IMPLEMENTING BEST PRACTICES
IN REPRODUCTIVE HEALTH

ANNUAL REPORT
2007





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Section 1: The IBP Consortium - Our value added

The IBP partners finalized our five year IBP Strategy and Programme of Work during 2006. At the same time we restated our vision, goals and objectives and identified the contribution that this partnership brings to the international reproductive health agenda under the heading of "value added". This section of the report will review our criteria for "value added" and the activities the partnership has undertaken to ensure that we add value to the international reproductive health agenda.

Figure 1: Extract: Value Added IBP Strategy Document 2006 - 2010

In our IBP Strategy document partners identified "VALUE ADDED" as an IBP contribution

What can the IBP Initiative bring that other efforts don't?

- Shared vision for maximizing and disseminating reproductive health best practices and resources.
- Wide variety of participants having the advantage of a variety of expertise and experiences which can be shared from one country to another and within countries.
- Coordinated effort, more than just the sum of the individual agencies. Pooling expertise and resources/funding increases potential to:
  - ✓ Re-ignite interest and political will in reproductive health
  - ✓ Influence global, national and local reproductive health agendas
  - ✓ Link and/or integrate reproductive health interventions to reduce duplication of efforts and maximize resources
- Recognition by the World Health Organization and our partners

Our contribution to achieving "Value Added"

1.1 Collaboration and Networking

The IBP partnership offers a great opportunity for organizations and agencies in the field of reproductive health to identify common activities and work collaboratively to share their expertise, reduce duplication of effort, harmonize approaches, and accelerate scaling up. Over time our partnership has grown to involve twenty-six organizations. We are not linked by donor funds but by a commitment to work collaboratively to take to scale effective practices to improve reproductive health.

1.2 The IBP partnership is reinvigorating the global reproductive health agenda

The IBP partnership offers a forum to create a united voice on key issues and practices that, when applied, will make a tremendous difference to reproductive health programmes at the country level. We created a vision of using best practices when we changed our focus of activities in 2000 and renamed the partnership as the Implementing Best Practices (IBP) Initiative. Since 2000, the concept of using "best practices" has become widespread and accepted in many countries and by many organizations.

We have started to work with countries and other partnerships to document and share practices that make programmes work. As agencies we often invest in pilot projects, the introduction of guidelines, and training programmes, but not necessarily in scaling them up. In addition, in our field, there is also a tendency to re-invent the way we work when new contracts are issued or senior policy makers and staff change. However, we need to analyze what is working effectively to ensure that we take to scale proven effective practices. The IBP partnership works collaboratively to identify how to scale-up proven, effective practices and use change management techniques to strengthen health systems and empower skilled providers to perform more effectively.

1.3 IBP partners harmonize approaches to improve reproductive health

As a partnership we have produced joint publications and promoted the use of existing materials and tools that support proven effective practices developed by IBP partners. Our aim is to harmonize approaches, reduce duplication of effort, and unite to address management and technical challenges so that we constantly strive to achieve our individual and collective goal of improved reproductive health.

The most recent example of a tool produced by the IBP is the *Guide to Fostering Change to Strengthen and Scale-Up Health Services*. IBP partners worked together to identify key steps to fostering change and to bring together useful tools that support implementation of change. As a partnership we will publish this guide in print and CD-Rom format and support the dissemination and use of these materials in the field.

1.4 The IBP Partnership supports networks and catalyses action in countries

As a partnership we believe that there needs to be a reassessment of the manner in which programmes are implemented at the country level. Our approach is not “business as usual” but a constant questioning and reassessment of the effectiveness of what we are doing to support the use of best practices. This willingness to examine our effectiveness informs and transforms our project proposals, our activities, and our collaboration.

We have demonstrated that it is possible to organize effective workshops that result in the formation of collaborative networks at the country level. These networks continue to work together to accelerate improving access to quality reproductive health. For example, since the IBP launch in Uganda 2004, there has been continued collaboration with IBP partner support. IBP teams have merged with Reproductive Health Task Teams and support the Ministry of Health's efforts to achieve common reproductive health goals.

The IBP partnership acts as a catalyst for action. After the IBP launch in Egypt, a local team supported by Management Sciences for Health initiated the development of a district level management and leadership training programme that has become an integral component of a government supported programme. In Jordan the team joined forces with the Ministry of Health to accelerate the launch of a comprehensive family planning programme.

As partners we promote the concept of providing on-going support and follow-up to teams that have participated in IBP workshops. In some countries we can demonstrate that this kind of support produces tangible results. In Kenya, for example, dedicated follow-up by IBP partners enabled the country team to work closely with the Ministry of Health and advocate strongly for repositioning family planning as key component of health services. This has resulted in policy changes, funds allocated for contraceptives, improved uptake of family planning in key districts, the development of a PMTCT strategy that includes family planning, and an effort to develop stronger linkages between family planning and HIV prevention services.

IBP partners continue to work with the Ethiopia team to identify the best local practices to scale up to improve reproductive health. In Zambia and Tanzania IBP partners are supporting the updating and dissemination of national family planning and STI management and prevention guidelines. In India, thanks to efforts of IBP partners, the idea of using best practices has been incorporated into national plans and activities to support the dissemination of evidence-based practices have moved from the State to the district level.

Although our partnership cannot claim to have achieved these results directly, we have worked individually and collectively with country networks and teams to take the initial idea or vision created by the IBP Consortium forward into concrete activities with measurable outcomes.

1.5 IBP Partners address challenging issues with innovative approaches

Collectively we have brought issues to the table, shared our experiences, and worked together to seek solutions to problems to achieve our common goal of improved reproductive health. An outstanding example of this innovative collaboration is the IBP Knowledge Gateway.

As a partnership we have worked to close the knowledge to practice gap. We identified this gap as one of the key factors to address when we first formed the partnership in 1999. Over time our understanding of the issues affecting access to and use of knowledge grew. We began to explore the potential of knowledge management to help address the gap between knowledge and practice. Our exploration of knowledge management was complemented by a review of current literature, and by working with our partners in to identify information needs in the field, and create new strategies to address the knowledge to practice gap. Because of our interest in knowledge management, IBP partners have implemented knowledge sharing strategies designed to enhance access to and use of their resources. For example, the IBP Initiative informed the recommendations made during the Ministerial Summit on Health Research held in Mexico, 2004, which focused on engaging Ministers of Health in discussing how research could strengthen national health systems and on the need to provide better access to knowledge and information in the developing world.

