IMPLEMENTING BEST PRACTICES
IN REPRODUCTIVE HEALTH

HIGHLIGHTS

IBP Consortium and IBP Knowledge Gateway

Annual Report 2007

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IMPLEMENTING BEST PRACTICES
IN REPRODUCTIVE HEALTH

HIGHLIGHTS from the IBP 2007 Annual Report

Introduction

As a Consortium, our coordinated effort is more than just the sum of the work of individual agencies. Pooling expertise, resources and funding increases our potential to re-ignite political will in reproductive health; influence global, national and local reproductive health agendas; and be a partnership focused on action.

This report will briefly review the purpose, mission, and goal of the IBP Consortium as detailed in our IBP Strategy 2006 - 2010 and outline our understanding of the added value that our partnership has.

From this baseline, the report will provide a concise overview of activities undertaken in 2007 and identify challenges the partnership will address in 2008/9.

1– Purpose, Mission and Vision of the IBP Initiative

Purpose

The IBP Initiative has been created in order to minimize duplication of effort and maximize the use of resources to ensure that the best, most appropriate practices are being used to improve access to and the quality of reproductive health.

Mission

IBP partners should support countries to fulfill their reproductive health agendas by strengthening international and country co-operation to share experiences aimed at improving the introduction, adaptation, utilization and scaling-up of evidence-based and/or proven effective practices in reproductive health.

Vision

The IBP initiative will strengthen and maintain networks of international organizations and establish new networks committed to working together at the global, regional and country levels, to ensure that practical, cost-effective best practices are shared and utilized within reproductive health programmes worldwide.

The IBP Consortium- Our Value added

As a partnership:

- We offer an outstanding 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.

- We are not linked by donor funds, but by a commitment to work collaboratively to take to scale effective practices to improve reproductive health.

- We offer 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 the Implementing Best Practices (IBP) Initiative. Since then the concept of "best practice" has become widespread and accepted by many countries and organizations.

- We have started to work with countries and other partnerships to document and share practices that make programmes work.

- We works collaboratively to identify how to scale-up proven, effective practices and use change management techniques to strengthen health systems to more effectively support health care providers' performance.

- We produce joint publications and promote the use of existing materials and tools that support proven effective practices and are published by our partners.

- We aims to harmonize approaches, reduce duplication of effort, and unite to address challenging managerial and technical issues.

- 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.

- We have demonstrated that it is possible to organize effective meetings that result in follow-up through the formation of collaborative networks at country level. These networks are led by the Ministry of Health and supported by our partners that continue to work together in the longer term to accelerate improving access to quality reproductive health care.

- We have brought issues to the table, shared our experience and worked together to seek solutions to address to achieve our common goal of improved reproductive health.

- We have responded to the challenge of closing the knowledge to practice gap and have explored how knowledge management can help address this problem.

- We developed the IBP Knowledge Gateway to promote virtual collaborative learning and to support the sharing and exchange of knowledge within and among countries through communities of practice.

- The IBP Knowledge Gateway has grown to include over 10,000 members from 180 countries. The technology and approaches are shared with other organizations who can own, customize, brand and manage their own global and sub-communities of practice. In 2006 the IBP Knowledge Gateway was accepted as a corporate tool for WHO.

2 — Chair of the IBP Consortium

IntraHealth International accepted the Chair of the IBP Consortium in October 2005, under the leadership of Dr. Pape Gaye, President, IntraHealth Inc. All partners agreed to extend the tenure of the Chair to two years in order to provide continuity and sustained leadership. Jhpiego accepted the Chair through October 2008.

IBP partners would like to thank Dr. Pape Gaye and his team for the excellent support they provided to the IBP Consortium. Their vision and leadership enabled us to build on the work of previous Chair, Family Health International, to finalize our revised Operational Guidelines, the IBP Strategy for 2006 - 2010, to expand our partnership, and to move forward towards our common goals.

At the IBP Consortium Meeting in November 2007 the Chair of the IBP Consortium was handed over to Dr Ronald Magarick, PhD, Director, Global Programs, Jhpiego.

2.1. IBP Memorandum of Understanding

The IBP Memorandum of Understanding expired in December 2007. The IBP Steering Committee at the June 2007 meeting passed a motion to extend the MOU indefinitely and to use the IBP Operating Guidelines to provide flexible guidance on IBP Consortium standard operating procedures.

All partners were approached during 2007 to agree to an indefinite extension of the IBP Memorandum of Understanding (MOU). 26 out of the 27 partners re-signed the MOU. The one remaining partner is reconsidering its membership, as it has not been able to participate fully in the IBP Consortium due to funding constraints.

3 – IBP Steering Committee Meetings

IBP Steering Committee Meetings were held in June and November 2007, piggybacking on major conferences being held in the USA. The agenda for these meetings was prepared by representatives of the Chair, IBP Secretariat and USAID. The IBP Steering Committee is composed of representatives of the 12 "Founding Members" of the IBP Consortium. Three new partners; Academy for Educational Development (AED), Population Council and CARE and have been invited to join the IBP Steering Committee. CARE declined due to multiple commitments.

In accordance with the IBP Operational Guidelines new partners can remain members of the IBP Steering Committee for two years. At the end of this term members can be re-nominated for another two years by members of the IBP Consortium. Because of the ever growing membership of the Steering Committee a proposal will be made to members to form sub-committees with specific time bound assignments. The leader of each sub-committee will report back on activities undertaken at each IBP Steering Committee meeting.

3.1. Role of the IBP Steering Committee

The role of the IBP Steering Committee is to:

- proactively provide strategic direction and counsel to the IBP Chair and Secretariat;
- work electronically as a team and meet as necessary to discuss progress with implementing the IBP strategy and programme of work;
- act as advocates for the IBP Initiative in the international arena, both at the global and country level;
- review and approve the annual programme of work to ensure that activities are in line with the IBP vision and goals;
- review and approve issues of governance and operating guidelines;
- take a leadership role in activities identified from the IBP annual programme of work;
- serve as the decision-making body for IBP membership applications; and
- review, discuss and provide input on funding proposals.

