



IMPLEMENTING BEST PRACTICES IN REPRODUCTIVE HEALTH

HIGHLIGHTS

**IBP
Consortium
and
Knowledge
Gateway**

Annual Report

2008

IBP Initiative Highlight Report

June 2007- October 2008

Project Goal: The IBP Consortium is comprised of 27 international partner agencies committed to closing the knowledge to practice gap. IBP efforts emphasize the marriage between proven evidence-based clinical and technical practices with proven effective practices for effective change and scale up.

Global leadership demonstrated in FP/RH policy, advocacy, and services

- **Advocacy Toolkit assists countries to reposition family planning in Africa.** IBP is supporting the WHO/AFRO/USAID led initiative to *Reposition Family Planning in Africa* through the development of a set of advocacy materials. A first workshop organized by the West Africa Health Organization (WAHO) in September, 2008 with financial and technical support from USAID and WHO trained 8 country teams in using the Advocacy Kit. Technical and financial support to several of these countries that are also involved in other WHO and IBP partner efforts is planned. (i.e. Benin, Niger, Nigeria).
- **Achieving Universal Access by addressing the Reproductive Health Needs of People with Disabilities.** In support of the Convention on the Rights of Persons with Disabilities, the IBP secretariat in collaboration with UNFPA has developed guidance for the full inclusion of people with disabilities in RH activities. The guidance is intended for UN agencies as well as IBP and other partners to ensure access of RH services for people with disabilities. After gaining input and feedback from a wide range of disability and reproductive health experts worldwide, the final draft document has been circulated for review by key WHO staff and should be submitted for final approval before the end of 2008. Additional efforts to educate and inform IBP member organizations are being lead by an IBP task team

Knowledge generated, organized, and communicated in response to program needs

Guide to Fostering Change widely used in English and French

Increasing, the Guide to Fostering Change is being integrated into a wide variety of quality improvement efforts in Reproductive Health, in particular in Kenya and Ethiopia. The French version of the guide, was presented by MACRO International during the Francophone community based services meeting for NGOs in Bamako in February, 2008. A new virtual platform and virtual training programme is under development by MSH in consultation with the IBP

Secretariat. This training programme will utilize the fostering change framework in a follow-up and mentorship process focused on supporting country plans to implement and scale up specific interventions. This programme will be initiated in Dakar, October 20-23, 2008 as part of the follow-up of the 6 country PAC meeting. (see below).

- **Global Handbook for Family Planning Providers gets into the hands of those that need it**

The Global Handbook for Family Planning Providers, was published and launched as one of the WHO's four cornerstones of Family Planning Guidance in June, 2007. This document is a product of extensive collaboration between many partners who continue to proactively support the dissemination of the handbook.

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, 2007 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 2007/8 report for a concise summary of these global discussion forums.

Partners are now also planning ways to link the dissemination of the *Guide to Fostering Change* with the *Family Planning Global Handbook*.

- **6 Francophone West African countries committed to improving PAC Services.** A 6-country West Africa Francophone meeting will take place October 20-23 2008 in Dakar, Senegal. Countries that were the focus on the assessment conducted by CEFOREP (a Dakar-based research and training center supported by WHO) under contract with Population Council will meet and exchange experiences as well as plan for the implementation of "best practices" to improve their programmes. It is planned that a virtual modality for mentoring, based on the Fostering Change Framework will provide support for developing action plans and follow-up. IBP is also planning to conduct an evaluation to assess the effectiveness of using the Fostering Change approach to ensure implementation.

Mali, Madagascar and Ghana representatives actively engaged in follow-up of Bamako workshop on community based reproductive health Following this June, 2007 workshop for five African countries involved in large scale community based reproductive health programmes a community of practice was started to allow for on-going exchange between participants. To date, it has had the advantage of sharing materials that are relevant to scaling up Community based programmes.

The Extending Service Delivery Project, who were co-organizers of the Bamako meeting, have been working with the Ethiopian team to compare the effectiveness

of the Health Extension Programme in delivering reproductive health services in two regions. In Mali and Madagascar, the Institute for Reproductive Health (IRH) has been working on the scaling up of Standard Days Method and in connection with this effort, the IBP secretariat is trying to link activities to the broader context of scaling up all community based RH/FP services.