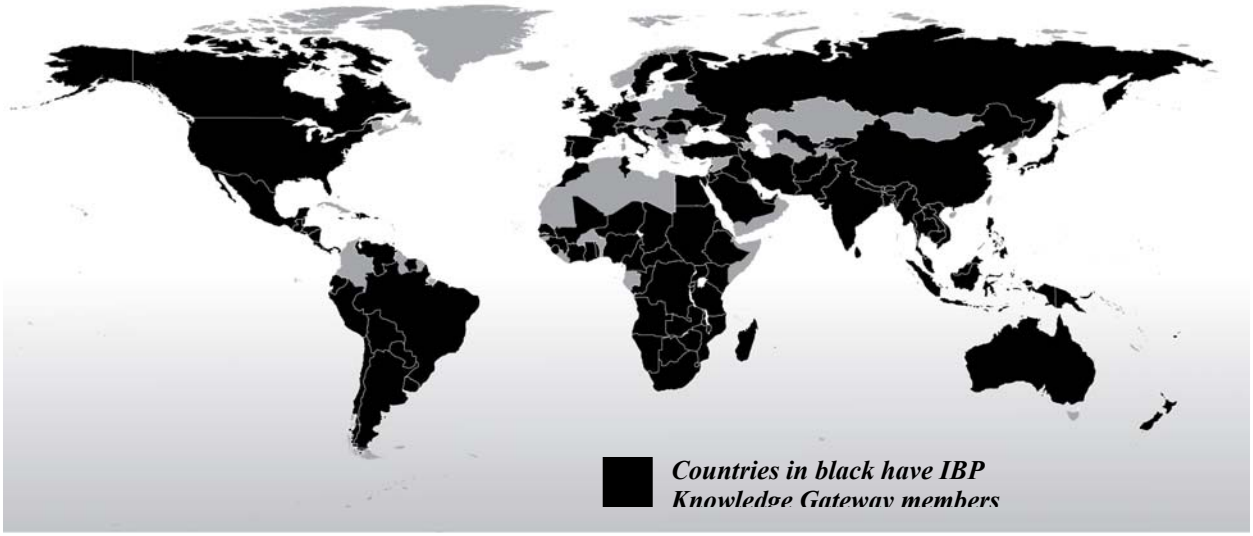
The IBP partnership also provides opportunities to identify synergies and support the development of collaborative knowledge sharing activities, for example the interactive educational methodologies used in IBP Launches and the IBP Knowledge Gateway.

The IBP Knowledge Gateway is a web and e-mail based electronic communication tool designed to improve access to information and promote knowledge sharing and exchange through virtual communities of practices. IBP partners helped to design and develop the IBP Knowledge Gateway. Although this innovative system was only launched a few years ago, it has grown rapidly and now supports a global community of over 5,000 users from 130 countries who participate in 96 communities of practice (CoPs).

IBP partners are also sharing the technology that supports the IBP Knowledge Gateway. IBP Knowledge Gateway CoPs can be customized with logos and color schemes and managed independently. Because of this flexibility the IBP Knowledge Gateway was adopted as a corporate tool by WHO and is being used by WHO and its partners to support their own knowledge management strategies. One example of this is the Global Alliance for Nursing and Midwifery (GANM).

A WHO/RHR Technical and Scientific Technical Group (STAG) that reviewed the work of the IBP Initiative called the IBP Knowledge Gateway "a creative, innovative approach to sharing knowledge, which is versatile with unlimited potential". Without the support of IBP partners it would not have been possible to create this electronic tool. Without their continued support it will not be possible to harness its potential. Through the IBP Knowledge Gateway it is possible to create an interactive forum for knowledge exchange, providing a venue for sharing of information, experienced and opinions on a wide range of reproductive health issues.

Figure 1: Countries using the IBP Knowledge Gateway



Story of the Year

Kenya – Follow-up to the IBP Launch: 2004 – 2006

Implementing best practices is a major challenge for many resource-constrained countries, but recent work in Kenya shows how collaborative work can facilitate the process, helping countries achieve health goals. This story highlights, through a PowerPoint presentation and short narrative, Kenya's experience of implementing the IBP Initiative. The story shows how the IBP team in Kenya, led by the Division of Reproductive Health of the Ministry of Health and coordinated by Family Health International, successfully implemented the plan they prepared during the IBP Launch held in Uganda 2004.

The Kenyan IBP initiative was started in April 2004 with the formation of a country team of international and local reproductive health stakeholders led by the Ministry of Health. This team attended the IBP launch in Entebbe, Uganda in June 2004 and prepared a programme of work that they collectively implemented over one and half years.

Background

Kenya's family planning programme is a well-known success story. Between 1978 and 1998 the use of modern contraceptives among married women rose from 4% to 32%, and the total fertility rate (TFR) decreased from 8.1 to 4.7. But by 2003 these numbers began to plateau, or slightly increase. Kenya also continues to face a high maternal mortality rate at over 400 deaths per 100,000 live births.

Evidence shows that family planning has a major role to play in improving maternal health by reducing the number of births a woman has in her lifetime, which in turn will reduce the health risks associated with each birth. Evidence suggests that family planning can reduce maternal mortality rates by 25% and neonatal mortality by 50%.

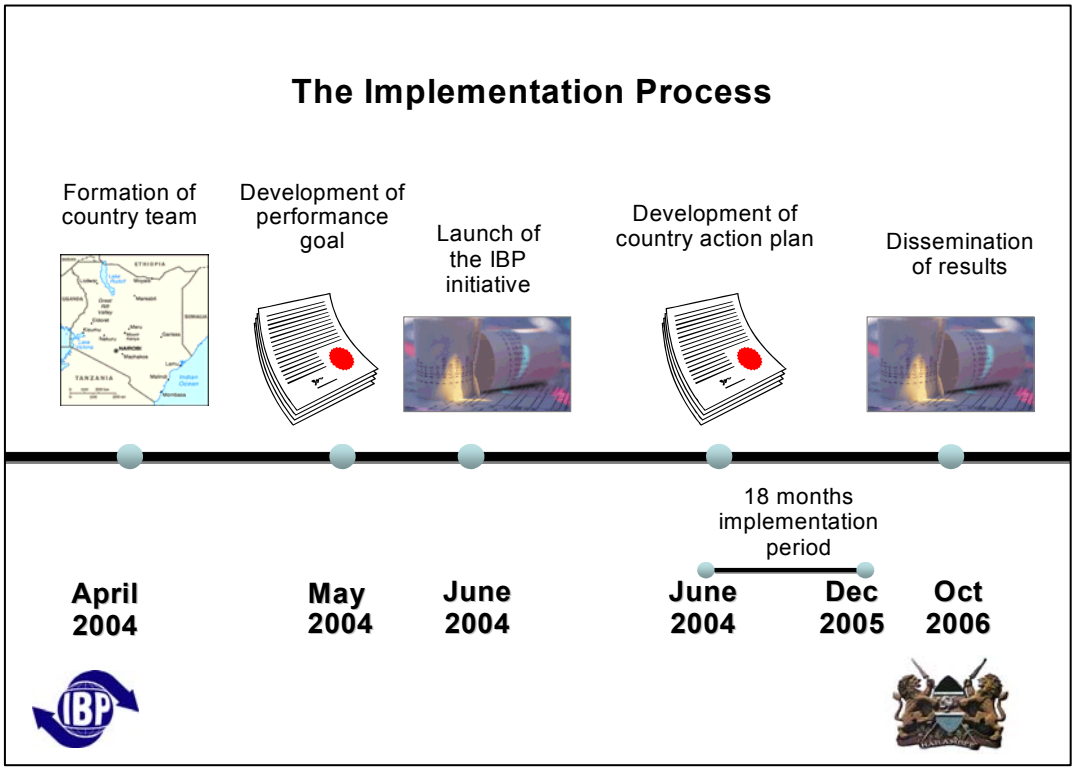
With this knowledge in hand, the Kenya IBP country team identified increasing use of family planning as their performance goal. But several challenges remained, such as:

Waning support for family planning;

Inadequate provider updates and supervision; and

Inadequate logistics management systems at district level.

The process the IBP country team adopted to reignite interest and support for family planning was collaborative, involving many stakeholders at all levels of the health care system. A timeline for this process can be seen below.



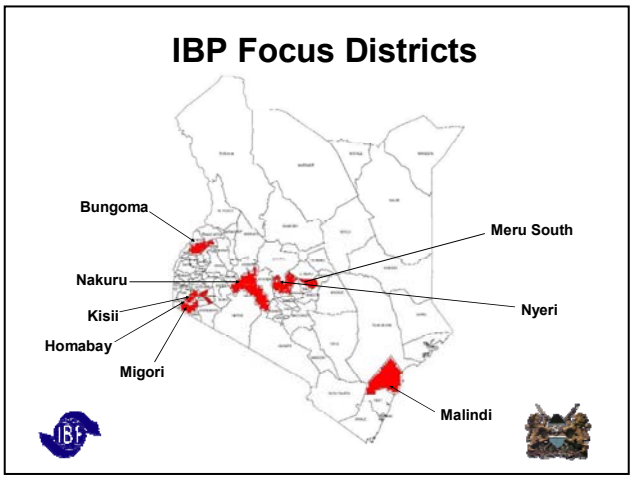
The IBP team was officially integrated into the Kenyan Family Planning Working Group in March 2005 and into the Ministry of Health's Rapid Results Initiative in December 2005.

The Story

To reduce maternal mortality in Kenya the IBP team formulated the following performance goal at the IBP Launch, June 2004:

- Within 18 months, develop and implement an effective advocacy plan to:
- Ensure that at least 60% of 6 selected districts have 3 months contraceptive commodities buffer stock
- Increase family planning uptake by 5% in selected facilities within the 6 districts

Due to resource limitations, the selection of districts was based on the presence of partners working within these districts who would support the implementation of the initiative, and the geographic spread within the country - at least 6 of the 8 provinces.



On returning to Kenya an IBP task force was established and plans prepared at the IBP Uganda launch were refined. The plan focused on working collaboratively to:

- Enhance advocacy activities at all levels of the system. This involved convening a stakeholders meeting to gain local support to plan and prepare an advocacy strategy for policy makers, service providers, and the community to promote the importance of family planning and create demand for services.
- Improve the quality of services by preparing a contraceptive technology update (CTU) manual and undertaking training programmes to strengthen the knowledge and skills of service providers in family planning including infection prevention, facilitative supervision, and logistics management.
- Improve the quality procurement and distribution of family planning commodities through activities that support the capacity building of service providers in logistics management and facilitative supervision at the facility level, including on the job training

Achievements

Advocacy

The partners successfully lobbied for and gained renewed interest and support for family planning at the policy level. At the national level they secured a budget line for reproductive health supplies.

Demand creation

Survey results demonstrate a significant increase in awareness about family planning at the community level, an increased demand for family planning services, and an improved perception of family planning in communities.

Training

Evaluation of the training demonstrated enhanced levels of performance and skill in counseling, provision of family planning services, and adherence to family planning service provider standards and guidelines.

Logistics management:

All districts reported no stock outs in at least three modern family planning methods at any given time. Awareness was created about the value of timely data for decision making and the district reporting rate went up from 38% to 71%. Facility reporting remained low, however, only moving from 16% to 20%, and requires more support.

Lessons learnt

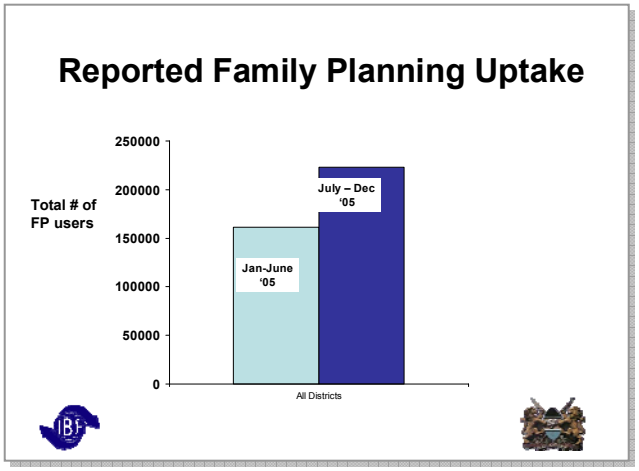
The team found that galvanizing support was initially challenging, but worth the effort in the longer term. The majority of partners maintained their input and support for this activity despite limited resources being a major constraint to effective implementation.

It also became clear that improvements in family planning could only be achieved if there was an effectively managed system of logistics. Often more work needs to be done to ensure contraceptive commodity security.

Leadership by the Ministry of Health was crucial, and their engagement in defining and supporting activities was vital to the successful implementation of the plan. Additionally, effective co-ordination was essential. FHI's role in leading the coordinated efforts, and the strong support FHI received from the IBP partners was critical to the success of this plan**.**

A final key lesson was that success comes slowly; incremental steps, persistence, and focus reap dividends in the longer term.

Conclusions



The IBP partnership helped to leverage resources, enhanced support for the Ministry of Health, and reduced competition and duplication. The partnership also helped the Ministry and individual projects accelerate achieving common goals to improve reproductive health. Partnerships make a difference. Working together we achieve more, faster.