3.2. Summary of IBP Steering Committee Meetings - 2007

IntraHealth International has held the Chair of the IBP Consortium for the last two years and Jhpiego agreed to accept the chair in October 2007. To support Jhpiego's take over the Chair, partners undertook a self assessment in order to determine how the partners see their organization's participation in terms of current and potential impact and also to gain insights about the value of the IBP Consortium to IBP members. The outcome of the assessment was discussed during the IBP Consortium meeting held November 2007.

3.2.1. IBP Consortium historical overview

At the request of the IBP Steering Committee the IBP Secretariat presented an overview of the growth and development of the IBP Consortium since the inception of the partnership in 1999. Refer Annex 1.

3.2.2. IBP Secretariat Report

The IBP Secretariat provided the IBP Steering Committee members with a concise review of how the Secretariat functions within WHO and the activities undertaken to support the partnership during 2007.

The Steering Committee commended the diversity of the activities and acknowledged the need to make a case to USAID for its continued support to the IBP Secretariat and IBP Knowledge Gateway in upcoming projects and procurements. In particular the re-bidding of the INFO Project should include a mandate to continue supporting the IBP Knowledge Gateway.

3.2.3. IBP Funding

USAID provides the majority of funds to support one staff member of the IBP Secretariat and key activities. The WHO Department of Reproductive Health and Research, (WHO/RHR) also provides funding to support one senior adviser and IBP activities. In addition, funds are leveraged through cost-sharing and country specific activities. It is therefore possible to fund IBP activities by including specific activities in annual work plans. The partnership needs to be very clear about what the funds should support. It was noted that the IBP Secretariat would need the support of partners to approach potential donors.

3.2.4. Marketing the IBP Consortium

The Steering Committee felt the importance to market the IBP Consortium effectively within our own organizations, country projects and programmes to ensure that IBP activities become incorporated into annual work plans and budget lines. The establishment of a Task Team was proposed to address this issue in more depth.

3.2.5. Regional Affiliation

The IBP Steering Committee discussed the work of Africa 2010 and the potential key regional institutions, such as WAHO, RCQHC, and CEFOREP who could become affiliated to the Consortium. Members of the IBP Consortium could support these regional networks by offering tools and approaches and helping them to operate within a similar framework to the partnership. IBP partnership is keen to support and work through existing networks.

4 – 2007 Role and activities of the IBP Secretariat

The Department of Reproductive Health and Research (WHO/RHR) has housed and supported the activities of the IBP Secretariat since the beginning of the IBP Initiative. Since 2005 the IBP Secretariat has been jointly funded by WHO/RHR and USAID. WHO/RHR seconds a full time senior technical adviser to act as a member of the IBP Secretariat and through the Global Health Leadership Program USAID funds another senior adviser seconded to WHO/RHR. Together they implement a joint programme of work that aims to support the activities of IBP Consortium members.

4.1 Role of the IBP Secretariat

4.1.1 *Representation*

- Act as representative for the IBP Consortium, at the international and governmental level, with bilateral and multilateral donors, aid agencies and the media, as appropriate.
- Act as a clearinghouse for enquiries about the IBP Initiative/Consortium and requests for assistance from IBP Consortium members, regions and countries, as appropriate.
- Provide management.
- Identify, negotiate and support the introduction of new members to the IBP Consortium in collaboration with the IBP Chair.
- Coordinate the development of the IBP Programme of Work in collaboration with the IBP Chair and members of the IBP Steering Committee and IBP Consortium Committee.
- Follow up on decisions taken during IBP Consortium-related meetings, with assistance from the IBP Chair and members of the IBP Steering Committee and IBP Consortium Committee.
- Identify prospective sources of funding, prepare fundraising proposals, and establish transparent systems of financial management for IBP Consortium activities in collaboration with the IBP Chair.
- Support the establishment of Task Teams and assist in formulating their scope of work and defining their specified outcome.
- Follow up requests for support from regions and countries and present these requests to the IBP Consortium Committee when relevant to IBP goals and activities.
- Investigate avenues where the IBP Initiative could expand to reach new audiences.
- Together with the IBP Chair address IBP Consortium membership issues.

- Function as ombudsman for concerns raised on the part of any individual or organization in the Consortium and assist in the resolution of any disagreements among Consortium members.

4.1.2 *Reporting and accountability*

The IBP Secretariat is responsible for preparing, coordinating and implementing a six year programme of work with associated budget lines within WHO/RHR. Each annual plan of activities is prepared in collaboration with members of WHO/RHR/TCC. The IBP Secretariat submits an annual progress report to USAID and prepares a report for both the RHR Department and for STAG[1].STAG determines whether or not activities meet the technical, programmatic and managerial requirements necessary to achieve the strategic objectives of the Department. To date STAG has always commended the IBP Consortium activities and approved the programme of work.

4.1.3 Technical Leadership

- Work proactively to identify important challenges and opportunities for the IBP Initiative and facilitate efforts to move the Initiative towards its vision and goals.

- Keep the IBP Strategy updated, and, in cooperation with the IBP Consortium Committee, review progress on strategy and programme of work on a regular basis

- Identify opportunities for providing technical leadership through IBP Consortium members on issues of high priority and emerging issues in reproductive health, particularly family planning, maternal and neonatal health, adolescent reproductive health and the integration of STI/HIV prevention and care.

- Work in collaboration with partners to undertake specific time-bound activities identified in the programme of work and monitor and follow-up the timely performance of IBP-related assignments undertaken by member organizations.

- Assist partners and member organizations with the identification of evidence-based and proven effective practices, materials and tools for dissemination.

- Support the development of systems that enhance the knowledge management and knowledge sharing activities of IBP Consortium members and their country projects and programmes.
- At the country level encourage IBP Consortium members to support the Ministry of Health, promote the sharing of information and tools and facilitate collaboration with each other and other in-country organizations and agencies working on reproductive health issues.

- Facilitate communication among IBP Consortium members, partners and country

[1] STAG; the WHO/RHR Scientific and technical Advisory Group

teams and assist with the dissemination and exchange of information.

- Support the further development and expanded use of the IBP/ECS Knowledge Gateway.

- Support the IBP Chair prepares and distributes reports on IBP activities.

- Meetings: Work with the IBP Chair to organize and prepare the agenda and associated documentation for the IBP Consortium Committee and IBP Steering Committee meetings. Assist with the preparation and distribution of meeting minutes.

