

# **The Implementing Best Practices Initiative (IBP)**



**Implementing Best Practices  
to Improve Reproductive Health  
Cairo, Egypt  
9 – 13 February 2002**

**Implementing Best Practices to Improve  
Reproductive Health  
Inter-Country Meeting with Partners & Country Teams  
Cairo, Egypt  
9-13 February 2002**



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World Health Organization  
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**IBP Partners**

World Health Organization/Department of Reproductive Health and Research (WHO/RHR), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), EngenderHealth, Family Health International (FHI), International Planned Parenthood Federation (IPPF), INTRAH, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHUCCP), Management Sciences for Health (MSH) and Advance Africa Consortium, Partners in Population and Development (PPD), Pathfinder International and Catalyst Consortium, Public Health Institute

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# **Section I**



# **Introduction**



## Introduction to the IBP Initiative

Since mid-1999, the World Health Organization (WHO), Department of Reproductive Health and Research, in collaboration with partner agencies, has championed and launched, through inter-country meetings, the *Implementing Best Practices (IBP) Initiative*. This Initiative responds to the growing concern that despite a considerable body of knowledge that provides a strong evidence base for establishing guidelines, tools, and materials in reproductive health care, the information is not necessarily reaching the audience that needs it—the clients, providers, programme managers, and policy-makers—who may therefore remain unaware of important advances that could increase the effectiveness of their services. Moreover, information, guidelines, and tools that do reach the intended audience may not be suited to local policies, practices, and cultural norms, so have little impact on health care practices.

### IBP Partners

- World Health Organization/Department of Reproductive Health and Research (WHO/RHR)
- United States Agency for International Development (USAID)
- United Nations Population Fund (UNFPA)
- EngenderHealth
- Family Health International (FHI)
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- INTRAH
- JHPIEGO
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- Management Sciences for Health (MSH) and Advance Africa Consortium
- Partners in Population and Development (PPD)
- Pathfinder International and Catalyst Consortium
- Public Health Institute

An evaluation of the dissemination and impact of our own documents and an analysis of lessons learnt from the field by our partner agencies concluded that to be effective in improving the quality of health care, best practices and tools should not be imposed from outside the service delivery system. Rather, they should be adapted and used to introduce change through a process driven from within the system.

These findings were supported by a systematic review undertaken by the Cochrane Effective Practice Group, which concluded that the passive dissemination of materials and didactic educational sessions are largely ineffective. Instead, a strategic and systematic approach is needed to identify interventions that effectively address barriers (structural, policy and practice, organizational, technical, and interpersonal), to implementing best practices. The IBP Initiative has been designed to address these interrelated components of the health system through the application of principles common to a diverse array of theories, tools, and technologies that support individual and organizational change.

The IBP Initiative first identifies key players among service providers, programme managers, and policy-makers and then enables them to increase their familiarity with evidence-based best practices. The interactive educational process used encourages innovation, leadership, shared learning, and information exchange to manage new and existing knowledge. The process also provides the tools and information needed to identify the gap between desired and actual performance of key health system components, to analyse the barriers to improvement, and to guide the selection and application of best practice technologies and tools. Key to the IBP Initiative is the prompting of change from within the system. Change results from fostering leadership and creative thinking among key players and using their experience to develop approaches that introduce and use best practices. The IBP Initiative develops managerial and technical skills among leaders and offers them tools to lead and support organizational change locally. Finally, it encourages continuous improvement through a programme of mentorship and supportive follow-up.

The goal of the IBP Initiative is to improve access to and quality of reproductive health care through a systematic approach to developing and supporting strategies that introduce, adapt, and apply evidence-based best practices in reproductive health. To achieve this goal the IBP Initiative includes six key areas of action:

1. Gaining strength through networking,
2. Creating awareness and advocacy for action through the introduction, exchanging, and sharing of information and experiences,
3. Fostering leadership and managerial skills to support innovative action,
4. Building consensus to identify a desired performance goal, which all organizations and agencies can contribute to achieving,
5. Using a performance improvement process to:
  - Analyse the gap between desired and actual performance
  - Undertake a problem analysis
  - Create imaginative and innovative solutions to the problems
  - Select and adapt appropriate interventions
  - Prepare a practical plan that identifies the contribution each organization or agency can make to achieve the desired performance goal
  - Identify small measurable markers of achievement
  - Commit to action, and
6. Preparation of mentorship programmes and supportive follow-up to counsel, guide, monitor, and celebrate the progress of country teams toward achieving desired performance goals.

<b>Principles of the IBP Initiative</b>
<ul style="list-style-type: none"><li>▪ Collaborative &amp; inclusive</li><li>▪ Multi-disciplinary</li><li>▪ Practical and realistic</li><li>▪ Responsive to local conditions</li><li>▪ Manages existing and new information</li><li>▪ Evidence-based</li><li>▪ Creative in addressing challenges</li><li>▪ Results-oriented</li></ul>

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## **Regional and Country Activities to Launch the IBP Initiative**

The IBP Initiative has been launched through Inter-Country Meetings, which involve both regional and country representatives. These meetings are designed specifically to be an educational experience for participants. As a result, participants are encouraged, through a series of interactive workshops, to exchange pertinent and potentially helpful information. The participants are then asked to use their creativity and experience to determine ways that technical and managerial information can help them achieve their desired performance goals.

These Inter-Country Meetings are designed to involve a large number of participants. Apart from being cost-effective, this approach allows us to identify and to network with individuals, organizations, and agencies working toward similar goals, though not necessarily with each other. Thus, a forum is created allowing individuals to share experiences and subsequently to recognize that they are all working toward achieving similar goals while, at the same time, facing comparable problems with correlative informational, technical, and managerial needs. Information is used as a tool that drives a process aimed at creating a critical group of individuals willing to contribute their particular strengths and expertise toward achieving a common goal.

The Cairo Inter-Country Meeting involved over 150 participants. Creating a dynamic learning environment for such a large and diverse audience requires skilful planning, excellent levels of coordination, and teamwork. Several months before an Inter-Country Meeting, a planning session is held with representatives from the IBP partner agencies. At this meeting, an activity plan is prepared with each partner agency agreeing to lead at least one task team, according to their specific domain of expertise. Each task team is responsible for the preparation of one activity. The actual preparation for the meeting and the follow-up of each team working on a specific task is coordinated by one country partner agency and WHO/RHR.

The IBP Initiative is an example of how a diverse range of agencies working as a team toward a common goal can make a difference.

As a team, the partner agencies agree to invite a list of participants for the Inter-Country Meeting that includes government officials, individuals, and agencies not necessarily working with their agency, but working in the field of reproductive health in the country where they have ongoing programmes or projects. The idea is to create country teams with eight to twenty participants who will act as country advocates and support the implementation of the action plans produced as an outcome of the Inter-Country Meeting.

Partners contribute to the development of the IBP Initiative and the Inter-Country Meetings in a variety of ways. Activities are undertaken on a cost-sharing basis. Each partner commits staff time to undertake the specific tasks required to develop the IBP Initiative, materials, and tools. Then they prepare for, facilitate, and follow up the Inter-Country Meeting.





## **Section II**



## **Launching the IBP Initiative**



# Preparation for the Inter-Country Meeting with Partners and Country Teams

This meeting was held in collaboration with the WHO Eastern Mediterranean Regional Office (WHO/EMRO), USAID/Egypt, and IBP partner agencies. Pathfinder International took the lead in-country coordinating role in collaboration with WHO/RHR, JHPIEGO, and FHI.

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## Technical Theme

The technical theme of the meeting was: “The prevention of unwanted pregnancy and the transmission of HIV/AIDS”.

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## Purpose, Objectives, and Outcomes

The purpose of the meeting was to foster collaboration and sustained commitment to implement best practices.

The objectives were:

- To introduce managerial and technical best practices
- To develop a plan of action
- To select mentors and develop a plan to follow up with individuals and team commitments

The anticipated outcomes were:

- Increased knowledge about introducing, adapting, and implementing best practices
- A commitment from each team to undertake the plan of activities they developed to implement the best practices they selected
- Individual commitments to support the implementation of best practices that were selected
- Commitment from the mentors to undertake the activities required to follow up and monitor individual and team commitments

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## Participants

Interest in this meeting far exceeded expectations and over 150 health professionals attended. The participants were divided into country teams from the following countries: Egypt, India, Jordan, Lebanon, Pakistan, Palestine, Turkey, and Yemen, with representatives from agencies in Kenya, South Africa, Switzerland, Tunisia, Uganda, the United Kingdom, and the United States of America. The majority of the participants were senior managers and policy-makers from Ministries of Health, non-governmental agencies, international agencies, and donors.

Many members of country teams noted that this was the first time they had been able to sit together, discuss issues, and create plans, even though they lived in the same country and worked on similar issues.

WHO/RHR supported the attendance of WHO facilitators and 18 Ministry of Health officials. USAID/Egypt and partner agencies also supported participants and facilitators. The

participants list is attached as **Annex 1** and shows the broad range of individuals, organizations, and countries that took part in this IBP Inter-Country Meeting.

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## **Agenda**

The IBP Inter-Country Meeting Agenda was structured around an opening ceremony designed to introduce participants to the Implementing Best Practices Initiative, summarize past IBP events (Nepal and China), and to set the scene for the meeting. Following the opening ceremony, four full days of activities ensued, featuring a Mini-University, contraceptive technology update plenary sessions, country group exercises, a technology café, a country fair, and a gala dinner closing ceremony. Please refer to **Annex 2** for a detailed agenda of the IBP Inter-Country Meeting.

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## **Materials**

The IBP Cairo participants were given an IBP advocacy kit, containing an IBP booklet, a brochure, poster, and PowerPoint transparencies on the IBP Initiative. Participants also received a brochure on the technology café (refer to **Annex 4**) and were provided with hard copies of specific guidelines, tools, and materials by partner agencies.