Next Steps

The IBP country team under the auspices of the Family Planning Working Group has agreed to work on the following in the future:

1. Roll out the initiative countrywide through existing programs with the following key interventions
   - Ensure that facilities have an efficient and effective logistic system
   - Update service providers on family planning
   - Conduct community mobilization activities to create demand for family planning services with an emphasis on long-term reversible and permanent methods
2. Continue stakeholders' involvement in their areas of operation.
3. Mobilize resources through continued lobbying with parliamentarians to keep the family planning agenda at the forefront – repositioning family planning.
4. Create a compendium of Kenya best practices in reproductive health for scale-up using the IBP Initiative approach
5. Orient service providers and program managers on the value of documenting best practices and how to manage change in service delivery using the new IBP change management tool.

Section 2: Membership, Chair, Meetings, Steering Committee

2.1 New Members

In 2006 the IBP partnership was pleased to welcome four new members: CARE, The CORE Group, the White Ribbon Alliance (WRA), and the Academy for Educational Development (AED), including representatives from the ESD Project and Africa 2010 project.

Discussions about joining the IBP partnership have also been held with ExpandNet, a global network of public health professionals and scientists supported by the WHO Department of Reproductive Health and Research and University of Michigan. ExpandNet was established to advance the practice and science of scaling-up successful health service innovations. Representatives from ExpandNet are sharing their work and experience on scaling-up best practices with the IBP.

2.2 IBP Consortium Chair

IntraHealth accepted the Chair of the IBP Consortium in October 2005, under the leadership of Mr. Pape Gaye, President, IntraHealth International, Inc. IPPF is next in line to take over the Chair in 2007, but has requested that its term of office be postponed, as it is going through a major re-organization. IBP partners agreed to allow the Chair to serve a second year in order to provide continuity, with the agreement of the Steering Committee. The IBP Operating Guidelines were amended to reflect this decision and IntraHealth agreed to act as Chair through October 2007. JHPIEGO agreed to accept the Chair in 2007. Partners agreed that IPPF should be given the option of first refusal to take over the Chair after JHPIEGO has served its term.

2.3 IBP Consortium Meetings

The IBP partners held two IBP Consortium meetings in conjunction with major conferences and meetings in June and October 2006. A report of both meetings was distributed to the partnership. The majority of partners participated in both meetings. It was not possible to engage IBP partners from Africa and Malaysia in these meetings due to funding constraints, but the IBP Secretariat has worked on collaborative activities with ICOMP in India.

The main purpose of the June 2006 meeting was to review progress with the implementation of the IBP Programme of Work and to explore the technical area of scaling up. IBP partners prepared brief reports on activities they had undertaken that contribute to achieving the goals and objectives of the IBP partnership. The October 2006 meeting focused on planning our next phase of on-going activities and initiating the planning of new activities for next year's Programme of Work.

IBP partners elect to work collaboratively in global "Task Teams" to undertake specific time bound assignments of common interest to all partners and support the IBP Programme of Work. During the IBP Consortium Meeting members were briefed on the progress of each Task Team and discussed next steps. IBP Consortium members were also provided with an update on discussions held by the IBP Steering Committee on the revision of the IBP Operating Guidelines and on identifying a way to better engage regional and country partners in IBP activities.

During the meetings, IBP partners worked either in plenaries or smaller groups on specific issues of common interest to all partners. A new area of interest introduced in the June, 2006 meeting was the development of a management framework for

scaling-up proven effective practices. At this meeting, partners invited Richard Kohl, Management Systems International and Ruth Simmons, University of Michigan, to share their work in developing guidelines and supporting in-country pilot projects scale-up.

Richard Kohl shared a three step process that supports the implementation of ten key tasks needed for effective scale-up. This framework was developed with support from the MacArthur Foundation and applied by nongovernmental organizations (NGOs) in Nigeria and India.

Ruth Simmons received a grant from the MacArthur Foundation to work with the WHO Department of Reproductive Health and Research (WHO/RHR) to undertake operations research to develop a framework so that the benefits achieved in successful pilot/experimental projects can be expanded to serve more people, more equitably, and more lastingly. This work resulted in detailed guidance on the steps required to take pilot projects to scale. It also resulted in the formation of ExpandNet. ExpandNet is a global network of public health professionals and scientists seeking to advance the practice and science of scaling-up successful health service innovations tested in experimental, pilot and demonstration projects.

Information shared during the June IBP Consortium meeting was discussed at length by partners working in small groups in the October 2006 Consortium meeting. The small groups proposed a number of activities on which the partners could work together to support taking effective practices to scale. Some IBP partners volunteered to continue working on an approach that all the partners could try out in the context of their own project experience.

2.4 IBP Steering Committee

The IBP Steering Committee deals with issues of governance and has organized the detailed revision of the IBP Operating Guidelines and review of the IBP Strategy and Programme of Work. The IBP Steering Committee agreed to allow three new partners to participate in the Steering Committee for a maximum of two years each. The IBP Operating Guidelines were re-drafted in 2006 to reflect further changes in the way in which the partnership is organized. The final draft will be presented at the next IBP Consortium Meeting scheduled for June 1, 2007, prior to publication on the IBP web site.

In order to enable more active engagement of regional and country partners in IBP Consortium activities, the IBP Steering Committee added a clause to the IBP Operating Guidelines to enable country partners to become affiliated members of the IBP Consortium for specific time-bound activities.

> **"Affiliated Partners are organizations, agencies and research institutes interested and able to participate in specific regional and country level activities according to their means and expertise."**

The Steering Committee also noted that a major impediment to active participation of regional partners was funding. The Chair and Secretariat agreed to prepare a plan to present to IBP partners outlining how to better support regional partners.

The IBP Steering Committee also agreed to make a concerted effort to seek funding from foundations to support IBP Consortium activities and to review previous management plans to handle external funding.

The IBP Steering Committee agreed that the IBP Annual Report and periodic reports prepared by the IBP Secretariat are excellent tools for documenting IBP-related activities and results. In addition, the work plan review helps to monitor activities and should be published on the IBP website. Partners also agreed to support an external review of the IBP to assess the Consortium's strengths, weaknesses, and value added and examine how the IBP initiative impacts on

organizations' activities. The Chair and IBP Secretariat are developing a scope of work for this assessment, which will be presented at the next IBP Consortium Meeting in June 2007.

2.5 USAID, WHO and UNFPA

USAID

USAID has continued to provide strategic input and financial support to IBP activities. Through the Public Health Institute's Global Health Fellows Program, USAID has continued to provide technical support by seconding one senior adviser to the IBP Secretariat. All activities are closely coordinated with USAID and representatives from USAID work closely with the IBP Secretariat and attend all IBP Consortium meetings.

WHO Department of Reproductive Health and Research (WHO/RHR)

WHO Department of Reproductive Health (WHO/RHR) supports the IBP Consortium by housing the IBP Secretariat, providing one senior adviser, funding and supporting collaborative activities within the Department and with other Departments within WHO. The IBP Secretariat collaborates on activities undertaken in the Department focused on the formulation and dissemination of evidence-based best practices. For example, the WHO-UNFPA Strategic Partnership Programme (SPP) was established to support the rapid introduction, adaptation and implementation of WHO/RHR technical guidelines in family planning, maternal and neonatal health and the prevention and management of reproductive tract infections, including sexually transmitted infections.