- Serve as central coordinator for IBP regional and country meeting and activities

4.2 Examples of the IBP Secretariat Activities - 2007

4.2.1. Integrating IBP activities within WHO/RHR

Integral part of the WHO RHR team and more specifically the TCC team.
Coordination/consultation particularly with:

- Policy and Programme (ExpandNet)
- Scaling up the Pilots to Regional Programmes project in Zambia
- Family Planning Team
- Pre-service competency based education
- HIV/FP integration/HIV linkages (also with RTI/STI team)
- Management guidelines - discussion forum.
- FP Handbook - dissemination and use

Co-ordination with Social Sciences Unit:

- Mali workshop on Community based reproductive health
- Social Determinants for Health- review documents, planning meetings

Co-ordination with Area Managers

- WPRO, SEARO: ANE meeting (workshop follow-up, India IBP activities)
- EMRO: ANE meeting, Jordan, Pakistan and Afghanistan preparatory meetings to create a local team prepared to attend the ANE meeting. Local funding secured. Planning and technical support to ANE meeting provided. Commitment to follow-up three countries.
- Regional Advisory Panel (RAP) meeting - IBP discussed.
- AFRO:
    - RAFT
    - SPP: Mostly coordination with Africa, upcoming Francophone meeting
    - FP Advocacy Kit
    - Kenya initiative for RH activities in 3 districts
    - Documentation and sharing of “best practices”
    - Ethiopia, Benin
    - Fostering Change

- PAC West Africa

4.2.2. Coordination outside of RHR across Clusters within WHO

- Human Resources for Health, - Nursing, Midwifery and Health Professions (Mental Health Unit, Global Alliance for Nurses and Midwives and Health Profession Network, ICN.
- Policy, Standards and Medicines to support Reproductive Health Essential Medicines Project.
- Disability Unit (Injury and Prevention)
- Knowledge Strategies and Communities to support the IBP Knowledge Gateway strategy and the use of the IBP Knowledge Gateway as a corporate tool within WHO
- Inter-agency working group on reproductive health in crisis, conflict and displacement.
- IBP Knowledge Gateway video conferences and global discussion forums.

4.2.3. Coordination with organizations and agencies outside WHO

- IBP partners - GHC and APHA, IBP Steering Committee Meetings, IBP Consortium Meetings and IBP Knowledge Sharing Task Team Meeting.
- Follow-up KM meetings with JHU/CCP/INFO.
- USAID: Most activities, in particular Community Based RH, Documenting Best Practices, ANE meeting and follow-up
- Gates funded Reproductive Health Essential Medicines Project, PATH and members of the Reproductive Health Supplies Coalition, UNFPA Procurement, and Copenhagen.
- UNFPA: Community of Practice: Disability and Reproductive Health
- PRB: Advocacy Kit
- Multiple agencies supporting the IBP Knowledge Gateway video conferences and global discussion forums.

IMPLEMENTING BEST PRACTICES
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Travel to support Field level activities and IBP meetings: 2007

Date	City/Country	Purpose
January	Brazzaville, Congo	Finalize FP Advocacy Kit
February	Dakar, Senegal	Finalize PAC assessment tools for W. Africa
March	Addis Ababa, Ethiopia	Plan for regional workshops to identify priorities and existing "practices that make programmes work" and introduce the fostering change guide
April	Abomey, Benin	Update on SPP, introduce the FP advocacy kit and initiate the documentation and exchange of "best practices"
May	Bahir Dar, Ethiopia	1st regional workshop for 4 regions
End May/June	Washington, DC	IBP meeting, Fostering change workshop IBP Steering Committee and Consortium meeting. Individual partner meetings.
June	Bamako, Mali	5 country Workshop on Community based reproductive health
July	Jordan	Establish a country team to attend the ANE meeting, initiate discussion on best practices and identify local funding.
July	Pakistan and Afghanistan	Colleague visits both countries and initiates discussion on forming a country team and attending ANE meeting
End July/August	Lusaka and Ndola, Zambia	Scaling up the Pilots to Regional Programmes meeting and site visit
September	Bangkok, Thailand	Supported the organization and contributed to session at the ANE Best Practice meeting
End Sept/Oct	Nairobi, Kirinyaga, Meru, Laikipia, Kenya	Assessment of RH priorities for three districts. ID role of partners
October	Adama, Mekele, Ethiopia	2nd regional workshop for 4 regions
November	Washington, DC and Baltimore	IBP steering committee, IBP Consortium meetings, IBP Knowledge Gateway and Task Team Meeting. Individual partner meetings.
November	Dakar, Senegal	RAP meeting and plan for W. Africa PAC meeting
December	Cotonou, Benin	Francophone SPP meeting
December	Brasilia, Brazil	RH and disability meeting to develop guidance for partners

5 – IBP Consortium Meetings

The IBP Consortium meetings are held twice a year during June and November 2007 tagged onto global health events. Since November 2007 the meetings have been extended to one and half days. **Both meetings were very well attended. In these lively and intense meetings the results of the committed partnership are reviewed and the next steps planned.** Both meetings were very well attended with 24 organizations being represented at the June meeting and 19 at the November meeting, averaging 45 participants.

5.1. June IBP Consortium Meeting

The June meeting was opened by the Chair of the IBP Consortium with a review of the IBP Annual Report highlighting the achievements of the IBP Consortium. This was followed by a report by IntraHealth detailing the activities of the IBP Steering Committee and key recommendations.

Working group sessions were held to focus on specific activities that Task Teams will continue to work on throughout the year.

A discussion was held on the progress achieved with the development of the *Fostering Change Guide* and next steps required to support its effective dissemination by MSH. A skills building workshop using this Guide was conducted as part of the Global Health Conference and partners discussed opportunities for tagging on workshops to meetings and workshops they will be holding.

ESD introduced the progress they had achieved in the preparation for the Scaling-up Best Practice meeting due to be held in Bangkok, September 2007.

INFO and the IBP Secretariat reviewed the outcome of our collaborative activities to support the IBP Knowledge Gateway and our programme of activities.

The IBP Secretariat led a discussion on a review of workplan activities and partners undertook several small working group sessions to discuss and recommend next steps on: a) Partner Assessment; b) Pre-Service Training; c) Documentation of practices that make programmes work, d) PAC West Africa; and e) Disability convention. The outcome of these discussions was used as a basis for supporting activities undertaken by members of the IBP Consortium throughout the year.