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## **An IBP Cairo Tool Kit CD-ROM**

An IBP Cairo Tool Kit CD-ROM was published within 5 months after the meeting to re-stimulate interest and use the information exchanged in the meeting. The tool kit contains:

- An annotated bibliography of technical, managerial, and performance improvement materials published by the partner agencies
- Links to partner and participating agencies web sites
- All PowerPoint presentations made during the Mini-University
- Scavenger Hunt questions and answers
- Key full-text technical guidelines

## **Structure of the IBP Cairo Inter-Country Meeting**

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### **Facilitators' Training**

During the Mini-University (MU) and throughout the meeting, international and country experts supported a core team of facilitators. Facilitators for the MU were selected from partner agencies and local participants attending the meeting. A one-day training programme was held for all facilitators prior to the Inter-Country Meeting. The facilitators were given specific guidelines to ensure that their sessions would be interactive and time was allocated for them to work together to prepare each session. The “No lecture, no way” rule was enforced and demonstrations of powerful message delivery approaches were given. Refer to **Annex 3** for a detailed MU agenda that lists the facilitators for each session. In addition, a facilitator-training programme was held for a core group of facilitators who led the group exercises. Sessions were also held every evening to review the progress of the day and to plan and prepare for the next day.

Interactive learning media also played a large part in the Cairo IBP Inter-Country Meeting. This technology helped to immerse participants in an active learning process, as well as served to generate enthusiasm and to encourage total involvement in programme events.

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## Opening Ceremony

The inaugural session took place in the afternoon before the Inter-Country Meeting was scheduled to start. His Excellency, Professor Ismail Sallam, Minister of Health and Population, Egypt, made the opening address. Professor Sallam welcomed this Initiative and stressed the need to collaborate more effectively in order to create a greater impact on improving the quality of reproductive health services. He concluded his speech by asking participants to focus their energies on creating mechanisms to reach the poorer and more vulnerable groups within the country.

After brief welcome speeches by Dr Ghada Hafez on behalf of Dr Hussein Gezairy, Regional Director, EMRO, and Dr Christopher McDermott, Chief, Population and Health Division, USAID Egypt, Dr Monir Islam, WHO/RHR, introduced to participants the rationale for developing the IBP Initiative. He described the vision of the IBP Initiative as a collaborative global effort that identifies best practices and supports the development of learning and creative programmes to adapt and to apply best practices for improved access to and quality of reproductive health programmes. The benefits of the IBP Initiative were described as:

- Networking with individuals and agencies that work toward similar goals, but not necessarily with each other, to promote teamwork
- Increasing familiarity with evidence-based best practices and providing a forum to share experience and knowledge
- Strengthening management and leading skills
- Building on what already exists
- Promoting change from within the system
- Fostering creative and innovative thinking by involving key players in developing their own approaches to adapting and applying best practices
- Providing a systematic approach to selecting and implementing interventions that will support the introduction and application of best practices

The executive heads of partner agencies or their representatives made the keynote addresses. Opening presentations covered a wide range of issues and each address was designed to support the introduction of the IBP Initiative.

Dr Elizabeth Bennour, on behalf of Dr Mohamed Karmel, Regional Director, Arab World Regional Office, IPPF, and Dr Moshira El Shafei, representing Dr Timothee Gandaho, Executive Director, Partners in Population and Development, both welcomed the Initiative and spoke from their different agency perspectives of the need to collaborate with each other in order to harness scarce resources and to create a greater impact. They also emphasized the need to empower the client through informed choice and committed service.

Dr William Jansen, Executive Director, INTRAH, focused his presentation on the management of knowledge, effective collaboration, and the advocacy required at the policy level to support the introduction and use of best practices. Dr Gary Saffitz, Deputy Director, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, addressed the issue of effective communication and collaboration between the private and the public sectors to develop comprehensive approaches to sustaining the use of best practices.

Daniel Pellegrom, President of Pathfinder International, provided a practical example of implementing best practices. This was the work Pathfinder International has undertaken in collaboration with FHI, JHUCCP, other local agencies and the Ministry of Health and Population, Egypt to form the National Curriculum Committee to develop family planning standards of practice for the university hospitals in Egypt.

Dr Jim Shelton, Senior Medical Advisor, USAID, provided an inspirational address encouraging participants to work together to develop innovative, but practical and realistic, strategies to translate best practices into action.

Over 200 participants attended this session, which was open to the media. The meeting had extensive press coverage both by local newspapers and national television networks that broadcast an interview with the Minister of Health and Population after the Opening Ceremony. At the end of the Opening Ceremony, Dr Ramez Mahaini, WHO/EMRO/WRH, invited participants to attend a welcome reception.

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## Mini-University

The first full day of the IBP Inter-Country Meeting was dedicated to a Mini-University (MU). The MU was organized by dividing the day into a series of 50-minute learning sessions. Each session addressed a different best practice theme and consisted of three different tracks. Each track addressed either a technical, managerial or training issue related to the session theme. Six sessions were held every 50 minutes. Thirty-six sessions were presented, of which each participant selected six sessions to attend. Presentations were coordinated to be interactive, participative, and focused on addressing the interests of the participants.

Each MU session had two or three facilitators to provide different perspectives and to support the interaction of the training session. Anyone not facilitating a session was expected to participate fully in the meeting sessions. Partners were requested to prepare MU sessions related to the following themes (refer to **Annex 3** for a full agenda of MU):

- Quality issues related to the distribution, promotion, and use of contraceptive methods to prevent unwanted pregnancy and the transmission of STI/HIV
- Increasing contraceptive choices to prevent unwanted pregnancy and meet the needs of post-pregnant women and adolescents
- Leadership and the management of organizational change
- Performance improvement processes to develop learner support systems, facilitative supervision, improve client-provider interaction, the organization of work, and access to and the quality of family planning programmes

A complete set of all presentations given at the IBP Cairo Meeting can be found on the IBP Cairo Toolkit, CD-ROM.

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## Scavenger Hunt

Designed to encourage information dissemination among team members, the Scavenger Hunt required each team to answer three questions about all of the presentations included in the MU. The country teams competed with each other for prizes that were awarded at the Gala Dinner. Prizes were given for teamwork, the team with the highest number of correct answers, and team spirit. The willingness to work at this competition was quite astounding.

Teams could be found, gathered at midnight, debating issues. The results of the competition were very close among the teams. Each team received a prize and all teams were congratulated on their willingness to participate so enthusiastically in this exercise.

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## Plenary Sessions

Plenary presentations were used to stimulate discussion during the small groups exercises on issues related to translating best practices into action. The sessions were spread out over three days of the meeting. Major initiatives presented by leaders in their respective fields were: *The IBP Lens*, *What is a Best Practice?*, *Leading Change and Leadership Practices for Effective Health Managers*, *Managing Change*, *Performance Improvement (PI)*, and *Client-Provider Interaction (CPI)*.

### The IBP lens

Margaret Usher-Patel, WHO/RHR, provided the first plenary presentation of the day. She described the principles of the IBP Initiative and explained the steps defined in the IBP Initiative that would be addressed during this meeting:

- Creating awareness and advocacy for action through an exchange of information
- Creating a common vision of desired performance
- Analysing the gap between desired and actual performance
- Conducting a problem analysis and selecting interventions
- Adapting and examining the feasibility of implementing the best practices and tools selected as a result of the problem analysis
- Preparing a practical plan that builds realistically on what already exists
- Selecting markers of achievement to be used as measurable markers to assess progress and to measure success
- Developing a mentorship programme of supportive follow-up

The IBP Booklet, which was distributed to all participants, provided a more detailed explanation of the strategic approach used to support the introduction, adaptation, and application of best practices.

### What is a Best Practice?

Jim Shelton, USAID, and Mariama Barry, IPPF, led an activity in which participants first examined the factors that define a best practice. They then discussed and analysed factors that enable them personally and professionally to implement best practices. Participants identified their own life experiences and their personal and professional needs as key factors in identifying and using best practices.

Making reference to his comments in the Opening Ceremony, Jim Shelton once again reiterated the attributes of the USAID-led Maximizing Access and Quality (MAQ) Initiative and the synergy of interventions required to support improved quality because the components of the MAQ system fully support the steps in the IBP Initiative. He reminded everyone to keep the planning process practical and realistic throughout the meeting.

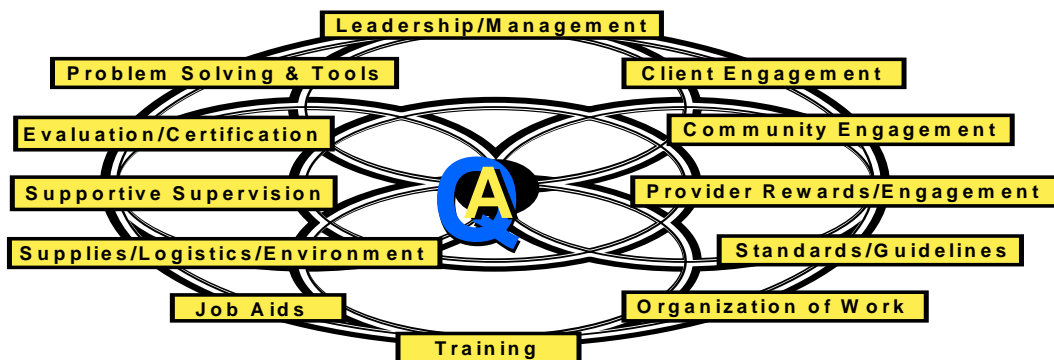
# MAQ Attributes

- Practical and Realistic
- Client-centered
- Evidence-based
- Field Impact Oriented
- Marriage of International Consensus and Local Reality
- Prioritized (“first things first”)
- Systems Oriented
- Collaborative



Figure 1 MAQ Attributes

## Creating A Norm of Access and Quality



## SYNERGY OF INTERVENTIONS

Figure 2 Synergy of Interventions

## **What is quality?**

Monir Islam, WHO/RHR, discussed with the group the issue of defining quality from the perspective of the client, provider, manager, and policy-maker. The group felt that effectively managing and strengthening the systems needed to implement best practices was vital to improve performance. The session concluded with the participants agreeing that the basic principles of quality management are:

- Strengthening systems and processes
- Encouraging staff participation and teamwork
- Basing decisions on reliable information
- Improving communication and coordination
- Demonstrating commitment to leadership

## **Leading change**

Joan Galer, MSH, guided the group in an exercise about the attributes needed for change. Participants reflected on their feelings about imposed change, desired change, and those who have the ability to inspire change.