WHO-UNFPA SPP has selected a number of priority countries in each region and held workshops involving teams from each country to support the introduction of these technical guidelines. The SPP also provided seed funding to approximately 30 countries to support the preparation and introduction of national guidelines. The IBP Secretariat supported these regional workshops and IBP partners have assisted countries in the preparation of national guidelines. The next phase of activities will focus on the introduction and implementation of national guidelines, which IBP partners will be asked to support through their in-country projects and programmes.

UNFPA

UNFPA has urged the IBP partners to co-ordinate their activities through UNFPA's country programme offices. IBP partners have always received support from UNFPA country offices where they have been active. The work with the WHO-UNFPA SPP, the Global Alliance for Nurses and Midwives, and other Communities of Practice provides even greater opportunities to work collaboratively with UNFPA. UNFPA supports joint publications produced by the partnership.

Section 3: IBP Task Teams

IBP partners also work on Task Teams that undertake specific, time-bound activities that contribute to achieving IBP goals and activities identified in the annual Programme of Work. Different partners volunteer to lead each Task Team and most of the work is undertaken through electronic communication, teleconferencing and video conferences. The Task Teams report back on progress at each IBP Consortium meeting and work in small groups to plan the next phase of activities.

In addition, partners include in the Programme of Work of their agencies collaborative activities that contribute to achieving the goals and objectives of the IBP Initiative. Partners report back on this type of contribution to the IBP Initiative during IBP Consortium meetings by providing short narrative reports.

3.1 IBP Knowledge Sharing Task Team

At the May 2006 IBP Consortium meeting the partners agreed to replace the Learning Organization Task Team with a new task team focused on identifying synergies and linkages among IBP partner knowledge management (KM) strategies. The task team formulated a collaborative programme of activities designed to accelerate achieving common knowledge management goals. It convened a one day meeting in October 2006. JHU/CCP/INFO, EngenderHealth and WHO/RHR took the lead on preparing for this meeting. All partners were invited to designate at least one person working on knowledge management activities to participate in the task team and the meeting. A conference call in August 2006 was held with partner agencies to discuss the purpose, objectives and outcome of the meeting.

At the same time a virtual Community of Practice was established on the IBP Knowledge Gateway and all partners were asked to prepare suggestions for a vision statement, meeting objectives and a SWOT analysis of their current knowledge management strategies. The core team reviewed these contributions and prepared the meeting agenda. 18 participants from 14 partner agencies attended the meeting on 26th October 2006.

Summary of the Meeting

Participants provided a brief review of their own knowledge management activities and then undertook a plus/delta analysis of the contribution that knowledge management strategies can make toward closing the knowledge to practice gap. The group also discussed the challenge we face incorporating these strategies into our working environments. Many of the positive aspects of IBP partner knowledge management strategies are in alignment with the vision, strategy and operating guidelines of the IBP Initiative.

The Task Team formulated a vision statement

In support of the IBP Mission and goals:

"a community to support innovation and sharing to identify and promote knowledge management/knowledge sharing (KM/KS) practices that work; address the challenges of KM/KS; and, mainstream KM/KS within the reproductive health/family planning community for the purpose of enhancing reproductive health/family planning programs globally."

During this discussion partners shared ideas and identified three key needs that would contribute to more effective functioning of the task team:

1. The IBP Secretariat needs information about the activities of member organizations

2. Member organizations need information about IBP (e.g. what is it about? How does it add value to their organizations?)

3. The IBP Knowledge Gateway needs to be stable if we are going to actively promote it. Funding is needed to ensure stability. Constituencies at WHO can contribute to that stability and partners can contribute to supporting activities and expanding the use of the system.

Participants worked in groups to formulate a scope of work focused on identifying opportunities to collaborate on knowledge sharing activities; opportunities to educate IBP partners about the vision, mission and objectives of the IBP Consortium; and identifying ways to incorporate the IBP Knowledge Gateway into partner activities.

Progress

The report of the meeting was circulated to members of the task team in November 2006. At the same time, a user survey of IBP Knowledge Gateway members was conducted and a summary of the survey results was circulated to IBP partners. An IBP Knowledge Gateway Progress Report detailing both the enhancements to the IBP Knowledge Gateway and impressive growth in its use was circulated in December 2006. This report has since been prepared for publication by the IBP Secretariat in collaboration with JHU/CCP/INFO. The following activities included in the 2006/7 programme of work were initiated:

a) The IBP Secretariat and Family Health International developed a framework for one page advocacy briefs on the work of each partner agency. These briefs will showcase the work of each agency and their resources. IBP partners will prepare and post the advocacy briefs on the IBP Knowledge Gateway each month. Each brief will be linked to IBP partner websites and sign post new or topical information.

b) JHU/CCP/INFO and other partners began to plan several global discussion forums. The first was the second annual forum on client provider Interaction to support the provision of family planning in HIV/AIDS settings. It was launched through a five country video conference held on March 1, 2007 and cosponsored by Health Communication Partnership. The second was a two-week forum organized by JHPIEGO on post-partum family planning. The third was a six-week form organized by JHU/CCP/INFO and UNFPA on youth and media.

c) JHU/CCP/INFO met with representatives from CARE and JSI to demonstrate the IBP Knowledge Gateway and discuss customizing communities of practice to enhance information sharing within their own agencies and projects.

d) The fourth phase of enhancements to the IBP Knowledge Gateway was completed.

3.2 Advocacy Activities and Materials

- The IBP advocacy brochure was produced in English and French. The brochure will be updated and republished in 2007.

- Electronic copies of the IBP "How to" Guides designed to help support the development of interactive training sessions, Mini University, Technology Café, Information Exchange Bazaar and Poster session were finalized and made available through the IBP Secretariat.

- The Participant and Facilitator Performance Improvement Manuals were revised and electronic copies are available from the IBP Secretariat**.**

- A draft of the new IBP website has been reviewed by JHU/CCP/INFO. The new

website will be updated and re-launched during 2007.

- A user survey of the IBP Knowledge Gateway was undertaken and published on the IBP Knowledge Gateway.
- A user survey of the Global Alliance of Nursing and Midwifery (GANM), one of the largest IBP Knowledge Gateway communities, was undertaken.
- IBP presentations were put in the library of the IBP Consortium community of practice for IBP member use. The Knowledge Sharing Task Team will create a KM101 presentation for IBP partner use.