5.2. IBP Consortium Meeting, November 2007

5.2.1. Introduction

The November meeting of the IBP Consortium witnessed the handing over of the Chair IBP Consortium from IntraHealth International Inc to Jhpiego. All partners warmly acknowledged the support and leadership provided by Pape Gaye and his team and welcomed the new leadership of Jhpiego.

In the November meeting the IBP assessment was reviewed in detail; several interesting points that needed to be explored further to determine an action plan to foster greater participation from members were highlighted. It also illustrated ways organizations are actually applying the vision and principles of the Consortium and identified ways agencies can integrate IBP principles into their work.

Members acknowledged that the IBP Consortium is a learning organization and were able to assess what works as well as what needs improving. Partners agreed that the assessment process was helpful in evaluating the effectiveness of the IBP Consortium and identifying our future technical agenda that builds on current activities, such as:

- The dissemination of the new *Global Handbook*; the need to focus on competency-based pre-service education; presentation and sharing of a 6-country assessment of post-abortion care; reinvigorating Family Planning (FP); the formulation of a strategy to identify additional countries we can focus on scaling up the provision of family planning services and integration of family planning with HIV prevention and care.

- Continuing to emphasize the use of the Knowledge Gateway and promoting IBP knowledge sharing and collaborative learning approaches.

- Approaching the European community and donors to join and support the IBP partnership.

- Looking for sponsorship or co-sponsorship of regional meetings and conferences focused on disseminating best practices.

- Promoting PPFP (Post Partum Family Planning) and other neglected areas, as well as looking to promote the HTSP (Healthy Timing and Spacing of Pregnancies).

A key underlying issue was the need to emphasize to donors and USAID that adequate resources must be made available for documentation, sharing and scale up, as well as coordination and collaboration with partners.

5.2.2. Update from the ANE meeting and group discussion

A review of the ANE meeting Bangkok presented by Milka Dinev, of Essential Service Delivery Project was followed by a group discussion which focused on follow-up and next steps.

5.2.3. ANE Midwives Meeting

Creation of an ANE Midwives Network was recommended at the ANE Bangkok meeting. A small group in the USA is driving the network and is coordinated by ESD. This group used the opportunity of members' presence at the IBP meetings to host the ANE Midwives Meeting. The group defined a number of activities that IBP partners can support and ESD will lead on the follow-up.

5.2.4. Kenya presentation

Dr. Solomon Marsden representing the APHIA II Eastern Project led by Family Health International (FHI) attended the IBP Consortium meeting and presented the IBP Kenya Experience on behalf of all partners including the Ministry of Health, Kenya, JSI, Jhpiego, IntraHealth, USAID and JICA. The next phase of collaborative activities to support the scaling-up of best practices was discussed.

5.2.5. Ethiopia Video Conference

The Ethiopia team, including Dr. Abonesh Hailemariam (WHO/Ethiopia) and colleagues from the Ministry of Health, Ethiopia, the Extension Worker Project and IntraHealth joined the IBP Consortium meeting through a videoconference link. The purpose of this discussion was to review IBP activities in Ethiopia and discuss how IBP is supporting the identification and scaling up of effective practices within their regions. The challenges, successes and lessons learned were highlighted through a moderated discussion. The Ethiopia team noted that the work that the IBP team is doing in Ethiopia can be used to promote integration and partnership at the community level and to support the Health Extension program. Continued support was requested and partners made a commitment to provide this.

5.2.6. Technical update sessions

Brief technical update sessions were provided by:

- Julie Samuelson, WHO/RHR on the **Global Strategy for STI prevention.** Partners were reminded of the global burden of disease and asked to look for opportunities to include strategies to manage and prevent STIs in their projects and programmes.

- FHI on activities in **Nigeria and Tanzania** which are being undertaken in close collaboration with the WHO/UNFPA Strategic Partnership Program.

- Population Council on activities led by the Ministry of Health, **Zambia** supported by the partnership to scale-up effective family planning programmes.

- The IBP Secretariat on the WHO/UNFPA/PATH **reproductive health essential medicines project.** All partners were asked to brief their own organizations on the importance of including access to essential medicines and commodities as key components of all projects and programmes.

- INFO and the IBP Secretariat on the extensive programme of work that has been undertaken to improve access to information and promote collaborative learning through the **IBP Knowledge Gateway.**

- **ExpandNet** on ExpandNet network activities and products related to scaling up.

- The IBP Secretariat **on Linking with WHO: Francophone Efforts RAFT, SPP and RAP meeting for AFRO and EMRO.** RAFT (Réseau en Afrique

Francophone pour la Télémédecine) offers distance learning sessions for Francophone Africa in conjunction with the Geneva University Hospital. There is an ongoing a series on reproductive health sessions and several partners are planning to conduct sessions.

- The IBP Secretariat on the **Strategic Partnership Program (SPP) is a collaborative program with WHO and UNFPA** to adapt WHO reproductive health guidelines for use in countries. To date Francophone activities have focused on Benin and Cameroon. An upcoming workshop in Benin will include DRC, Mali, Niger, Ivory Coast and CAR. Coordination with IBP and other partners is essential since many programs already have the updating of policies and standards in their scopes of work.

- The IBP Secretariat on **WHO's RH Regional Advisory Meeting for AFRO and EMRO**, **(RAP)** held in Dakar, November 2007. The agenda was research-focused but IBP's ideas and principles were presented. Small working group sessions were held to discuss activities and plan next steps.

The recommendations made during the plenary feedback session feed into and support the IBP annual programme of work.

1. Kenya: Linking with WHO effort to strengthen Reproductive Health (RH) programs in 3 districts.
2. Dissemination of FP handbook and fostering change.
3. PAC- 6 country assessment and plans for country exchange.
4. Pre-service competency based education.
5. Community-based reproductive health: Follow up to Mali.
6. Disability – Development of Global Guidance and Virtual Global Discussion.
7. Postpartum Family Planning (PPFP).
8. Family Planning Management Guidelines.