Participants then did small group work on leading change. Here, they examined what leaders can do to motivate people to change, alter people's feelings about change, and lastly what motivates people to change.

Groups reconvened in plenary where Ayman Abdel Mohsen, USAID/Egypt, facilitated the feedback and discussion session.

## **Leadership practices**

The second presentation focused on discussing and defining leadership practices of an effective health manager. Participants were guided during this session to think about someone who has been personally inspiring to them. Participants gave examples of leaders in both their personal and professional lives. Participants then examined skills that are needed for leading and for managing change. They also identified the challenges that their organizations face to create change and the contribution they could make to this process.

The group went on to discuss the skills managers need to lead a process of change, such as the ability to:

- Scan the environment to understand the challenges and opportunities
- Focus attention around the critical challenges
- Align and mobilize others to meet the challenges
- Inspire others to be committed, to learn, and to create effective solutions

Participants received a handout on the issues discussed during this session and were challenged by the presenter to apply the principles of management and leadership in their group work.

## **Client-provider interaction**

Victoria Jennings of Georgetown University led a lively session that focused on interactions between clients and providers. Participants shared the positive and negative aspects of client-provider interactions they had experienced, as both reproductive health service providers and as clients.

The discussion focused on analysing managerial, technical, and interpersonal factors that contribute to both positive and negative levels of interaction. Jim Shelton, USAID, talked about key issues related to the organization of work that affects client-provider interaction. First, he provided data from a number of country studies that demonstrated how negative aspects of interaction affected both the uptake of services and client compliance. He then provided data confirming that improved contraceptive continuation rates were achieved with respectful and responsive providers. The discussion focused on the type of action needed to improve client-provider interaction and how to overcome barriers to achieving this goal.

**Client-Provider Interaction (CPI) is key to contraceptive use and method continuation**

CPI is illustrated by:

- Active counseling
- Respectful and responsive provider
- Client coaching
- Provider contraceptive skills update
- Links with community

### Performance improvement

Marc Luoma, PRIME II, introduced the Performance Improvement (PI) Process. He described the PI Process as a systematic methodology and set of tools designed to find the root causes of performance problems. He explained that the first step in this methodology is to determine what goal you want to achieve.

The next step is to assess the actual performance. These two steps determine the performance gap and are the basis for analysing the gap between desired and actual performance.

**Five Questions of the Performance Improvement Process**

What performance do we want?  
 What performance do we have now?  
 What is the performance gap?  
 What are the problems that cause the performance gap?  
 What are the possible solutions?

Marc Luoma provided concrete examples and involved the participants in identifying examples of performance gap in their own situations.

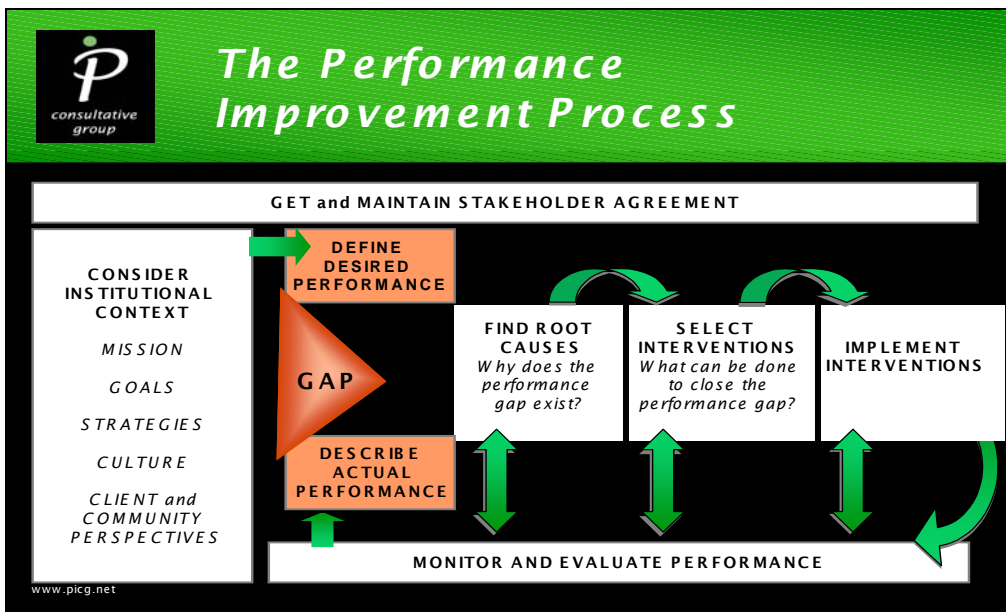
Edgar Necochea, JHPIEGO, explained how to undertake a root cause analysis to identify the underlying causes of the gap between actual and desired performance. By showing how barriers to achieving the desired performance are connected to the root causes, he demonstrated how it was

possible to select appropriate evidence-based best practices that, when implemented, would start closing the performance gap.

He noted that performance improvement focuses on selecting interventions that help individuals to:

- Have clear job expectations
- Receive immediate performance feedback
- Have adequate physical environment including proper tools, supplies, and workspace
- Possess the motivation and incentives to perform as expected
- Possess the skills and knowledge required to perform the job

The presentation provided practical examples of applying performance improvement techniques and processes (see **Figure 3** for Performance Improvement Process Diagram).



**Figure 3 Performance Improvement Process**

Chris Davis, JHPIEGO, used a number of case studies to demonstrate each step in the PI Process, including the techniques used for problem analysis and for selection of interventions. During small group exercises, participants worked through how to use and apply this process.

## Country Information Exchange Fair

Exchanging personal and professional experiences with other people provides an excellent forum for learning. Prior to the meeting, country representatives and their partner nongovernmental agencies were requested to prepare a presentation about their work. In addition, they were asked to set up a small exhibition of the materials and tools they had developed in the past year to support the use of best practices. These items were displayed at the Country Information Exchange Fair. Participants were invited to visit and to discuss the different exhibitions at their leisure. Time was allocated to discuss each other's work, acknowledge achievements, identify mutual barriers to implementing best practices, and examine information needs.





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## Technology Café

The Technology Café demonstrated a variety of multi-media materials. Participants were encouraged to browse and stop by each of ten multi-media demonstration points. The Technology Café provided an opportunity for hands-on experience in using electronic products, such as CD-ROMs and websites developed by IBP partner agencies. Participants also took quizzes as a way to apply the information they were learning. Please refer to the Technology Café Brochure (**Annex 4**).

During the Technology Café, participants were also introduced to the IBP Cairo Tool Kit CD-ROM. The CD-ROM is now available free of charge to any individual, organization or agency participating in the IBP Initiative. To order your complementary copy, please state your current position and mailing address and then e-mail your request to Catherine Bocher (cbocher@fhi.org).





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## Country Group Exercises

The Mini-University (MU), the plenary sessions, Country Information Exchange Fair, and Technology Café were all designed to help participants share, exchange, and manage knowledge. The process of exchanging knowledge created a great deal of enthusiasm. Knowledge without action does not, however, produce any impact. For this reason, the goal of the IBP Initiative is to support the implementation of best practices. With that said, participants spent the majority of the meeting completing a series of exercises engineered to lead them through the Performance Improvement Process.

Working in eight country teams—four large teams from Egypt, India, Jordan, and Lebanon with four smaller teams from Pakistan, Palestine, Turkey, and Yemen—participants completed six exercises. Regular plenary sessions were held so that the teams could regroup and discuss the exercise they had been working on with other country teams. With the help of session facilitators and best practices experts, the teams received feedback on and refined their problem statements, as well as their gap and intervention analyses.

### Exercise 1

During the first exercise, each team focused on reaching consensus on a desired performance outcome they wanted to achieve within the next year.

### Exercise 2

In the second exercise, teams were provided with tools to assess the actual performance of the current systems, which then enabled them to identify the performance gap.

### Exercise 3

With the performance gap identified, they undertook a root cause analysis of the barriers and problems facing them in achieving their desired performance.

### Exercise 4

Once the problems had been identified, this exercise guided each team through a problem analysis. When the analysis was completed, the team assigned the problems/barriers to the following categories: infrastructure, policy and practice, organization and management,

technical and system capacity, and interpersonal. Participants were also provided with criteria for prioritizing the barriers according to the skills that managers need to lead a process of change:

- Scan the environment to understand the challenge and opportunities
- Focus attention around the critical challenges
- Align and mobilize others to meet the challenges
- Inspire others to be committed, to learn, and to create effective solutions

### Exercise 5

Once the country teams were satisfied with their analysis, they selected interventions and created a country plan that could be practically and realistically implemented within one year. In the process, the teams were asked to identify small time-bound milestones of achievement to monitor progress toward their goal of improved practice.

All country teams formulated decisive action plans for programme improvement and made a **team commitment** to achieve a specific result within one year. The performance gap of each team and the action each team committed to undertake has been returned to the teams and is available from any IBP partner agency.



## **Section III**



## **Mentorship, Support, and Commitments**



# Mentorship, Support, and Commitments

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## Mentorship and Supportive Follow-up

This presentation and discussion initiated by Susan Palmore, Advance Africa, was designed to clarify for the participants:

- The definition of a mentor
- The qualities of mentors
- How mentors will be selected from partner agencies to provide supportive follow-up to country teams implementing the activity plans they developed

Participants were asked to think of a mentor as a coach who would be willing to work periodically with country teams to:

- Discuss and seek solutions to barriers teams experience when implementing their plans
- Motivate the team to keep together and meet regularly
- Help locate resources, materials, and tools needed by the team
- Offer advice or find others that can offer technical assistance
- Discuss progress
- Monitor progress and feedback success stories to other teams
- Provide a continuous link with the partners so that they can provide support, help the team maintain their enthusiasm, and undertake the tasks they assigned to themselves

Attempting to develop such a system is not simple. Initial follow-up was proposed to take place electronically and, when possible, through country visits. Because the IBP partners have ongoing activities in most of the countries, it is hoped that the majority of country teams will be visited. To simplify communication, it was proposed that each country team select a Country Team Leader who will liaise at regular intervals with the country mentor.