3.3 Leading Change Task Team *IBP/MAQ Guide to Fostering Change to Strengthen and Scale-Up Health Services*

The purpose of this Task Team was to develop a framework for leading change to adapt, utilize and scale-up best practices in health. The Guide is designed for use by coalitions or groups of organizations, such as IBP teams, who are in a position to support, guide and foster change at the regional, country and district levels. It can be used in a range of settings and embodies the purpose of the IBP Initiative – supporting the introduction, adaptation, implementation and scaling-up of successful technical and clinical practices. Its overall objective is to connect evidence-based practices for successful change to the introduction and scale-up of evidence-based clinical practices and effective managerial and performance improvement practices.

The Task Team worked virtually through the IBP Knowledge Gateway and met on two occasions in 2006 to review and finalize the Guide and prepare a CD-ROM of related tools published by IBP partners that support the implementation and use of the Guide. In addition, Management Sciences for Health (MSH) worked with partners to prepare and field test an E-learning module on fostering change based on the guide. It will be made available through the USAID Global Health e-Learning Web site. Task team members supported the initial field testing of parts of the Guide in Jharkhand State, India. The following materials will be finalized for publication the first quarter of 2007 and plans will be made to start introducing the guide at the regional and country level.

- **Guide to Fostering Change to Strengthen and Scale-Up Health Services**
- **E-Leaning Module on Fostering Change**
- **CD-ROM Tool Kit of Managerial Tools**

3.4 Events Calendar and Bibliography of Published Materials and Tools

IBP partners have contributed to and maintained an events calendar on the IBP Knowledge Gateway. They have also contributed to the publication of a weekly bulletin, issued through the IBP Knowledge Gateway that summarizes new publications and articles of interest published either by our partners or in peer reviewed journals. Feedback indicates that members of the IBP Knowledge Gateway find this e-newsletter a useful and accessible source of information.

3.5 Global Alliance for Nursing & Midwifery (GANM)

IBP partners, including WHO/RHR, JHU/CCP (INFO and Health Communication Partnership), JHPIEGO, Public Health Institute, and the Academy for Educational Development worked with the Johns Hopkins School of Nursing for over one year to establish the GANM in collaboration with seven WHO nursing and midwifery collaborating centres, WHO's Department of Knowledge Communities and Strategies, and WHO's Department of Nursing and Midwifery.

The team worked through the IBP Knowledge Gateway, conference calls and face-to-face meetings to formulate the mission, structure, purpose and scope of work for GANM.

GANM was formed to support the development of a global network of nurses and midwives. The network was launched on September 11, 2006 by Her Royal Highness Princess Muna Al Hussain of Jordan, through a seven-country videoconference involving 150 nursing and midwifery leaders from around the world. The videoconference was web cast by Johns Hopkins University and followed by a four week global online discussion forum, conducted through the IBP Knowledge Gateway. The forum involved **1,100 users from 104 countries. 47% of participants were from middle to less economically developed countries.**

The online forum addressed issues related to strengthening the role of nurses and midwives with effective leadership and appropriate policies and regulations. WHO/RHR, INFO and WHO/KCS supported a community facilitator training programme and provided ongoing support for the forum. Over twenty daily digests summarized the rich exchange of opinions, experience and knowledge.

The organization of the videoconference and forum demonstrated a high level of collaboration between partners and resulted in a lively discussion. At the completion of the online forum a user survey was conducted and the feedback was very encouraging.

Five topic-specific communities of practice were formed after the online forum including a Spanish language community focused on Making Pregnancy Safer. The IBP/Secretariat agreed to include multi-language capabilities in the next phase of enhancements to the IBP Knowledge Gateway to provide support for non-English CoPs. This capability was developed in collaboration with the team supporting the Spanish community of practice (CoP). GAMN communities continue to remain very active. In addition, Johns Hopkins School of Nursing has started a discussion in the GANM community of practice on informatics and has conducted virtual training sessions using an electronic teaching tool called Elluminate. The first session conducted in 2006 supported 35 participants from 13 countries.

User Feedback from the GANM Global Discussion Forum:

- **It is always interesting to gain global perspectives on health care. You often think that problems are localized, but when information is shared you find than many others places and facilities face the same problems.**
- **It is useful to know the attitude and knowledge of our colleagues around the world on different nursing issues.**
- **Very useful, stimulating, encouraging the exchange and experience.**
- **A lot of very interesting topics discussed with interesting responses from around the world.**

3.6 International Conferences

Participation in international conferences by the IBP Secretariat was limited this year due to funding constraints. The IBP Secretariat attended the annual meeting of the WHO Nursing and Midwifery Collaborating Centres, October 2006 to demonstrate the IBP Knowledge Gateway and discuss how the thirty-seven WHO Collaborating Centres could become more engaged in supporting the GANM. The WHO Office of Nursing and Midwifery intends to hire a full-time expert in 2007 to support the further development of the GANM and the establishment of CoPs supported by their collaborating centres.

IBP members also attend international conferences to promote collaboration and knowledge sharing approaches, such as the meeting of the Society of Obstetricians and Gynaecologists of Nigeria (SOGON).

IBP partners submitted abstracts and supported a panel discussion on "Closing the Knowledge to Practice Gap" at the 33rd Annual Meeting of the American Public Health Association (APHA) in December 2005.

In 2000 a team working with the Geneva Cantonal Hospital formed the Reseau en Afrique Francophone pour Telemedicine (RAFT) to develop and co-ordinate an e-learning network in Africa. They conducted web casts via satellite and currently reach 10 French-speaking countries in Africa. In 2006 the IBP Secretariat worked with RAFT and IntraHealth to develop several telemedicine sessions which engaged participants from West African countries in a virtual discussion on improved reproductive health.

3.7 On-line Global Discussion Forums

The IBP Knowledge Gateway has served as the electronic platform for six virtual discussion forums which have reached over 2,300 participants from 105 countries. The purpose of these forums is to provide opportunities for synergy between sharing best practices in reproductive health and exchanging country-based and personal experiences. Each forum focuses on a central theme, lasts for a set period of time (usually two weeks to a month), is supported by partners, led by experts, and follows up either a global meeting or multi-country video conference on the same theme. Forum topics have included:

- *Youth Forum on Pregnancy Prevention in a Time of HIV/AIDS* (March - April 2005), which engaged 640 people from 82 countries.
- *The Female Condom: Accelerating Access and Use* (October - November 2005), held after a global consultation on the female condom. It engaged 350 people from 30 countries.
- *Client and Provider Perspectives on Integration of Family Planning Counseling and HIV/AIDS Services* (May 2006), held after a videoconference and web cast linking four sites (Ghana, Kenya, Switzerland and USA). It involved 477 people from 58 countries. A follow-up videoconference took place in March 2007 linking five sites (South Africa, Ethiopia, Geneva, Baltimore and CDC Atlanta), followed by a two-week forum involving 500 participants.
- *Leadership for Action: The Contribution of Nursing and Midwifery to Health and Achievement of the Millennium Development Goals* (September – October 2006), which engaged over 1,100 people from 105 countries after a videoconference on the same topic linking seven sites.
- *Postpartum Family Planning Global Forum on LAM and the Transition to Other Modern Methods* (March 2007). Organized by ACCESS-FP, implemented by JHPIEGO in partnership with Save the Children, Constella Futures, and the Academy for Educational Development, the American College of Nurse-Midwives and Interchurch Medical Assistance. More than 190 people from 36 countries participated in the discussion.
- *Strategic Communication for Behaviour Change Globally: The Power of the Media* (March - May 2007), held in conjunction with a UNFPA meeting in Istanbul. The goal was to share effective strategies in popular culture and youth-led media for sexual and reproductive health promotion, drawing on UNFPA's Youth Peer Education Network's expanded, innovative partnerships. Cosponsored with UNFPA's Division for Arab States, Europe and Central Asia.

3.8 WHO/AFRO/USAID-led initiative to *Re-position Family Planning in Africa*

The IBP Secretariat, supported by IBP partners, has been actively working in collaboration with WHO/AFRO, USAID, and the Academy for Educational Development (AED) and the Population Reference Bureau (PRB) to develop a set of advocacy materials to support the Repositioning of Family Planning in Africa. The tools are under review by IBP partners and will be finalized for pilot testing in 2007.

3.9 Scaling-up Discussion Group

As a result of the discussions held during the IBP Consortium meetings on the development of a management framework to improve scaling-up a small group met to discuss next steps. Population Council agreed to work on the identification of 20 questions that could be used either for a prospective and/or retrospective analysis of scaling-up projects. The outcome of this analysis will be used to identify factors that will contribute to successfully scaling-up proven effective practices. In order to undertake this activity additional funding will be required. In addition partners will continue to collaborate with ExpandNet on the preparation of guidelines to support the management of scaling-up.

3.10 Programmatic Exchange Programme and Service Package for Community-Based Workers

During the IBP Consortium meetings partners discussed the importance of identifying effective practices that can support the provision of quality community-based services to improve reproductive health. Partners have a great deal of experience to share on this issue since many have worked on the development of such programmes and some are currently engaged in supporting countries to develop different types of community-based programmes.

WHO/RHR IBP Secretariat, WHO/RHR Social Science Team, USAID, The Population Council, FHI, IntraHealth and other partners working in Africa are interested in providing support to countries involved in implementing large-scale community-based family planning programmes within the context of the road map for the reduction of maternal mortality and in the context of the regional strategy for the integration of HIV prevention, care, treatment and support.

As a first step in developing this relationship, the interested parties formed a planning team to support the organization of a workshop designed to bring together teams from five countries currently involved in implementing community-based reproductive health programmes in the African Region. The main criterion for country selection was a long term commitment to support community -based reproductive health programmes from the government. The goal is to develop long-term relationships with in-country managers, researchers, and policy-makers in order to:

a) Facilitate exchange and documentation of country experiences;

b) Build capacity in the area of monitoring and evaluation; and,

c) Support the application of social science and operations research methods to support the development of each programme and the implementation of effective practices.

Since the October 2006 IBP Consortium meeting the team has worked electronically and through teleconference calls to prepare and reach consensus on the concept paper and criteria for selecting countries and participants.

3.11 Family Planning: A Global Handbook for Providers

The new handbook is one of the World Heath Organization, Department of Reproductive Health and Research's Four Cornerstones of Family Planning Guidance. WHO/RHR has worked in partnership with Johns Hopkins Bloomberg School of Public Health, Center for Communication Program (CCP) INFO Project, and in collaboration with over 30 other organizations to prepare this handbook. The handbook will be the successor to the widely distributed *Essentials of contraceptive technology: a handbook for clinic staff*. The draft was pre-tested in five countries, and is currently being printed. IBP partners have participated either individually or collectively in the development of this handbook and are committed to supporting its dissemination and use once it is published May 2007.

3.12 Discussions with AED's Africa 2010 Project

Dr Olewole, Director of the Africa's Health in 2010 Project, made a presentation on this new AED project at the October 2006 IBP Consortium meeting. Dr Olewole stated that the project aims to strategically support the Africa Bureau at USAID and decision-makers at country level to improve reproductive health, particularly maternal/child health, family planning, gender, youth and urbanization and nutrition, prevention of infectious diseases and HIV/AIDS. Dr Olewole noted that the project had similar goals to the IBP Initiative and complimentary activities, particularly to identify and scale up effective practices. Africa 2010 is currently working with IBP partners to support the WHO/USAID Repositioning Family Planning advocacy kit. Through its parent organization AED, Africa 2010 joined the IBP partnership. It was agreed that USAID and the IBP Secretariat will hold further discussions to identify synergies and explicit activities that can be incorporated into the IBP Programme of Work.

- June 2006. The information in WHO Essential List of Medicines, the WHO Model Formulary (WMF) was updated for the WMF 2006 edition.

- ***Essential Medicines for Reproductive Health: Guiding Principles for Their Inclusion on***

3.13 Essential Medicines

At the October IBP meeting, the IBP Secretariat presented the work of the Secretariat in collaboration with PATH and the WHO Department of Medicines Policy and Standard (WHO/PSM) on a five-year four million dollar "Quality Medicines for Reproductive Health Project" funded by the Bill and Melinda Gates Foundation. The objective of the project is to improve access to quality, essential reproductive health medicines and commodities by promoting the inclusion of reproductive health medicines within essential medicines programmes, developing guidance on quality suppliers and products, and building procurement capacity in resource-limited countries.

The IBP Secretariat reported that, after an extensive consultative and collaborative process, involving a number of partners from the IBP Initiative, the project has published the following materials and tools:

- ***The Interagency List for Reproductive Health Medicines 2006***. http://www.who.int/reproductive-health/publications/essential_medicines/. Published jointly with WHO, the World Bank, UNFPA, PSI, PATH; JSI and IPPF in June 2006. This is a subset of the 14th WHO Model List of Essential Medicines, also published

  National Lists. http://www.who.int/medicines/publications/EssMeds_RHealth.pdf. Published by PATH, WHO, UNFPA, June 2006.

- ***16 Policy Briefs on selected Reproductive Health Essential Medicines***

Prepared by WHO/PSM and WHO/RHR. Included as an appendix in ***Essential Medicines for Reproductive Health: Guiding Principles for Their Inclusion on National Lists.*** These briefs serve as examples of the rationale and evidence needed to help policy makers and decision-makers act as advocates for the inclusion of these medicines in national essential medicine lists and budgets.