6 — Overview of IBP Consortium Activities 2007

The partnership is technically focused and activities are undertaken collaboratively on a cost-sharing basis. Our goal is to work at the global, regional, and country level to support the identification, adaptation, implementation and scaling up of evidence-based and proven effective practices in reproductive health. The implementation of activities requires extensive networking and collaboration with teams within the Department, across Clusters within WHO and with global, regional and country partners and organizations.

6.1. Guide to Fostering Change to Strengthen and Scale-up Health Services

MSH was pleased to announce that this Guide which includes a CD Rom tool kit of management tools has been published and an E-learning module has been developed and made available through the USAID Global Health E-Learning Website. http://www.globalhealthlearning.org/login.cfm

The Guide is available in English and WHO will support a French translation early 2008. The translation will be field tested at a workshop held in Mali by Macro International to introduce the Guide and the *Global Handbook for Family Planning Providers*.

In May 2007 partners supported a skills building workshop to introduce the *Guide to Fostering Change* as part of the Global Health Council. A plenary and workshop session was held during the ANE Scaling-up Best Practices meeting, Bangkok, September 2007 to introduce the Guide. Participants also had the opportunity to work through the E-learning module.

Partners have also discussed ways to link the dissemination of the *Guide to Fostering Change* with the *Family Planning Global Handbook*. The proposal is to tag on sessions to existing meetings. MSH has produced a calendar of events which identifies opportunities to undertake these tag on sessions.

It was agreed that skill building workshops will be undertaken in Kenya in November 2007 and early 2008 by FHI and Jhpiego, in Mali by Macro International, Pakistan by USAID and Ethiopia by the IBP Secretariat early 2008. CARE will also plan to undertake workshops in their country of operation and report back to the Consortium members.

6.2. Global Handbook for Family Planning Providers

The *Global Handbook for Family Planning Providers* was published and launched as one of the WHO's four cornerstones of Family Planning Guidance, June 2007. This document is a product of extensive collaboration between many partners. IBP partners are committed to proactively supporting the dissemination of this handbook.

JHU/CCP/INFO reported to partners that they have printed over 100,000 copies, June 2007 and over 42,000 have been distributed as of October 2007. The publication has been well received by partners who are actively disseminating the Handbook through their country programmes.

For example: Jhpiego has supported the use of the Handbook to prepare national family planning guidelines in the Philippines. EngenderHealth ordered 560 copies for training and distribution to 200 health facilities in Ghana. IPPF is distributing the handbooks to Regions and Member Associations worldwide. Family Health International is distributing over 1,600 copies in Kenya and in South Africa, Nelson R Mandela School of Medicine is distributing copies to students, consultants and midwives.

Partners also identified additional opportunities to support the introduction and use of this Handbook in countries.

In addition JHU/CCP/INFO supported by the IBP Secretariat and IBP partners launched the serialization and electronic dissemination of the Handbook through the IBP Knowledge Gateway. The online virtual discussion series was launched 22 October with a two week discussion on "Bringing New People to Family Planning: The Broader Impact of the Fertility Awareness Approach," sponsored by INFO and Georgetown University. Please refer to the Knowledge Gateway 2007 Report for a concise summary of these global discussion forums.

6.3. Pre-service competency based education

Jhpiego is leading this activity supported by the IBP Secretariat, JHU/CCP/INFO and other partners. The goal is to gather information on how low resource settings are using competency-based education, identify the barriers to using competency-based education for pre-service training of community-based providers and prepare guidelines to address these barriers.

To gather this information the team prepared a website with appropriate resource materials linked to Pre-service education Community of Practice on the IBP Knowledge Gateway. The team prepared three discussion forums. The first will be launched January 2008. Partners were requested to invite individuals with specific interest and skills in this area to join the community.

6.4. Post-Partum Family Planning (PPFP)

A Task Team was formed by Jhpiego to work collaboratively on PPFP. The team has agreed to undertake an inventory of existing training materials and tools and to share summaries of on-going programmatic activities, research and evaluations. Partners will identify effective practices that are evolving and work collaboratively in country to accelerate reaching a common goal of improved PPFP. Partners will support a virtual community of practice.

6.5. Disability - In support of the new Convention on the Rights of Persons with Disabilities - The Development of Global Guidance and Virtual Global Discussion.

The IBP Secretariat is working with UNFPA on the development of draft guidance for the full inclusion of people with disabilities in reproductive health activities. The IBP partners have made a commitment to raise awareness of sexual and reproductive health needs of people with disability. Partners will support the preparation of advocacy materials and a guidance document on Disability and Sexual and Reproductive Health, which will be published by WHO/UNFPA.

The partners supported a one week virtual Global Discussion Forum November 2007. The participation in this discussion forum was limited to identified interested parties. 85 individuals from 26 countries with expertise in sexual and reproductive health and disability shared their feedback on the draft UNFPA/WHO Guidance Note on Sexual and Reproductive Health of Persons with Disabilities. This feedback was collated and reviewed during a meeting convened by UNFPA to finalize the guidance note, Brazil, December 2007.

6.6. Management Guidelines to Support Family Planning

Partners were asked by WHO/RHR to discuss whether or not we need managerial guidelines to support family planning service delivery. The consensus was that there are many existing guideline and there is no need to develop another one. Partners suggested that an inventory should be prepared of what exists. The Capacity website already has such a framework which could be added to and shared with others.

It was proposed that partners should focus on the major management problems and chooses proven, tried and tested existing guidelines and/or tools that will help address those problems. It was proposed that the IBP partners could develop a similar tool to the Fostering Change Guide focused on "Ten Management plaques for life." Partners agreed to organize a short discussion forum to identify the management needs of individuals in the field.

This discussion forum was held December 2007 and provided an opportunity to review research findings and reach consensus on the core elements contributing to successful family planning programs. To date, over 225 people from 55 countries took part in the forum. The outcome of the forum contributed to further discussion and fed into a Web site prepared by INFO at www.fpsuccess.org.

6.7. Reproductive Health Essential Medicines

The IBP Secretariat introduced partners to the WHO/UNFPA/PATH Reproductive Health Essential Medicines Project. The IBP Secretariat is the project lead for the WHO Department of Reproductive Health and Research. This project was initiated in 2004. Partners were provided with a brief overview of activities and requested to support this

essential medicines project by (a) providing an overview of these activities to their programme and project staff; and (b) encouraging staff to understand the importance of including activities to support the provision of essential medicines and commodities in their activities and work-plans.