The participants were asked to select their Mentors and Country Team Leaders during the final small working group exercise.

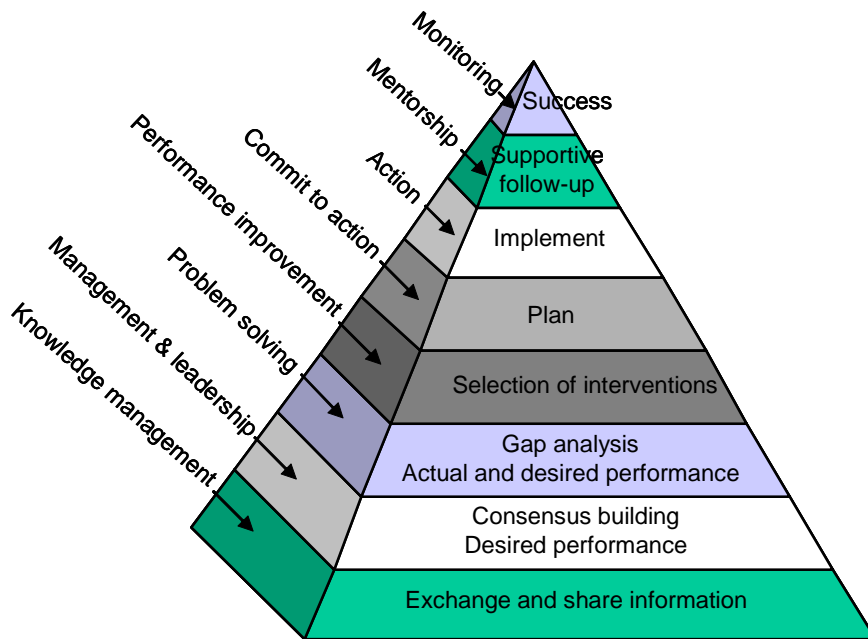
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## Reality Check

Margaret Usher-Patel, WHO/RHR, introduced this plenary session, which generated a discussion on how to develop activity plans that are:

- Practical
- Realistic
- Build on existing projects and programmes
- Fully focus on meeting the needs of each organization or agency represented in the room

To achieve this Ms Usher-Patel first reviewed the step-by-step process that had been undertaken to introduce the IBP Initiative (summarized in **Figure 4**).



**Figure 4 Summary of the IBP Initiative**

The final day of the meeting focused on pulling together participant discussions into one simple, achievable plan. Each individual was expected to have a clearly defined role and full understanding of his or her contribution. Each team had committed to an achievable performance goal that was to be implemented within a specified time frame. The final plan was expected to include defined activities, needs, roles, mentors, and country team leaders.

Participants were asked for the reasons they thought it was easier to develop a plan than to implement one. Comments suggested that most plans were either too ambitious or required too much time or money.

The MAQ synergy of interventions was discussed and participants were reminded that their plans should fit with their current programmes of work, be practical, and be realistic. To achieve this, participants were encouraged to weigh each activity they proposed on a scale called the **Reality Check**.

This scale is simple. On one side of the scale each activity included in the country plan is weighed against perceived constraints. If the weight of a constraint is judged to be equal to or less than the intervention, then it is practical and can be included in the plan. If not, then perhaps the activity needs to be reconsidered.

To chart successful progress toward implementing the country plans, participants identified plan markers known as **milestones of achievements**.

John Stanback, FHI, explained that milestones are small, measurable, time-bound markers of achievement toward the ultimate desired performance goal. To be effective, milestones need to be SMART—specific, measurable, achievable, realistic, and time-bound. These markers monitor progress, help to guide reassessment and self-correction, and acknowledge small, but tangible achievements.

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## Country Team Commitments

### EGYPT GROUP 1

<b>Performance gap</b>	Lack of unified standards of practice between Ministry of Health and Population and private practice.
<b>Action</b>	Improve the performance of family planning/reproductive health (FP/RH) providers at 150 clinics in Dakahleya and 30 in Sohag governorates so that by the end of the year they can comply with the national standards.

### EGYPT GROUP 2

<b>Performance gap</b>	Lack of standards of practice between Ministry of Health and Population and private sector.
<b>Action</b>	Create a task force to develop and disseminate unified RH/FP standards.

### INDIA

<b>Performance gap</b>	Lack of Essential Obstetric Care (EOC) at the community and primary health care (PHC) centre levels that leads to high levels of maternal and neonatal mortality.
<b>Action</b>	<p>In 1 year in 1 block, each of 20 district staff at the PHC level will be trained in the immediate management of obstetric emergencies. 10% of families will have a birth-preparedness plan. There will be a TBA in each village to conduct deliveries and recognize obstetric emergencies.</p> <p>Action will be taken with communities to augment the transportation system.</p>

## JORDAN

<b>Performance gap</b>	1 to 5% of service providers are providing the full package of reproductive health counselling and there are no national reproductive health counselling standards.
<b>Action</b>	Develop national reproductive health counselling standards and a national training curriculum.  Integrate reproductive health counselling in the target sites.

## LEBANON

<b>Performance gap</b>	A portion of the population (60%) in rural Northern Lebanon lives more than the optimal distance of 15 minutes' drive from RH care facilities, which makes the service unaffordable for 30 to 40% of the population.
<b>Action</b>	Assess and identify the magnitude of "distance" as a barrier regarding accessibility of rural North Lebanon population to RH facilities.  Define/initiate practical and durable solutions to the identified barriers.

## PAKISTAN

<b>Performance gap</b>	Poor awareness of reproductive health and client-provider interaction.
<b>Action</b>	Improve the awareness of reproductive health issues and motivation to provide RH services.

## PALESTINE

<b>Performance gap</b>	No standardized, nationally applied supervisory methodologies.
<b>Action</b>	Produce national supervisory guidelines. Advocate/sensitize organizations to the Implementing Best Practice Initiative.

## TURKEY

<b>Performance gap</b>	Vasectomy prevalence around 0.3% in Turkey.
<b>Action</b>	Increase vasectomy prevalence in Turkey to 0.9% by February 2007.

## YEMEN

<b>Performance gap</b>	Need to expand the provision of client-friendly family planning services.
<b>Action</b>	Expand the provision of comprehensive family planning services from 30% to 40% within one year.

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## Gala Dinner and Individual Commitments

A Gala Dinner was held to celebrate the successful conclusion of this meeting. Participants were presented with certificates of attendance, awarded prizes, and individuals had an opportunity to express their commitment to the IBP Initiative.

Everyone felt that the Gala Dinner was a great end to a dynamic meeting. Country teams contributed to the evening's entertainment by performing national songs and dances. Many of the country teams and participants received prizes for their collective and individual contributions to making this meeting lively and productive.



## **Section IV**



## **Outcomes and Next Steps**



## Outcomes and Next Steps

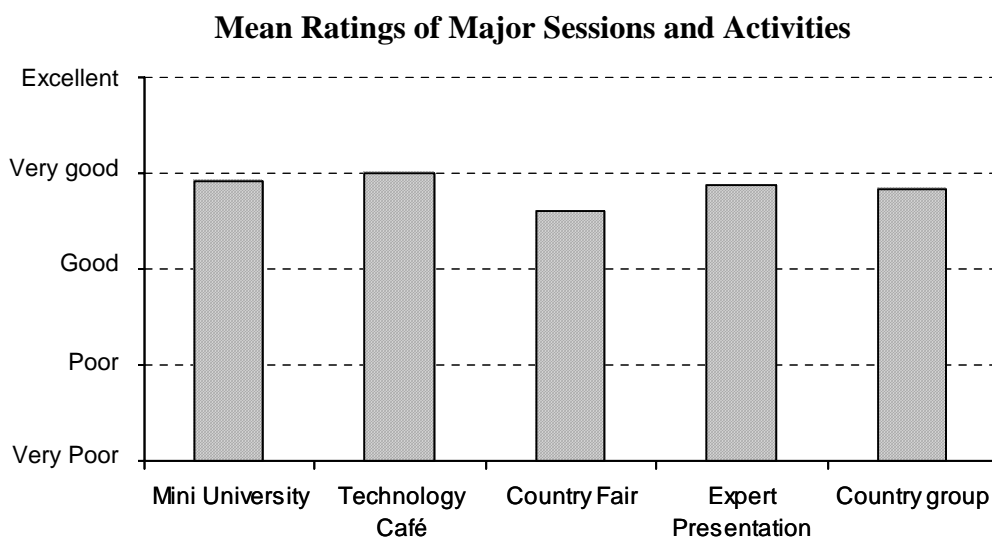
### Meeting Evaluation (Full report in **Annex 5**)

(Data analysis and report by Family Health International)

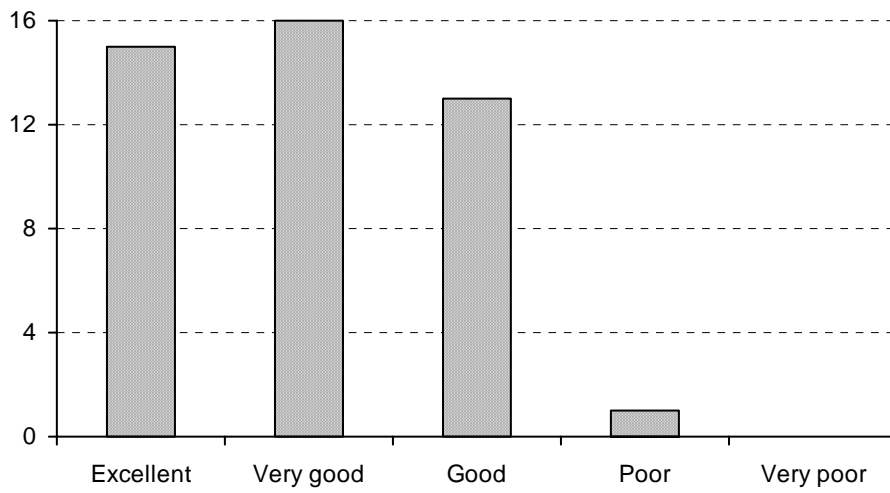
The IBP Cairo Meeting was evaluated through two informal participant questionnaires that individuals were asked to complete at the end of the meeting. Overall, the Inter-Country Meeting was very highly rated by the participants.