In May, 2008, the Global Health Council held its annual conference with the theme: *Community Health: Delivering, Serving, Engaging, Leading*. IBP partners organized a skill-building session at the Global Health Conference: *From Local to Global: Scaling Up Community-based Programs to Strengthen Health Systems*. Co-facilitators from three of the countries present at the Bamako meeting attended. These invited guests were valuable resources for the skill-building session and were also able to make presentations on their community health programmes and what has happened, one year after the Bamako meeting at USAID, the IBP Consortium Meeting and at a meeting representatives from the Gates Foundation.

- **Overcoming barriers to Pre-service competency based education in low resource settings**

In March, 2008, the first virtual discussion forum was organized by Jhpiego, who is leading this activity supported by the IBP Secretariat, JHU/CCP/INFO and other partners. A website has been established that contains appropriate resource materials linked to a Pre-service education Community of Practice on the IBP Knowledge Gateway. Discussions and resources focus on issues concerning how low resource settings are using competency-based education and what are the barriers to using competency-based education for pre-service training of community-based providers. The next step will be to prepare guidelines to address these barriers.

- **Resource Center plans launched to address Reproductive Health Essential Medicines**

The IBP Secretariat introduced partners to the WHO/UNFPA/PATH Reproductive Health Essential Medicines Project and specifically focused on the development of a *Your Question Answered*" resource centre and communities of practice on essential medicines, procurement, distribution and programming. Partners have formed a task team to support the development of this resource centre and the first video conference involving PATH; JSI, FHI and JHU/CCP/INFO was held September 2008. The outcome of this video conference will provide the basis for a collaborative effort to develop this resource centre.

- **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 October 2008 the Knowledge Gateway reaches **190 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.

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. In total the Knowledge Gateway has approximately 25,000 users. 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, ReproductiveAid led by DSW 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.

Expanding into other languages

In response to a request from Global Alliance of Nurses and Midwives and WHO/PAHO 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.

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

The 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 public 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.

Support provided to the field to implement effective and sustainable FP/RH programs

- **IBP partners ensure implementation of WHO guidelines and improved access and quality of RH services** . The IBP Secretariat continues to work closely with the WHO/UNFPA Strategic Partnership Programme aimed at increasing the use of evidence-based guidelines and tools in FP, maternal health and STIs and working toward the goal of Universal Access. IBP continues to involve partners at the country level to ensure active partner involvement in countries such as Benin, Zambia, Tanzania and Nigeria. Specifically, in Tanzania and Nigeria, Family Health International (FHI) continues to work with the Ministry of Health and WHO to coordinate the dissemination of their family planning job aids. IBP partners have been very active in regional SPP meetings, having attended and presented at the July, 2008 Zambia meeting for (Botswana, Angola and Malawi, Namibia) , the South East Asia Meeting in September, 2008 for 10 countries and the Abuja meeting for an addition 5 countries (Nigeria, Sierra Leone, Gambia, Liberia) at the end of October, 2008.

- **ANE Meeting outcomes implemented at the country level.** Soon after the meeting took place in September, 2007, workplans were finalized for Pakistan, Afghanistan and Jordan which are the three countries supported by WHO/IBP. Funds have been provided to Jordan to support the implementation of their plan, but the continuing challenging situation in Pakistan and Afghanistan has affected the speed of implementation in each of these countries. All three countries have been followed up by either colleagues within WHO/RHR or ANE. In Pakistan and Afghanistan the plans are being incorporated into existing activities. Follow-up visits are planned towards the end of 2008.

In addition, the secretariat joined ESD during a visit to Cairo to assist in the initiation of the improvement collaboratives that will be used to improve post-partum care (in particular family planning). This meeting was timed so that ESD could also meet with the WHO/EMRO office staff to ensure that follow-up efforts for all of the teams that attended the ANE meeting from this region would be coordinated.