The IBP Secretariat will be developing a *Your Question Answere*" resource centre and communities of practice on essential medicines, procurement, distribution and programming. Partners were requested to form a task team to assist with preparation of this resource centre. This request will be followed up at the May 2008 IBP Consortium Meeting.

6.8. Brief overview of project activities up until the end of 2007:

- The harmonization of guidelines and tools to develop a list of reproductive health essential medicines, as part of the WHO List of essential medicines.

- The prequalification by the WHO Essential Medicines Scheme a core list of 12 reproductive health essential medicines including oral contraceptives, injectables and implants

- The preparation of guidelines for a WHO/UNFPA system to prequalify manufacturing sites for the male latex condom and CuT380A Intra-Uterine Devices (IUDs). The draft guidelines were approved by WHO Expert Committee on Specifications for Pharmaceutical Preparations, October 2007.

- The preparation of a systematic review, "*Copper containing, framed intra-uterine devices for contraception: systematic review of randomized control trials*". This review was published 2006, updated 2007 and used as the basis for an article accepted for publication by *Contraception*, April 2008.

- The preparation of three technical basis papers that have been used to support the updating of a 20 year old specification for CuT380A intra-uterine devices. A Technical Review Committee was convened August and October 2007. The recommendations from this committee are being used to update the IUD specification and the preparation of a procurement manual.

- Support for a PATH led initiative to prepare training materials for three regional workshops for programme managers on procurement, Senegal (December 2007), Nicaragua (January 2008) and Copenhagen (March 2008). The Department has also worked with partners to prepare and support three prequalification workshops for manufacturers due to be held in Beijing, China and Bangkok, Thailand (January 2008) and Delhi, India (February 2008).

6.9. Community Based Reproductive Health Care

WHO/RHR (IBP and social science staff), USAID, UNFPA and ESD organized a workshop in Bamako, Mali, June 2007 for five African countries, Cameroon, Ethiopia,

Ghana, Mali and Madagascar, which are involved in large scale community-based reproductive health programmes.

In addition to the sharing and exchange of best practices and country experience each country developed an action plan to focus on addressing specific challenges within their programmes. Partners are identifying specific technical assistance that they can offer to support the programmes.

6.10. WHO/AFRO/USAID-led initiative to Reposition Family Planning in Africa.

The development of a Repositioning Family Planning Tool Kit was requested after the FP Repositioning launch in 2004. The IBP Secretariat, WHO/AFRO, AED/Africa 2010 Project, UNFPA and USAID have supported the preparation of the tool kit which contains a series of briefs on family planning in Sub-Saharan Africa with advocacy approaches for specific populations. In January 2007 the tool kit was finalized during a workshop in Brazzaville. The tool kit was then tested in Benin and Nigeria and is being published. Plans are being made to regionally disseminate the kit.

6.11. PAC – Six country assessment and plans for country exchange

Following the March, 2006 meeting to introduce IBP, assess PAC activities and garner support for PAC in West Africa**,** USAID awarded two contracts to Population Council to complete an assessment of PAC services first in Senegal and then in 5 other countries in West Africa**.** In early 2007, the Senegal Assessment was reviewed by the Secretariat and assistance was also given to CEFOREP and the Population Council team to finalize a collection tool that would best serve eventual exchange, adaptation and scaling up of what is working in the region. Data collection is now completed and partners (USAID, IntraHealth, Population Council, and Africa 2010) are discussing the preparation of the exchange of information for fall, 2008.

6.12. Ethiopia

Activities to identify and document local best practices continue. In early 2007, the Ministry of Health requested assistance to convene regional meetings focused on meeting specific priority issues and programmes of importance in each region. May, 2007, IBP partners organized a meeting in Bahir Dar for four regions. Action plans were developed based on the Fostering Change Framework and partners agreed to follow-up in the regions where they worked.

A second regional workshop took place in October, 2007 as well as a follow-up visit to one of the first regions that attended the May, 2007 workshop.

At the November IBP Consortium meeting, a videoconference was held with colleagues from Ethiopia's IBP team. The Ethiopia team felt that the introduction of the IBP Initiative has led to improved sharing of national and regional information. The team felt it was important to advocate for the IBP approach since it is very useful and should be integrated into the work we do. The notion of identifying, documenting and sharing best practices has been adopted by the highest health authorities within the Ministry of Health. The country participants supported by WHO are very pleased to have taken this approach to the regional level, but recognize that follow-up is essential. Working collaboratively and in partnership will help to achieve this.

6.13. Benin

In April, 2007, Benin organized a meeting focused on following up SPP activities, introducing the Family Planning Advocacy Toolkit and developing a scope of work for the documentation and exchange of “best practices”.

6.14 Zambia: Scaling up Pilots to Regional Programmes (PRP)

The Ministry of Health has decided that it would like to scale up the PRP project which emanated from a pilot project entitled Expanding Contraceptive Choice in the Copperbelt. UNFPA has agreed to support this effort in two provinces. IBP is supporting the effort by encouraging ways for the partners present in Zambia to take part in the scaling up of effective practices. A workshop took place in August where partners discussed the scaling up programme and next steps. There was also a well-attended field visit to the Copperbelt where this programme originally took place.

6.15. Kenya - WHO led Initiative with IBP Partners

WHO is collaborating with the Government of Kenya, Ministry of Health (MOH), through the Division of Reproductive Health (DRH), in the context of the Division's Annual Operational Plan (AOP) for 2007-2008. Within this context, the following aspects of reproductive health were agreed to be of focus of a range of interventions:

- Strengthening the National Reproductive Health Programme through the adoption of the framework for implementing the WHO Global Reproductive Health Strategy: accelerating progress towards the attainment of international reproductive health goals (Implementation Framework)
- Addressing limited access to contraceptives
- Preventing adolescent pregnancy and improving the reproductive health of adolescents
- Reducing maternal mortality and improving maternal health

Given the excellent work the Kenya IBP team has done over the years, the IBP secretariat joined the team to make an initial visit to Kenya in October, 2007 to

- Make initial contact with priority districts for the interventions
- Begin discussions with DHMT about priority issues and possible interventions
- Meet with partners (IBP and others) to identify potential collaboration
- Test rapid assessment tools

The Best Practice (BP) task force was one of the first meetings during the Kenya mission. The team is about to begin the identification and documentation of local "best practices" .