The meeting evaluation form allowed participants and partners to rate not only agenda items such as “expert presentations” but also qualitative aspects of the meeting such as its length, delegate mix, venue, and organization. Most questions relied on a five-item scale (excellent, very good, good, poor, very poor), but some had other scales and some were open-ended. A full report of the evaluation is available as **Annex 5**.

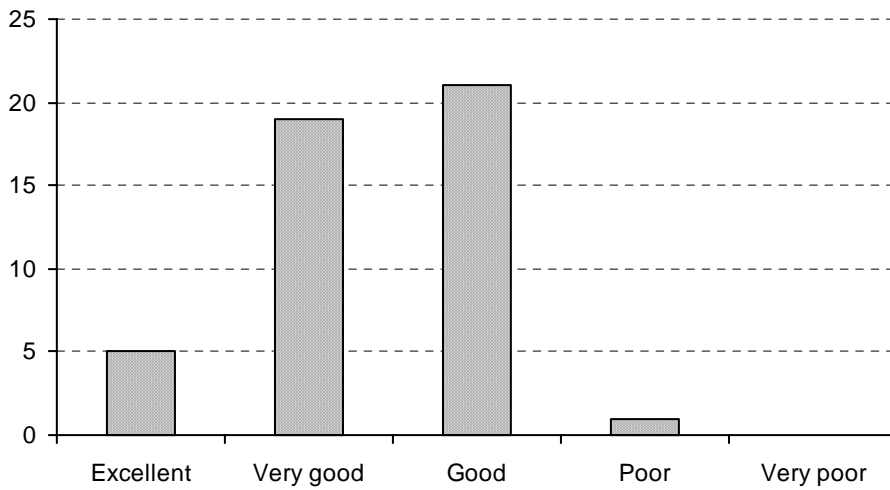
### Extracts from the Inter-Country Meeting evaluation



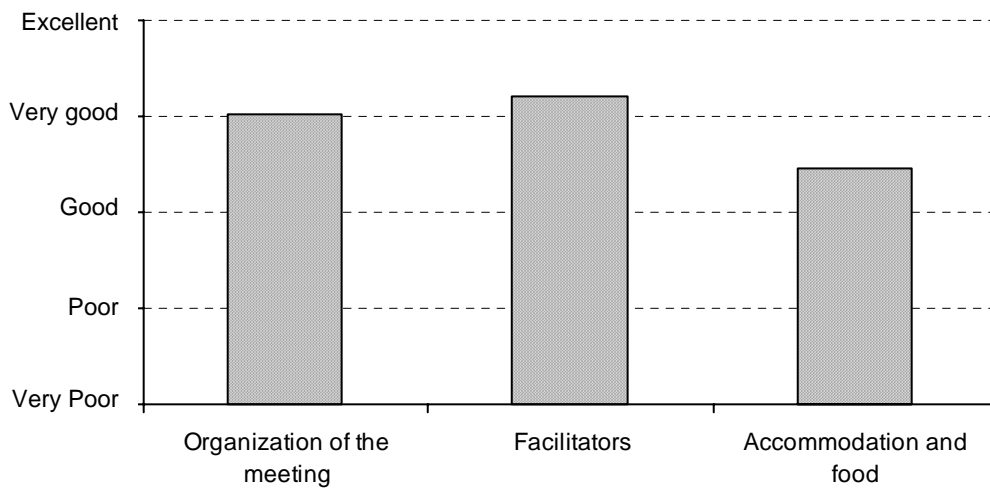
### Technology Café



### Country Fair



### Mean Ratings of Organization and Facilities of the Meeting

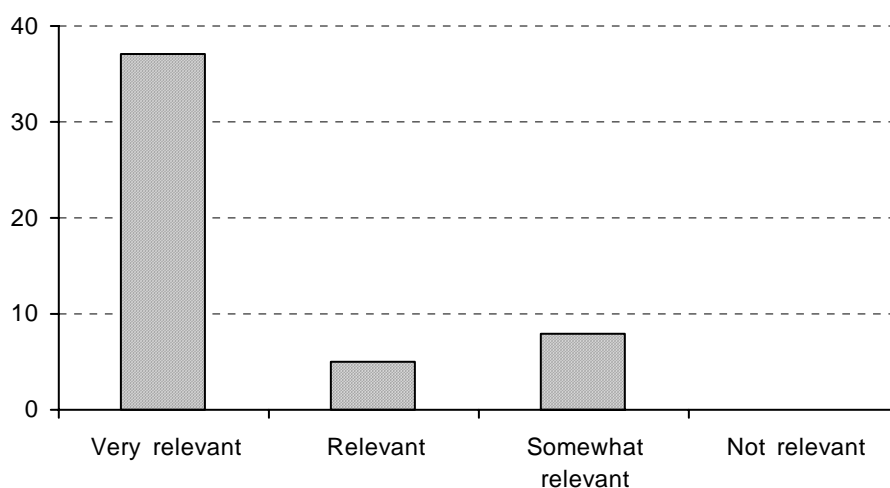


### Participant comments

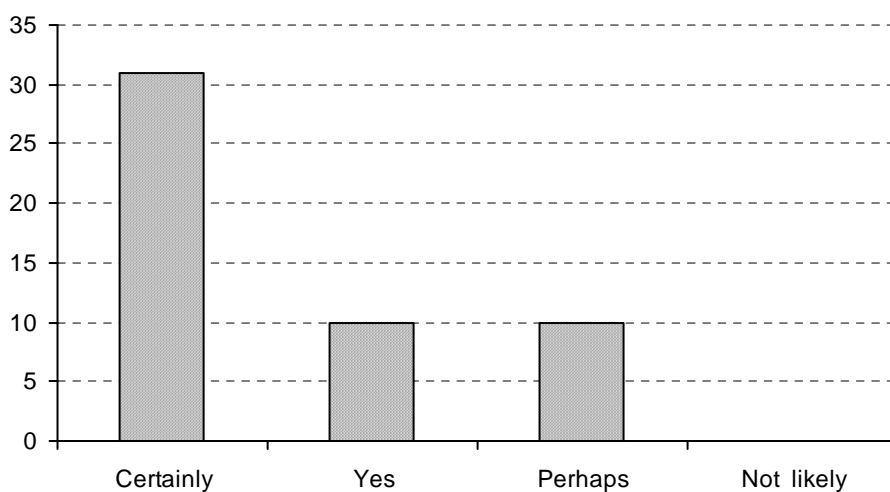
- Facilitators easily accessible (Unnamed)
- Working as partners toward a common goal (Unnamed)
- Criteria for contraceptives, interactive and useful discussion, evidence-based (Jordan)
- Interesting, useful and fun meeting (Unnamed)
- In some sessions, too many PowerPoint presentations were given, leaving too little room for discussion (India)
- Management Leadership is a very challenging thinking process (Egypt)
- The sessions were lively and dynamic (Lebanon)
- Outstanding facilitator, interaction and new information (Jordan)

### Extracts from the Mini-University evaluation

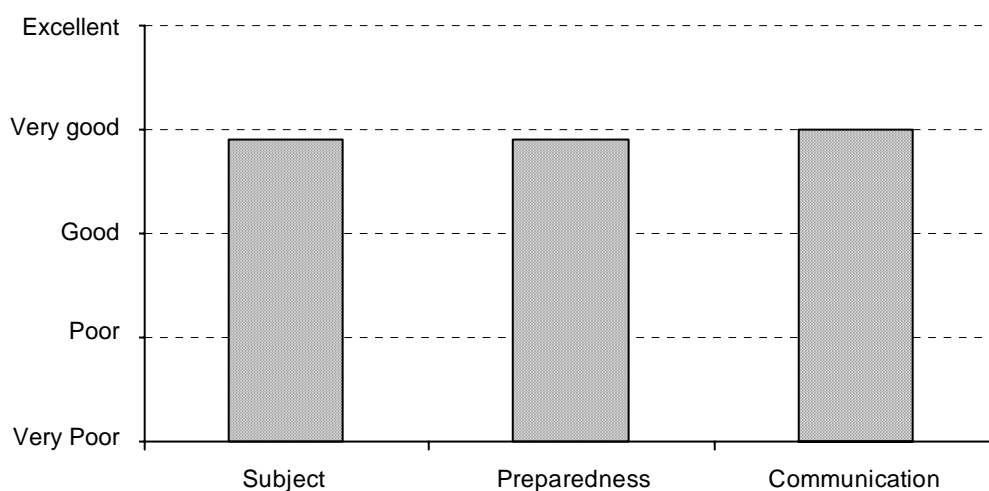
#### Was the content of the Mini-University sessions relevant to your work?



#### Will this learning experience help you implement best practices in your country?



### Quality of the presenters (Mean Ratings)



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## Report of the Mentorship and Follow-up Programme

The teams participating in the IBP Inter-Country Meeting held in Cairo must be congratulated for their commitment and hard work to implement the activity plans they generated as an outcome of this meeting. As with all activities there are absolute achievements, success stories, and valiant efforts to overcome major constraints. There are also mistakes to be learnt from and corrective action to be taken. This section will highlight some of the success stories and lessons learnt from the supportive follow-up programme.

