCE model and its resulting Power Point presentation highlight the importance of investing in women's health in a clear, attractive, and convincing way. Work is continuing to fine-tune the prototype and to explore the inclusion of additional models within the analysis and Power Point presentation.

Discussions are underway for the expanded application of the model beyond its pilot phase.

Promoting Essential Obstetric Care (EOC) in Francophone Africa

This year, SARA continued to support CEFOREP and SAGO in the dissemination of its findings and in related advocacy work. In partnership with ACI, CEFOREP finalized and published a technical/scientific report of the assessment findings (*Prevenir La Mortalite Maternelle par Les Soins Obstetricaux d'Urgence*) and is currently repackaging the findings into an user-friendly brochure incorporating graphics and photos to share with a wider, more policy-oriented audience. This report and its related user-friendly brochure will form the basis for ongoing maternal health advocacy work that CEFOREP will continue to undertake in the region. Over 500 copies of the report have been distributed by CEFOREP throughout the region and at least 600 will be distributed at the upcoming SAGO conference in December. More details on SARA's support to CEFOREP can be found in the following section.

Support to AFR/SD Work on Women's Empowerment

The SARA team assisted AFR/SD and FHI to develop a SOW for repackaging existing information on issues in female condom programming. This will summarize the latest research, field experiences, and cost information. During 2001, FHI will organize a series of dissemination activities for key programmers and policy-makers to promote evidence-based programming and decision-

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making in the region. While a significant amount of research on the acceptability and relative cost-effectiveness of the female condom has been undertaken and USAID, UNAIDS, WHO and others have published research summaries, planning and programming guides, and numerous informational materials, many program planners (including Mission staff), health policy makers, women's advocates and medical professionals based in Africa do not feel confident and knowledgeable about what role the female condom could or should play in their country programs, or how to program for its integration.

In an effort to promote evidence-based programming and expanded discussions on the female condom in Africa, the FHI dissemination work will better equip planners to assess whether and how female condoms have a place in their programs. Providing simple, concise, up-to-date, and accessible information on the female condom to target audiences will do this.

Support to Involving African Journalists in Reproductive Health Advocacy

The SARA project provided some support to PRB staff member Rhonda Smith to participate in the core team and to guide AFR/SD-funded media work which started under SARA I and which is now managed by PRB. Activities include working with senior African journalists and policy-makers through a series of seminars at which topical RH issues are discussed. This year the journalists continued to network regularly to increase the number and quality of media products which appear in the region.

Report on Social Marketing for Adolescent Reproductive Health (SMASH)

The lessons learned and best practices emanating from the Social Marketing for Adolescent Reproductive Health (SMASH) project were documented this year by PSI and PRB. Ms. Blair was involved in reviewing the user-friendly document. The SMASH report was circulated widely by PRB and appears on both the PRB and PSI web sites.

Capacity Building and Collaboration with African Institutions

Support to CERPOD for Analysis and Training

This year, a scope of work for a new program of activities was developed with CERPOD. The RH team took the lead on negotiating and preparing the overall agreement. The RH activities that CERPOD will undertake are: 1) updating information on adolescent RH in the region (conducting an in-depth analysis of new DHS data from the region); 2) designing and disseminating a

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wall chart or brochure that presents the new analysis in a user-friendly form; and 3) designing and conducting a course on qualitative research techniques targeted to RH professionals in Francophone Africa. The SOW for CERPOD would span 18 months.

Support to CRHCS for RH Issues Analysis, Discussion and Dissemination

This year, SARA's RH advisor took part in ongoing discussions regarding the design of a 3-year scope of work and program of activities for CRHCS. Activities planned with CRHCS include compiling, repackaging and disseminating information on the state of the art in safe motherhood and malaria in pregnancy programming. CRHCS will make RH the theme of its next DJCC meeting, a meeting which brings together the Directors of Health Services, Deans of Medical Schools, and Directors of Research from each of its 14 member countries.

This year, CRHCS played a major role in the adaptation of the REDUCE model (described in the previous section) in Uganda. CRHCS will continue to play a role in regional REDUCE training efforts and in expanding the use of the advocacy model in the region.