IBP partners have been asked to support the dissemination of these materials through their country projects.

Section 4: Country Support Activities

4.1 WHO/AFRO and USAID led Repositioning Family Planning

IBP partners have participated in two meetings convened by the WHO African Regional Office, Brazzaville to review and finalize the Family Planning Advocacy Materials for policy makers. These materials will be field tested in 2007.

4.2 Pan African Parliament

Efforts have been made to follow-up the proposal to convene a technical meeting tagged onto the next meeting of the Pan African Parliament. Partners have agreed to postpone this activity until the parliamentarians are ready to support this meeting.

4.3 Identifying and promoting effective post abortion care activities in West Africa

In March 2006, IBP partners introduced the IBP Initiative to participants from francophone West Africa and agreed to support an assessment of post abortion care (PAC) activities in the region and strategies to assess, document, and share effective PAC practices. In 2006, the Population Council was awarded two contracts to assess the Senegal PAC program and subsequently five other PAC programmes in the area. The IBP Secretariat will serve as an external expert to provide a review of the collection of tools and final documents and work with partners to organize a regional dissemination and exchange activity in 2007.

4.4 Ethiopia: “Practices that Make Programs Work"

Significant follow-up activities have taken place with the Ethiopia IBP team established in conjunction with the 2004 Uganda IBP Launch. In January, 2006 the IBP Secretariat and representatives from USAID worked with the Ethiopia Team to initiate the documentation of a collection of programs addressing reproductive health issues that identified "Practices that Make Programs Work." The practices highlighted in the document became the focus of a national consultative meeting focused on undertaking developing an analytical process to determine which practices would be appropriate to scale-up. The meeting provided a forum for a frank sharing and exchange of experiences and lessons learned. This contributed to the identification of a set of working practices all participants would support to scale-up. The definition of “best practices” was a point of debate and over time has been resolved to the satisfaction of the Ministry of Health (MoH).

The document of working practices was finalized and endorsed by the MoH in November 2006. It should be noted that not all “best practices” and/or programmes have been documented and many more exist, which could be included in this process at a later date. Once the document is finalized, the MoH, in collaboration with the IBP team, will support similar consultative meetings at regional level to assist with the dissemination, implementation and scaling-up of the effective practices identified through analyzing the practices that make programmes work.

4.5 Kenya

Please see 2006 Story of the Year, p 6

4.6 Jharkhand, India

CEPDA India, in collaboration with the WHO/Country Office and supported by the IBP Secretariat, has led the follow-up of IBP activities in Jharkhand. In response to the need to implement the National Rural Health Mission (NRHM) plan to decentralize the management of health services to district level, Dr. Shivendu, Secretary of Health, DoH/FW, Jharkhand, Joint Secretary, DoH/FW, Jharkhand Health Society asked IBP partners to assist with developing the technical expertise and managerial capacity of district managers in Jharkhand. Plans were prepared to convene a three-day workshop for 130 senior district managers focused on introducing performance improvement tools and building managerial capacity to prepare and implement district plans. In addition, discussions were held prior to and during this visit with DoH/FW officials and partners (IntraHealth , CEDPA, EngenderHealth, ICOMP, CARE) to plan a follow-up workshop in each district for district managers and to support the development of a part-time continuing education programme for senior managers on leadership and management.

IBP partner agencies working in Jharkhand (Public Health Institute, IPPF/India, IntraHealth/India, CARE/India, Constella Futures/India, UNICEF, USAID; JHPIEGO/India; EngenderHealth/India, E2Z, CINI; EC) and Packard Foundation supported the workshop and made a commitment to support follow-up meetings in each District. UNFPA and the WHO/Country Office prepared a National District Planning Manual that was introduced during the workshop. The IBP Secretariat adapted a Performance Improvement Facilitator Training Manual and Participant Manual and introduced components of the IBP Fostering Change Guide during the workshop. A facilitator training programme was organized prior to the workshop.

The workshop was held in October 2006 for over 130 Senior District Managers. It was a highly participative with many small working group sessions. As a result of this meeting, plans were prepared to follow-up in each district by IBP partners and members of the JHS. Discussions were also held with partners and the Secretary of Health to develop a part-time accredited continuing education leadership and management programme for district managers. Within one week of convening this meeting the Secretary of Health was transferred and new Secretary of Health was assigned to Jharkhand. Follow-up activities were put on hold until after discussions with the new Secretary of Health. At the same time IntraHealth was awarded a project based in Jharkhand focused on strengthening district level services. Follow-up activities will be coordinated by CEDPA, WHO Country Office and IntraHealth during 2007. A full report on the meeting and follow-up activities is under preparation by CARE and CEDPA.

4.7 Philippines

JHPIEGO informed partners that through local collaborative efforts the revised National Philippines Clinical Standards Manual on Family Planning have been produced and disseminated.

4.8 Synergies with WHO-UNFPA Strategic Partnership Programme (SPP) and WHO/RHR Strategic Approach

The IBP Secretariat and partners are working closely with the WHO-UNFPA Strategic Partnership Programme. This collaboration is aimed at enhancing the use of evidence-based guidelines and tools produced by WHO/RHR in fa

mily planning, maternal and neonatal health and STI prevention and care. The aim is to foster collaboration and provide seed funding to support countries to adapt, update, formulate and disseminate their own technical guidelines and materials. Follow-up activities are undertaken in countries in which both IBP and SPP activities have already been launched i.e. Zambia, Tanzania, Ethiopia, Uganda, and India, as well as in countries where IBP consortium members are active and could assist in the SPP process, i.e. Benin, Nigeria, South Africa and Sudan. In the case of Benin, the country team is planning to adapt the Ethiopia experience of documenting and sharing "practices that make programmes work" in 2007.

The IBP partners supported an IBP/SPP regional meeting in Ethiopia, September 2006. This meeting engaged representatives from seven countries in a review of progress, sharing of lessons learned and challenges to acceleration of the introduction and implementation of updated family planning, maternal and neonatal health national guidelines. It is expected that the IBP partnership will become more heavily engaged with SPP activities as they move toward providing assistance to countries to help address some of the challenges in implementing and taking to scale evidence-based practices.

Activities have been undertaken to link IBP activities more closely with the WHO/RHR-supported Strategic Approach. ExpandNet is a global network supported by WHO/RHR Strategic Approach and the University of Michigan that is working on guidelines to take effective pilot projects to scale. ExpandNet has introduced its work to the partnership and has been invited to join the IBP Consortium to work collaboratively to support the use of the guidance and tools and to advance approaches to scaling-up. Working with ExpandNet will provide additional opportunities to foster effective collaboration with the Strategic Approach to strengthen country support activities focused on taking to scale. Zambia is an example of such on-going collaboration.