The **Jordan team** has set an exemplary example of follow-up action. They have formed the IBP Cairo Group, meet at least once every two months, produce minutes of each meeting, and have achieved several of their milestones. As a team, they have finalized the national standards for reproductive health counselling and started to prepare a national training programme. A request for partner agencies to provide materials that could facilitate this task is currently being fulfilled.

The **Egypt teams** have made excellent progress, despite having to overcome a number of obstacles. The Egypt group was divided into two teams during the Inter-Country Meeting. Team One focused their activity plan on performance improvement and Team Two has been working on the unification of reproductive health standards. As a result of the Inter-Country Meeting, the Ministry of Health and Population, in collaboration with Management Sciences for Health, has developed a one-year management and leadership training programme for senior and district-level managers as a component of their performance improvement activities. This programme has been funded and is currently ongoing. In addition, plans are being prepared to introduce performance improvement principles, materials, and tools into model health centres. The evidence-based medicine concept has been reinforced, and materials and resources that were distributed during the meeting have been used.

A representative of Family Health International recently held a meeting with three participants, two mentors, and one country group leader in Cairo. They had both positive and negative comments to make on the follow-up programme.

The Egypt team remained enthusiastic and recounted the progress that had been achieved. They are currently revising their initial plan to meet with the priorities of a recent five-year plan approved by a newly appointed Minister of Health and Population. It was felt that the IBP Initiative should be discussed with the new Minister and a recommendation was made for WHO/EMRO to consider taking this action.

They were, however, disappointed at only receiving one country plan. They also noted that some team members had received the e-mails sent to follow-up participants and some had not. Those who had responded to e-mails said they were meeting to discuss a process of unifying reproductive health standards. The group explained that it was difficult to meet, but they did maintain e-mail contact with each other.

The mentor for **Turkey** recently reported that the team is still in contact and currently adjusting its milestones to support a revised work programme. They have been able to expand their group and plan to start their work programme in September 2002. They have conducted a needs assessment for existing and potential vasectomy services in two provinces. The assessment illustrated a need to adjust their plan to focus on demand issues. The team meets each month, has developed a vasectomy website, and started an e-group to enhance sharing of experiences and problems among vasectomy providers.

The group from **Palestine** has kept in e-mail contact with WHO/RHR. However, they have been unable to take any action as a result of the need to respond to the ongoing crisis situation.

**Pakistan** was a very small group and remains interested in the IBP Initiative. Team members have discussed the IBP Initiative with their colleagues and revised their workplan to meet their immediate priorities.

Contacting members from the **Lebanon** and **Yemen** teams has not been possible. INTRAH plans to arrange a visit to the Yemen team in late 2002.

Although a number of the original **India** team members have been promoted or transferred, the team has remained very active. The India team has continued to support its programme of work and has been involved in a re-planning exercise and the preparation of a large White Ribbon Alliance meeting focused on Safe Motherhood. Team members from both the Nepal and Cairo Inter-Country Meetings recently met with representatives from WHO/RHR, the WHO South East Asia Regional Office, and USAID/India to plan the next IBP Intra-Country meeting due to be held in Agra, India, in September 2003. Teams from India have formed the IBP India Steering Committee and are working with representatives from the partner agencies to prepare for this meeting.

WHO/RHR has sent out thank you letters to all the participants and facilitators who attended the Cairo Inter-Country Meeting (152) and has attempted to contact country teams at regular intervals to discuss progress and provide feedback. Contact with participants has been difficult due to inaccuracies in the original address and e-mail list. Action has been taken to rectify this problem, but it still remains a major communication barrier. To avoid similar problems in the future, WHO/RHR, in collaboration with the WHO Department of Information Technology, Management Information Systems, and IBP partners, is developing an intranet-based communication and management system. This system will facilitate the easy transfer of information to country teams.

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## Next Steps

The IBP Initiative strives to create networks of enthusiastic individuals and teams willing to work together to achieve common reproductive health goals. The IBP Initiative acknowledges that developing a country plan, even if it is realistic and practical, is an intellectual exercise and the subsequent implementation of such a plan is even more challenging. At least six of the eight countries involved in the Cairo Inter-Country Meeting have started to implement their plans, and although the mentorship and follow-up programme is off to a slow start, it has started. IBP partner agencies have formed a task team dedicated to improving this programme.

The IBP Tool Kit for the Cairo Inter-Country Meeting has been finalized and sent to the participants. This method acts as a medium to transfer information. The IBP partner agencies are very interested in exploring ways to help individuals and groups access and utilize information. The IBP partner agencies have formed a task team to review and study the emerging science of the management and the utilization of knowledge.

The IBP Coordinating Committee met in July 2002 to review progress and prepare the framework for a strategic three-year plan. Arrangements are also being made to form the IBP Consortium. All parties have agreed there that a number of areas will need to be strengthened in the future and task teams under the leadership of different partner agencies have been formed to address these weak areas.

As a result of both the Inter-Country Meeting in Nepal and that in Cairo, the IBP partners have been invited to initiate this process in four States in India. The IBP Coordinating Committee has been asked to plan the event in coordination with the Ministry of Health and Family Welfare (MOHFW) of the Government of India, as well as with local partners involved in reproductive health. WHO/RHR and representatives from the WHO South East Asia Regional Office, and USAID/India have met with representatives from the MOHFW and local partner agencies to initiate the planning process. The IBP meeting is expected to take place during September 2003.

# **Annex 1**



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## **Annex 2**



## **Cairo Inter-Country Meeting Agenda**



**Agenda**  
**Inter-Country Meeting with Partners and Country Teams**

**Implementing Best Practices to Improve Reproductive Health**  
**Hotel Sofitel – Le Sphinx, Cairo, 9–13 February 2002**

**Inaugural Session and Welcome Reception**

**16.00 – 18.30**

**Saturday 9 February 2002**

16.00 – 17.00

<b>Opening remarks</b>	Dr Monir Islam	Team Leader, IBP Department of Reproductive Health and Research, WHO/Geneva
<b>Opening addresses</b>	Dr Hussein Gezairy	Regional Director, WHO/EMRO
	Dr Christopher McDermott	Chief, Population and Health Division USAID, Egypt
<b>Keynote addresses</b>	Dr Mohamed Kamel	Regional Director, Arab World Regional Office, IPPF
	Dr Dan Pellegrum	President of Pathfinder International
<b>Welcome address</b>	His Excellency, Professor Ismail Sallam	Minister of Health and Population, Egypt
<b>Vote of thanks</b>	Dr Monir Islam	
17.00 – 17.25		
<b>Keynote addresses</b>	Dr Moshira El Shafei	Country Co-ordinator, Partners in Population and Development
	Dr William Jansen	Project Director, INTRAH/PRIME
17.25 – 18.25		
<b>Keynote presentations</b>	<b>The Best Practice Initiative</b>	Dr Monir Islam Team Leader IBP, WHO/RHR, Geneva
	<b>Communicating for change</b>	Dr Gary Safflitz Deputy Director, Johns Hopkins Center for Communication Programs
	<b>Making the world a better place</b>	Dr Jim Shelton Senior Medical Adviser, USAID
18.25		
<b>Welcome to the reception</b>	Dr Ramez Mahaini	WHO/EMRO/WRH on behalf of WHO and partner agencies



**Agenda**  
**Inter-Country Meeting with Partners and Country Teams**

**Implementing Best Practices to Improve Reproductive Health**

**Theme:** The Prevention of Unwanted Pregnancies and the Transmission of STI/HIV  
**Breaks:** Morning Coffee and Afternoon Tea 30 minutes  
Lunch 75 minutes

**Day 1**

**Sunday 10 February 2002**

07.00 – 08.30	Registration	
08.30 – 08.45	Welcome and Introductions	Ramez Mahaini WHO/EMRO
08.45 – 09.15	Orientation Review of the Objectives and Agenda Format of the Meeting	Monir Islam WHO/Geneva
	The IBP Lens	Margaret Usher WHO/Geneva
09.15 – 09.30	Introduction to the Mini-University	Robert Rice FHI
<b>09.30 – 10.00</b>	<b>Coffee break</b>	
10.00	<b>Mini-University Begins</b> Information Exchange Dedicated to Introducing New and Emerging Issues Supported by Technical Guidance Documents	All facilitators

**Refer to Mini-University Agenda in your file**



**Agenda**  
**Inter-Country Meeting with Partners and Country Teams**

**Implementing Best Practices to Improve Reproductive Health**

**Day 2**

**Monday 11 February 2002**

08.30 – 08.45	Opening Remarks Review of the Mini-University	Bill Janson INTRAH/PRIME
	Day 2 Agenda	
08.45 – 09.15	What is a Best Practice? Plenary Groups of 3 participants Flip chart report back	Jim Shelton, USAID Mariama Barry, IPPF
09.15 – 09.45	What is quality?	Monir Islam WHO/Geneva
09.45 – 10.00	Leading Change Framework for small working groups activity	Joan Galer, MSH
<b>10.00 – 10.30</b>	<b>Coffee</b>	
10.30 – 11.30	Small Groups Work: Leading Change	Group Facilitators
11.30 – 12.00	Plenary feedback session by working groups	Abdel Mohsen USAID/ Cairo
12.00 – 12.45	Leadership Practices of Effective Health Manager	Joan Galer, MSH
12.45 – 13.00	Framework for Country Group Exercise Identification of Key Program Needs/ Issues Introduction of Mentors and Their Roles	Susan Palmore, FHI
<b>13.00 – 14.15</b>	<b>Lunch</b>	

## Day 2 continued

### Monday 11 February 2002

14.15 – 15.00	Country Group Exercise Identification of Key Country Program Needs/Issues	Group Facilitators
<b>15.00 – 15.30</b>	<b>Tea</b>	
15.00 – 15.30	Plenary Feedback Session	Cathy Solter, Pathfinder
15.30 – 16.00	Prepare Country Fair Prepare Technology Café	EngenderHealth JHPIEGO
16.00	Country Fair and Technology Café	All partners and facilitators