SAGO Institutional Development

SARA provided support to SAGO for institutional strengthening meetings in January and July of 2000; the SARA RH Advisor and consultant Dr. Lalla Toure participated in both meetings.

SAGO (The African Association of Gynecology and Obstetrics) is a regional non-profit association that comprises members of the medical community in Francophone Africa. The July 2000 executive committee meeting was co-funded by SARA, UNICEF, French Cooperation, WHO, and UNFPA, with in-kind contributions (meeting hall, secretarial services and local transport) provided by CEFORP.

Since the definition and promotion of appropriate reproductive health policies and practices are among SAGO's major objectives, the July meeting brought together SAGO's executive committee to develop a strategy to achieve these ends. More specifically, SAGO is working towards:

- Reorienting itself toward an increased role in public health;
- Harnessing the potential of its membership to influence reproductive health policy and practices;

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Advocating for resource allocation for reproductive health interventions that are based on state-of-the-art research.

Improving the quality of its conference presentations and discussions to use conferences more effectively as springboards to country-level actions, which can lead to improved RH.

At the July meeting, the SAGO executive made recommendations regarding:

- proposed changes to its constitution and internal regulations;
- the establishment of a permanent headquarters;
- the strengthening of national chapters and of communications between SAGO and these chapters;
- the improvement of the quality of its biannual conferences including the drafting of terms of reference for all parties playing roles in the organization and implementation of the conferences;
- the updating of instructions for authors of its journal;
- the themes for the 2002 conference in Bamako (post-partum haemorrhage and unsafe abortion were selected);
- the establishment of closer ties with Anglophone associations with similar objectives;
- changes to the current membership fees, conference charges, and cost and revenue sharing between SAGO and its national chapters.

All of these recommendations will be presented to the SAGO membership for adoption at the SAGO conference in Ouagadougou in December of this year. A meeting report, which includes final versions of all documents, plans, terms of reference, and instructions was completed and circulated.

SAGO also used the opportunity of this meeting to hold a satellite session with representatives of French Cooperation, which is funding a multi-country operational research project which will test different models of improving EOC services in the region. The research protocol will be finalized in September and will be presented at SAGO's biannual conference in Ouagadougou in December of 2001.

CEFOREP

During SARA I, SARA subcontracted with the Centre de Formation et de Recherche en Sante de la Reproduction (CEFOREP) to conduct an assessment of programs showing promising results aimed at reducing maternal mortality through improved EOC services in West and Central Africa. Pilot projects in four countries (Benin, Burkina Faso, Mali, and Senegal) were identified by

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SAGO and reviewed. Local teams in each of the four countries collected data and a regional team of eminent African researchers assisted in assessing the data and discussing their findings with policy makers, service providers, and communities.

Following this research, recommendations for improving the quality of EOC in the sub-region were developed by a group of West African experts, and these were shared and presented at the 1998 SAGO conference in Dakar. As a result of this, SAGO, the influential association of gynecology and obstetrics, published resolutions for improving maternal health in the region and will include EOC as a main theme at its December 2000 conference. This research work and the advocacy which followed it contributed to the Senegal Minister of Health requesting CEFOREP to advise on concrete actions he could take to improve EOC services and to the Ministry of Health in both Benin and Senegal developing country-level action plans toward this end. The planning work in Benin was funded by INTRAH/PRIME during the current fiscal year.

This year, SARA continued to support CEFOREP and SAGO in the dissemination of its findings and in related advocacy work.

SARA has also started discussions regarding future support to CEFOREP for continued activities related to EOC. One activity being considered with CEFOREP, JHPIEGO and SFPS is follow-up to the planned January 2001 curriculum development workshop on appropriate norms and standards in EOC for the West Africa region. Discussions have taken place with CEFOREP and JHPIEGO regarding possible support to a regional workshop on postabortion care in Francophone West Africa during 2001.

RCQHC

The Regional Centre for Quality of Health Care (RCQHC) promotes better health care practices through networking, strategic partnerships, training and education. RCQHC was the key counterpart SARA worked with to field-test the REDUCE model (see previous section for more details). The Centre has shown interest in being a training resource in the regional training program to expand the use of the REDUCE advocacy model and discussions are ongoing with AFR/SD to define a strategy which will allow this partnership to continue growing.