The introduction of the *Fostering Change Guide* is being planned to help with the implementation of the identified best practices.

6.16. IBP Initiative Kenya

IBP partners have maintained a programme of follow-up activities for over three years in Kenya. Current activities focus on applying the Guide to Fostering Change to improve managerial practices to scale-up maternal and neonatal health care, family planning and HIV prevention programmes. At the November 2007 IBP Consortium meeting Dr Soloman Marsden, representing the APHIA Coast and Rift Valley Projects led by Family Health International (FHI) and the CRTU, provided a brief overview of the achievements and challenges faced to implement the IBP plan prepared at the IBP launch, Uganda 2004. Dr Marsden felt that their success was due to the active participation of many partners and the leadership and support provided by the Ministry of Health. The Kenya success story is detailed in the IBP 2006 report.

The lessons learned were that the leadership by the Ministry of Health is crucial and co-ordination is essential. FHI's role as secretariat to the MOH in collaboration with partners was critical to supporting this leadership and co-ordination. The partnership leveraged resources, enhanced support for activities and reduced duplication. The next steps were outlined as:

- Supporting the development of an effective logistics system
- Updating additional service providers on family planning
- Mobilizing communities
- Continuing stakeholder involvement in areas of operation
- Developing a compendium of best practices in Kenya

6.17. Nigeria and the WHO Strategic Partnership Programme

The IBP Secretariat works closely with the WHO/UNFPA Strategic Partnership Program (SPP) that supports the introduction, adaptation and use of WHO technical guidelines in country. The Federal Government of Nigeria has adopted the Strategic Partnership Program (FMoH-SPP) to develop the capacity of health care providers at the primary health care level to deliver quality reproductive health and family planning services. Under the SPP program, WHO requested Family Health International, to assist the FMoH-SPP program in the introduction, adaptation, and implementation of effective

practices. Under this sub-project FHI hopes to collaborate with in-country WHO-SPP representatives, Federal Ministry of Health, and other NGO partners to:

- Facilitate local acceptance, ownership, and adaptation of FP/RH evidence-based practices;
- Promote and provide technical support to FMoH and local implementing partners to adopt and apply newly FMoH revised guidelines/service protocols, as well as practices into their programs; and
- Strengthen capacity of health care providers in the application of the newly FMoH revised guidelines/service protocols, and job aids.

6.18. ANE Conference - Dissemination of High-Impact Family Planning, Maternal and Neonatal Health Best Practices for Scaling-up to Achieve the Millennium Development Goals, Bangkok, September 2007

This meeting was led by a team from ESD and USAID. The meeting was open to country teams from Afghanistan, Bangladesh, Cambodia, Egypt, India, Indonesia, Jordan, Nepal, Pakistan, Philippines, West Bank/Gaza, Yemen, East Timor, Iraq, Viet Nam, Laos, and Thailand. 490 participants attended this meeting. ESD will provide seed funding to follow-up five countries and the IBP Secretariat agreed to provide seed funding to follow-up Jordan, Afghanistan and Pakistan.

The IBP Secretariat worked with ESD and USAID to plan the structure and format of the meeting. The IBP "How to" guides were shared with ESD and used as a basis to organize a) 150 technical Mini University Sessions; b) a technology café to support the introduction of USAID E-learning courses on multiple technical areas and other tools, such as the IBP Knowledge Gateway, the *WHO Reproductive Health Library*; c) Skill-building sessions focused on managerial processes, techniques and tools; and, d) working group sessions to discuss the use of the performance improvement process to prepare country plans. Each country identified best practices they would take to scale and initial plans were formulated to support follow-up in each country.

WHO/RHR TCC team already has a programme of work in Afghanistan and Pakistan and follow-up activities of the ANE meeting will be incorporated into this plan. A member of the TCC team visited Afghanistan and Pakistan July 2007. The IBP Secretariat visited Jordan. The purpose of these visits was to discuss with officials from the ministries of health, local and international organizations the formation and funding of country teams to attend the meeting and support follow-up activities to identify and take to scale best practices in reproductive health.

The ANE meeting engaged participants in an active exchange of experience and was an excellent example of an effective collaboration between partner agencies.

7: Partner Assessment of the IBP Consortium

7.1. Introduction

The IBP partner assessment was conducted during the June 1, 2007 IBP Consortium meeting. The purpose of this evaluation was: 1) gain insights from the IBP membership about the value of the Consortium and how they see their organization's participation in it in terms of current and potential impact, 2) gain insight into the value of the Consortium in the view of the IBP partners. The assessment provided the opportunity for members to discuss its current and potential impact on their organizations.

To conduct the assessment, participants in the meeting were divided into four groups and each group was given two standard and one unique question. Each group was given time for discussion as well as for preparing a flip chart to record their main points. A rapporteur reported back to the plenary on.

8.2. Discussion

The IBP assessment process generated reflection and discussion among members. Some of the key strengths of the process included the question format and the participatory style of the assessment. Once the group discussions were completed, each group was able to share its thoughts with all participants and allow members of other groups to reflect and respond to all the questions. There were some limitations to the process however, as the assessment was completed during a Consortium meeting, time was limited, providing little opportunity to probe further into some of the responses. In addition, the assessment was able to elicit ideas only from members who were able to attend the meeting. There may be additional ideas and perspectives from members who were unable to attend that are not included in this report. Participants were reminded that a more detailed assessment was undertaken by Group Jazz in 2004 that canvassed all members of the IBP partnership. This report is available in the IBP Consortium Community. Participants were also asked to refer to the 2006 Annual Report, which includes a section "IBP Consortium - Our value added," as this provides a good overview of how we developed as a partnership.

The assessment brought out several interesting points. For standard question one, including creation of IBP country teams and incorporating IBP activities into individual member organizations were two recurring themes that were raised by all four groups. These two suggestions in particular may need to be explored further to determine an action plan to foster greater participation from members. Unique questions one and two highlighted the ways organizations are actually applying the vision and principles of the Consortium and help to illustrate ways agencies can integrate IBP principles into their work. These could be replicated by other organizations. In addition, members were able to identify a number of successes, revealing that they can and have recognized tangible benefits of partnership with the consortium. Members also seem recognize that the consortium is a learning organization and were able to assess what works as well as what does not. These lessons learned can be used as guiding principles as members

incorporate the principles and vision of the IBP in their work. Additionally, members seem to recognize the importance of the IBP consortium as they discussed ways to make our role have a greater impact. Overall, the assessment process was helpful in evaluating the effectiveness of the IBP Consortium.