**Agenda**  
**Inter-Country Meeting with Partners and Country Teams**

**Implementing Best Practices to Improve Reproductive Health**

**Day 3**

**Tuesday 12 February 2002**

08.30 – 08.45	Summary of the Previous Day Day 3 Agenda	Dr Carlos Huezo, IPPF
08.45 – 09.30	Client-Provider Interaction	Victoria Jennings, Georgetown University Jim Shelton, USAID
09.30 – 10.30	Performance Improvement  Gap and Root Cause Analysis	Marc Luoma, INTRAH/PRIME Edgar Necochea JHPIEGO
10.30 – 10.45	Framework for Country Group Exercise A Three-Dimensional Approach to Performance Improvement	Chris Davis, JHPIEGO
<b>10:45 – 11:15</b>	<b>Coffee</b>	
11:15 – 12:15	Country Group Exercise` A Three-Dimensional Approach to Performance Improvement	Group facilitators
<b>12:15 – 13:30</b>	<b>Lunch</b>	
13:30 – 16.30	Country Group Exercise: Select Country Need/Issue Begin Gap and Root Cause Analysis of Issue	Group facilitators
<b>15.00 – 15.30</b>	<b>Tea</b>	
15:30 – 16.30	Country Groups: Develop Country Plans Continue Gap and Root Cause Analysis Select Key Interventions	Group Facilitators
16.30 – 17:30	Plenary Feedback Session	Carmel Cordero, EngenderHealth



**Agenda**  
**Inter-Country Meeting with Partners and Country Teams**

**Implementing Best Practices to Improve Reproductive Health**

**Day 4**

**Wednesday 13 February 2002**

08.30 – 08.45	Summary of the Previous Day Day 4 Agenda	Pathfinder
08.45 – 09.15	Meeting the Performance Challenge (reality check, expectations, tools, mentors)	Margaret Usher-Patel, WHO/RHR Susan Palmore, FHI
09.15 – 9.30	Framework for Country Group Exercise Making Country Plans Happen: Identifying Obstacles, Accountability Matrix and Selection of Milestones	EngenderHealth
<b>09.30 – 10.00</b>	<b>Coffee</b>	
10.00 – 12.30	Country Group Exercise Making Country Plans Happen: Identifying Obstacles, Accountability Matrix and Selection of Milestones (Includes <b>coffee</b> )	Group Facilitators
<b>12.30 – 13.45</b>	<b>Lunch</b>	
13.45 – 15.00	Country Groups: Complete Country Plans Decide on Next Steps Create Plan for ongoing communication Declare Individual and Team Commitments	
<b>15.00 – 15.30</b>	<b>Tea</b>	
15.30 – 17.00	Presentation of Pearls of Country Plans Country Team Commitments Individual Commitments	

## Day 4 continued

Wednesday 13 February 2002

19.00 – 21.00

### Gala Dinner & Awards Banquet

Certificates  
Prizes

Closing ceremony

EngenderHealth  
FHI  
IPPF  
NTRAH/PRIME  
JHPIEGO  
JHU/CCP

MSH  
Pathfinder  
WHO/EMRO  
WHO/Geneva  
USAID

## **Annex 3**



## **Mini-University Agenda**

## Mini-University Agenda

### Inter-Country Meeting with Partners and Country Teams

- **50-minute** presentations (each participant will select only one)
- Name in **bold** with \*\* indicates: “facilitator responsible for the planning and coordination with presenting team.”

Technology Track  
RH Linkages Track  
Site Level Quality Track

Systems Quality Track  
Innovative Programming Track  
Special Groups and Issues Track

#### Session 1

Presentation Title	Facilitator(s)
☐ Supervision	<b>Edgar Necochea**</b> , JHPIEGO; Ms Johri
☐ Update on Hormonal Contraceptives/Emergency Contraception	<b>Roberto Rivera**</b> , FHI; Sarah Johnson, WHO
☐ Arab Women Speak Out: Women's Empowerment and Reproductive Health	<b>Carol Underwood**</b> , JHU/CCP; Laila Kafafi, FHI
☐ Barriers to Access	<b>Jim Shelton**</b> , USAID; <b>John Stanback**</b> , FHI
☐ Generating Demand for Quality Services Behavior Change Communication	<b>Bill Mackie**</b> , JHU/CCP; Ron Hess, JHU/CCP; Samir Al Alfi, JHU/CCP
☐ Men, Religious Leaders and Reproductive Health	<b>Alfred Yassa**</b> , JHU/CCP; Levent Cagatay, EngenderHealth; Soliman Farah, JHU/Jordan

Technology Track  
 RH Linkages Track  
 Site Level Quality Track

Systems Quality Track  
 Innovative Programming Track  
 Special Groups and Issues Track

**Session 2**

<b>Presentation Title</b>	<b>Facilitator(s)</b>
<input type="checkbox"/> Self-directed Learning and Distance Learning	<b>Marc Luoma**</b> , Intrah/PRIME; Pam Lynam, JHPIEGO
<input type="checkbox"/> Longer-term Temporary Methods: Update on Intra-Uterine Devices (IUDs) and Norplant	<b>Roberto Rivera**</b> , FHI; Dipo Otolorin, JHPIEGO; Ron Magarick, JHPIEGO
<input type="checkbox"/> A New Approach to Safe Delivery Practice: Managing Normal Labor and Childbirth	<b>Barbara Kinzie**</b> , JHPIEGO; Maggie Usher, WHO/RHR; Monir Islam, WHO/RHR
<input type="checkbox"/> Accreditation	<b>Edgar Necochea**</b> , JHPIEGO; Gary Saffitz, JHU/CCP
<input type="checkbox"/> Public and Private Partnerships in Reproductive Health	<b>Ayman Abdel Mohsen**</b> , USAID/Egypt Mohamed Edrees, Clinical Services Improvement Project
<input type="checkbox"/> Adolescent Reproductive Health	<b>Susan Palmore**</b> , FHI; Yvonne Sidhom, Intrah/PRIME; Soliman Farah, JHU/CCP/Jordan; Alfred Yassa, JHU/CCP

Technology Track  
 RH Linkages Track  
 Site Level Quality Track

Systems Quality Track  
 Innovative Programming Track  
 Special Groups and Issues Track

### Session 3

Presentation Title	Facilitator(s)
□ Tools and Techniques for Promoting Quality	<b>Nisreen Bitar **</b> , EngenderHealth; Pam Lynam, JHPIEGO
□ Post Abortion Care (PAC)	<b>Dipo Otolorin**</b> , JHPIEGO Yvonne Sidhom, Intrah/PRIME; Cathy Solter, Pathfinder; Carmela Cordero, EngenderHealth
□ Contraceptive Security	<b>Carolyn Hart**</b> , JSI; Maggie Usher, WHO/RHR
□ Organization of Work and Provider Perspective	<b>Jim Shelton**</b> , USAID; Mariama Barry, IPPF
□ Social Marketing	<b>Ron Hess**</b> , JHU/CCP Gary Saffitz, JHU/CCP
□ Fertility Awareness: Standard Days Method	<b>Victoria Jennings**</b> , Georgetown University; Susan Palmore, FHI

Technology Track  
 RH Linkages Track  
 Site Level Quality Track

Systems Quality Track  
 Innovative Programming Track  
 Special Groups and Issues Track

**Session 4**

<b>Presentation Title</b>	<b>Facilitator(s)</b>
<input type="checkbox"/> Male and Female Sterilization	<b>Carmela Cordero**</b> , EngenderHealth; Dipo Otolorin, JHPIEGO
<input type="checkbox"/> Integration STIs/HIV/AIDS and Family Planning	<b>Levent Cagatay**</b> , EngenderHealth; Monir Islam, WHO/RHR
<input type="checkbox"/> Client-Provider Interaction (CPI)	<b>Victoria Jennings**</b> , <b>Georgetown University</b> ; Bill Jansen, Intrah/PRIME; Mohamed Edrees, Clinical Services Improvement Project; Carol Underwood, JHU/CCP
<input type="checkbox"/> Update on the Medical Eligibility Criteria and Evidence-based Decision-making	<b>Sarah Johnson**</b> , <b>WHO/RHR</b> ; Jim Shelton, USAID; Roberto Rivera, FHI
<input type="checkbox"/> Community-defined Quality	<b>Marc Luoma**</b> , <b>Intrah/PRIME</b> ; Nisreen Bitar, EngenderHealth
<input type="checkbox"/> Taking Programs to Scale	<b>Jan Kumar**</b> , <b>EngenderHealth</b> ; Susan Palmore, FHI

Technology Track  
 RH Linkages Track  
 Site Level Quality Track

Systems Quality Track  
 Innovative Programming Track  
 Special Groups and Issues Track

**Session 5**

<b>Presentation Title</b>	<b>Facilitator(s)</b>
<input type="checkbox"/> Standards and Guidelines, and Disseminating Standards and Guidelines	<b>Pam Lynam**</b> , JHPIEGO; Wilda Campbell, Intrah/PRIME; Monir Islam, WHO/RHR
<input type="checkbox"/> Best Practices in Monitoring and Evaluation of RH/FP Programs	<b>Pinar Senlet**</b> , USAID; John Stanback, FHI
<input type="checkbox"/> Condoms and Dual Protection	<b>Levent Cagatay**</b> , EngenderHealth; Maggie Usher, WHO/RHR
<input type="checkbox"/> Logistics	<b>Carolyn Hart**</b> , JSI
<input type="checkbox"/> Post-partum Care	<b>Ayman Abdel Mohsen**</b> , USAID; Ali Abdel Megeid; Laila Kamel
<input type="checkbox"/> Birth Spacing Revisited: Did We Drop the Ball?	<b>Bill Jansen**</b> , Intrah/PRIME; Tawhida Khalil, JHU/CCP; Ron Hess, JHU/CCP; Taroub Faramand