- **Ethiopia Ministry of Health asks local IBP team to share Documentation, exchange and scaling up of "Practices that Make Programmes Work" process with MOH departments** Activities to identify, document and scale up local best practices continue. A second regional workshop to bring the approach closer to the field took place in October, 2007 for an additional 4 regions. Since then, all regions have identified priority issues and IBP partners have each identified a region on which to focus their support efforts. Follow-up visits to several regions have taken place.
- **Benin launches Documentation, sharing and scaling up of local "best practices"** An initial 3 day workshop to introduce the process to key stakeholders in the MOH and to partners took place in July, 2008. All are committed to the process. Local consultant is currently being recruited to work with a core planning committee to identify and begin documenting the practices.
- **Partners working together to scale up Zambia's "best practice" for expanding contraceptive choice.** The Ministry of Health, having decided that the Pilots to Regional programme (PRP) project which piloted an effort to: Expand Contraceptive Choice in the Copperbelt, was truly a best practice requested and received funding from the WHO(IBP and Policy and Programme Development) to scale up. . The initial steps of this process included a national Implementing Best Practices (IBP) partners' meeting convened in August 2007 followed by short-term technical support to provinces and partners interested in adopting the model. Following the August 2007 partners' meeting, the MOH selected two provinces, Luapula and Northwestern, to serve as the initial sites for scaling-up the PRP model. These were strategically

chosen to support the MOH/ UNFPA efforts to strengthen FP services in these two underserved provinces.

Activities are progressing with the Intrauterine Device (IUD) provision being a priority for *Northwestern* province and FP logistics management, being a key issue to first address in *Luapula Province*. A major achievement recently reported at the August SPP meeting in Lusaka by representatives from Ministry of Health is that a national budget line for family planning commodities had been secured during 2008.

Implementation Issues/Constraints:

- **For in-country activities it is essential that the MOH is on-board and actually the driving force behind activities.** Although the IBP insists on any requests for assistance to come from the Ministry of Health through the WHO office it would be helpful if partners could actively identify opportunities for collaboration with IBP partners within their country projects and programmes so that we can accelerate the uptake of activities through the WHO office and Ministry of Health. Although this does take a lot of time, it is very important in order to gain ownership and ensure sustainability.
- **IBP partners must routinely incorporate activities into their existing workplans.** The IBP partnership is a very technically focused partnership with a broad agenda of activities. The secretariat has the role to facilitate coordination of members' inputs to achieve the outcomes planned in our the IBP programme of work. The secretariat needs more proactive support from our partners to take the responsibility to lead on specific activities as an acknowledged contribution to the partnership. This will only be feasible if such collaborative activities are included into workplans under the umbrella of the IBP Initiative and funded.

Proposed next steps:

- **Continue to support on-going global and country-level activities, as well as make linkages with other WHO programmes, departments and partner activities:**
 - Support the continued documentation, exchange and scale up of effective (best) practices (Ethiopia, Benin, Zambia). Lessons learned will lead to developing a generic guide for use in other countries.
 - Support to countries using the advocacy toolkit (Benin, Nigeria)
 - Follow-up to ANE Best Practices meeting (Jordan, Pakistan, Afghanistan)
 - Follow-up to community based programmes in targeted countries (Ethiopia, Madagascar, Mali)
 - Support follow-up of PAC action plans in West Africa
 - Identify opportunities to support activities that promote and support the repositioning of family planning and linkages with maternal and neonatal health, STI/HIV prevent and adolescent reproductive health programmes.

- **Dissemination of Reproductive health and disability Guidance Note.** Once the UNFPA/WHO Guidance is completed, IBP will organize a global virtual conference to present the Guide and discuss key issues. A follow-up community of practice will be formed.
- **Support to Francophone SPP.** Partners working in Francophone Africa will be encouraged to support SPP activities in that region. A 7 country workshop was held in December, 2007 and a second one for additional countries will be held in December, 2008. Plans from both groups will be shared with partners.
- **Supporting the scale-up of effective practices in South East Asia-** Following the recent SPP meeting on "repositioning FP", IBP will share with partners plans and identify possible collaborative efforts.
- **Expand the use of the Knowledge Gateway and include an educational component supported by IBP partners.** Expand the language facility by diffusing the use of the system to collaborating centres. Continue to support the establishment of virtual networks and discussion forums on specific topical issues.
- **Work with partners to develop a minimum service package based on competency based performance.**
- **Foster collaboration and support to develop a resource centre on improving access to reproductive health essential medicines.**