Please refer to the IBP Consortium Annual Report 2007 for a detailed report of this assessment.

IMPLEMENTING BEST PRACTICES
IN REPRODUCTIVE HEALTH

Section 2:

HIGHLIGHTS: THE IBP KNOWLEDGE GATEWAY
January 2007 - June 2008

1. The IBP Knowledge Gateway continues to expand its coverage and develop cutting edge technology

Between June 2007 and June 2008 the IBP Knowledge Gateway has continued to expand rapidly. As of 1st June 2008 the Knowledge Gateway reaches **189 countries**, has **11, 274** users and **supports 355 communities of practice**. This is a dramatic increase in users and spread of countries over the last eighteen months. It demonstrates the considerable potential of the system to reach out into technically challenged countries.

1.1 Sharing the technology and experience

The technology platform that powers the IBP Knowledge Gateway is also being shared with other organizations and agencies who can own, customize, brand, and manage their own global and sub-communities of practice. All enhancements are shared with all other organizations and agencies using the Knowledge Gateway platform once they have been tested and launched.

During this year WHO has continued to use the Knowledge Gateway as a corporate tool. UNHCR, UN Staff College, JSI, and the Interagency Working Group Reproductive Health in Crisis and Refugee Settings have joined the organizations using the platform. These organizations run separate communities and their users are not counted in the numbers provided.

WHO/RHR and JHU/CCP/INFO have provided support and training to groups of organizations in how to set up virtual networks, launch and manage communities of practice. This year we have supported the launching of the HPVaccine Network, Health Workforce Migration Network and ReproductiveAid and IAWG. In addition we have presented the Knowledge Gateway to senior members of USAID as a possible tool that can be used to support their Global Communication Program.

1.2. Expanding into other languages

In response to a request from Global Alliance of Nurses and Midwives we developed a Spanish language facility which has been used to support a very active Spanish community of practice on Making Pregnancy Safer. The success of this community has fostered interest in supporting similar communities of practice from other organizations in

the region. At the request of the users we are working with the Global Alliance of Nurses and Midwives and a WHO collaborating centre in Chile to diffuse the use of the Knowledge Gateway to the Collaborating Centre. The Knowledge Gateway also has a French and Ukraine language facility. Other languages can be made available, but only with a commitment that the communities will be supported in that language.

2. Enhancements

This year through our policy of collaborative development we have at the request of users streamlined the look and feel of the IBP Knowledge Gateway, developed the capacity of the platform to produce relevant statistics and improved the search engine. The enhancements are currently being tested and will be launched when there is a break in discussion forums during November 2008.

- **Virtual Discussion Forums reached thousands of public health professionals worldwide and influence policy and programme guidance**

The IBP Knowledge Gateway has supported numerous on-line discussion forums on a range of topics. Forums last from one to six weeks and frequently involve experts and practitioners. All forums also include participant evaluations. Daily and weekly digests of the discussion and evaluation results are made available in community libraries and on public parts of the Knowledge Gateway. Three of the discussion forum focused on global issues and the remainder were more focused on specific family planning topics linked to promoting the use of the **Global Handbook on Family Planning.**

  - **Health Workforce Migration -** This four week global discussion forum engaged 760 individuals from 124 countries. The outcome has fed into policy discussions at the highest level within WHO. A pubic hearing on the revised Code of Practice is currently being held on the WHO website.

  - **HPVaccineNet** is a network of agencies supported by WHO/RHR working on issues related to cervical cancer prevention. With the support of IBP partners a global discussion forum was launched June 2008 for over 400 participants from 80 countries. Again the outcome of discussions have fed into policy and practice discussions.

  - **Bringing New People to Family Planning: The Broader Impact of the Fertility Awareness Approach (October 22 - November 2, 2007)**. In this two-week online discussion, colleagues around the world shared their experiences introducing the Standard Days Method and the Two Day Method in diverse service delivery settings and explored factors that can facilitate or hinder successful integration into programs. 225 people from more than 40 countries participated in the discussion. http://my.ibpinitiative.org/public/FAB/.

  - **Strengthening Service Delivery and Counseling for Injectable Contraceptives (November 7 - 20, 2007**). In this two-week online discussion, health professionals shared their experiences with injectable contraceptives in a range of service delivery settings. The first week of the forum focused on service delivery and the second week focused on

counseling issues. 80 people from more than 22 countries participated in the discussion. http://my.ibpinitiative.org/public/injectables/

- **Healthy Timing and Spacing of Pregnancy (HTSP) (November 26 - December 14, 2007).** This two-week online forum was launched with a six country videoconference linking WHO in Geneva, Johns Hopkins in Baltimore, and groups in Jordan and Kenya to highlight some of the research in this area and debate key issues. The purpose was to provide state-of-the-art information on HTSP. **Over 315 people from over 52 countries participated** in this discussion. http://my.ibpinitiative.org/public/ppfp/

- **Elements of Successful Family Planning Programs** (December 10-21, 2007). The forum provided an opportunity to review research findings and reach consensus on the core elements contributing to successful family planning programs. Over 225 people from 55 countries took part in the forum. http://my.ibpinitiative.org/ElementsofFPSuccess/ The outcome of this forum will contribute to a publication on the most essential elements of successful programming. This is an example of a community that continues to grow and is linked to the JHU/CPP/INFO website on **Elements of Successful Family Planning Programs**

- **The Global Alliance for Nursing and Midwifery** continues to be an active community and has grown to 1356 members from 123 countries. It supports regular virtual classroom teaching using "Elluminate" and the following sub-communities of practice:
  - Spanish Making Pregnancy Safer
  - Information and Communication Technologies
  - Pandemic Prevention (H5N1: ARDS, SARS)
  - HIV/AIDS

- **Postpartum Family Planning -** JHPIEGO and partners launched this global discussion forum March 2007 and have maintained a series of active discussions at periodic intervals over this year. This is an example of a growing and active community.