Technology Track  
 RH Linkages Track  
 Site Level Quality Track

Systems Quality Track  
 Innovative Programming Track  
 Special Groups and Issues Track

**Session 6**

<b>Presentation Title</b>	<b>Facilitator(s)</b>
❑ The New Antenatal Care	<b>Barbara Kinzie**</b> , JHPIEGO; Maggie Usher, WHO/RHR
❑ Management & Leadership	<b>Joan Galer**</b> , MSH Edgar Necochea, JHPIEGO
❑ Female Genital Cutting (FGC)	<b>Yvonne Sidhom**</b> , Intrah/PRIME; Nagiba Abdul Ghani, MOPH Yemen
❑ Infection Prevention	<b>Dorothy Andere**</b> , JHPIEGO; Jyoti Vajpayee, EngenderHealth
❑ Informed Choice	<b>Jan Kumar**</b> , EngenderHealth; Victoria Jennings, Georgetown University
❑ Job Aids & Tools: checklists and other tools	<b>John Stanback**</b> , FHI; Susan Palmore, FHI; Moshira El-Safei

## **Annex 4**



**Technology Café Brochure**

# Technology Café Brochure

*Thanks to the following organizations  
for their contributions to the  
Technology Café:*



World Health  
Organization

## Technology Café



*11 February 2002*

*4:30-7:30pm*

*Learn about the variety of CD-ROM and  
Internet resources available to support  
your program*

*Demonstrations every 30 minutes*

*Hands-on practice with CD-ROMs*

## CD-ROM Resources

### *Computer-based Courses*

- **HIV ReproLearn® Tutorials** – Series of multimedia tutorials on *Care of Women with HIV Living in Limited-Resource Settings*. Narrated by international experts, tutorials include audio narration, presentation graphics, links to related articles, and a self-grading quiz. Topics include Prevention, VCT, Reproductive Health, Pregnancy, Breastfeeding, and Nutrition. Can be used for self-study or group training. (JHPIEGO)
- **Infection Prevention Multimedia Course** – A course designed to help healthcare providers, supervisors of healthcare facilities, medical students, and nursing students strengthen infection prevention practices in low-resource settings. Designed for self-study. (EngenderHealth)
- **Reproductive Health Minicourses** – Designed to help healthcare providers, supervisors of healthcare facilities, and students provide high quality reproductive services that meet their clients' needs. Topics include Sexuality and Sexual Health, Sexually Transmitted Infections, HIV and AIDS. Designed for self-study. (EngenderHealth)
- **ModCal® for IUD Services** – Interactive multimedia format to provide information on how to provide IUD services including counseling, insertion and removal of the Copper T 380A IUD and managing side effects. Designed to be guided by a clinical facilitator and integrated with skills practice. (JHPIEGO)
- **ModCal® for Clinical Training Skills** – Helps service providers become more effective preservice faculty or inservice trainers. Candidate clinical trainers first complete the ModCal instruction and then practice newly acquired skills under the guidance of an advanced or master trainer. (JHPIEGO)

### *IEC Materials*

- **CONDOMS** – Search this CD to find communication materials on condoms in every medium from T-shirts to TV spots. Plus, extensive results of a POPLINE database search on condoms and full-text of key publications. (JHU/CCP)

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## Internet Resources

### *Agency Web Sites*

- **Johns Hopkins University Center for Communication Studies** ([www.jhuccp.org](http://www.jhuccp.org))  
JHU/CCP works with U.S. and foreign organizations to promote healthy behavior through information, education and communication activities. Highlights of the web site include: ImageBase, a collection of over 450 posters and other images, POPINFORM, the most recent installment of POPLINE, and Net Links, Internet resources in population, health and development.
- **JHPIEGO Corporation** ([www.jhpiego.org](http://www.jhpiego.org))  
An affiliate of Johns Hopkins University, JHPIEGO works to improve the lives of women and their families worldwide. The web site describes their programs in training in reproductive health, maternal and neonatal health, Santé Familiale et Prévention du SIDA and cervical cancer prevention. It also includes an order form for learning materials and technical report summaries.
- **Pathfinder** ([www.pathfind.org](http://www.pathfind.org))  
Pathfinder International works with institutions worldwide to create and improve access to quality reproductive health information and services. Their web site includes downloadable training modules on topics such family planning methods, infection prevention, reproductive tract infections, counseling and training of trainers.
- **US Agency for International Development** ([www.usaid.gov](http://www.usaid.gov))  
USAID supports global programs in family planning and reproductive health, infectious disease prevention and control, child survival, and maternal health among others.
- **World Health Organization** ([www.who.int](http://www.who.int))  
WHO proposes conventions, agreements, regulations and makes recommendations about international nomenclature of diseases, causes of death and public health practices. WHO develops, establishes and promotes international standards. The WHO web site includes articles and reference material on a wide variety of health topics.

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## Internet Resources

### *Agency Web Sites*

- **Advance Africa Web Site** ([www.advanceafrica.org](http://www.advanceafrica.org))  
A new USAID centrally-funded consortium, Advance Africa is charged with rapidly increasing the availability and use of sustainable, quality family planning and reproductive health (FP/RH) services in Sub-Saharan Africa. Includes information on developing a compendium of best practices and information about specific initiatives.
- **EngenderHealth Web Site** ([www.engenderhealth.org](http://www.engenderhealth.org))  
EngenderHealth works in international family planning and related areas such as maternal and child health, postabortion care, STI/HIV services, quality improvement, infection protection, and men as partners. The web site includes information for clients and providers about contraception, pregnancy and related care, infections and disease, and tools for trainers and policy makers to use in managing programs.
- **Family Health International Web Site** ([www.fhi.org](http://www.fhi.org))  
FHI is an organization committed to safe, effective, acceptable and affordable family planning methods available; preventing the spread of AIDS and other STDs; and improving the health of women and children. Includes general information and publications on family planning, HIV/AIDS and STDs, and more.
- **International Planned Parenthood Federation** ([www.ippf.org](http://www.ippf.org))  
Links national autonomous family planning associations in over 150 countries worldwide. IPPF and its member associations promote the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.
- **Intrah/PRIME II** ([www.prime2.org](http://www.prime2.org), [www.intrah.org](http://www.intrah.org))  
Based in the School of Medicine at the University of North Carolina at Chapel Hill, Intrah specializes in using performance improvement and innovative training approaches to help countries develop human resources systems for the delivery of high quality healthcare services at the primary level. The web site includes information and publications about the 5-year project in FP/RH implemented by Intrah and partners.

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## CD-ROM Resources

### *Training Tools*

- **Compendium of Best Practices** – A database of best practices that is part of a larger strategic framework to improve program performance. It is organized to facilitate strategic decision-making about which practices would most contribute to improving program performance in a particular country. (Advance Africa)
- **Implementing Best Practices (IBP) ToolKit** – A CD-based toolkit designed to inform policy makers, programme managers, clinicians and staff working in reproductive health about the materials and resources that are produced by WHO, USAID, UNAIDS and the partner agencies in the IBP Consortium. The toolkit consists of a bibliography that includes title entries as well as abstracts and contact information on how to obtain the material. (FHI/WHO)
- **Research Ethics Training Curriculum** – The Research Ethics Training Curriculum offers international researchers an overview of the research ethics field, eight reproductive health case studies, reference documents, and a computer-graded post-test. May be used for self-study or a four-hour group training. Available as a CD-ROM, a three ring binder or on the FHI Web page. (FHI)
- **Maximizing Access and Quality (MAQ) Exchange Materials** – A USAID initiative to improve access to and quality of health services for clients and programs. MAQ promotes good-quality services and also works to remove unnecessary barriers that discourage clients from using services. The CD includes a collection of PowerPoint presentations for use in sensitizing staff at USAID missions and country governments. Additional materials available at [www.maqweb.org](http://www.maqweb.org). (USAID/Cooperating Agencies)
- **Performance Improvement Stages, Steps and Tools** – A CD-ROM for managers, program officers, leaders, trainers, or project team members who want to understand and apply the performance improvement (PI) approach and methods used by the PRIME II Project. Includes tools, documents, and forms you can print and use. Also downloadable from [www.prime2.org](http://www.prime2.org). (Intrah/PRIME II)

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## CD-ROM Resources

### *Reference Materials*

- **Helping Involve Men (HIM)** – An essential library on men and reproductive health. The HIM CD provides easy access to the key research and programmatic literature on men's participation in reproductive health. Includes nearly 500 full-text documents, almost 12,000 pages of journal articles, case studies, operations research reports, technical reports, and books. (JHU/CCP)
- **International Family Planning Perspectives** – A peer-reviewed quarterly research journal that publishes articles on a wide variety of topics relating to family planning, reproductive health and population. The CD contains 10 years (1990-1999) of peer-reviewed articles and staff-written digests and updates. (JHU/CCP)
- **e-Population Reports** – A valuable resource for planners, policy makers, researchers, educators, and program managers worldwide, this CD-ROM is a multimedia version of the Fall 2000 issue of Population Reports, "Population and Environment: The Global Challenge." The CD contains all the content of the print version, plus interactive enhancements that bring the topic to life and add depth and background. (JHU/CCP)
- **Reproductive Health Library** – An electronic journal focusing on evidence-based solutions to reproductive health problems in developing countries. Includes Cochrane reviews and corresponding new commentaries with practical recommendations. Updated annually. (WHO)
- **UNAIDS Materials** – With the global mission of leading, strengthening and supporting an expanded response to the AIDS epidemic, UNAIDS has developed a broad collection of publications and presentation graphics. This CD contains a selection of those publications. (UNAIDS/WHO)

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## Internet Resources

### *Useful Web Sites*

- **Media/Materials Clearinghouse** ([www.jhuccp.org/mmc](http://www.jhuccp.org/mmc))  
The Media/Materials Clearinghouse (M/MC) is an international resource for health professionals who seek samples of pamphlets, posters, videos, and many other media/materials designed to promote public health. Use a search engine to find family planning/reproductive health posters and other materials on just the topics and the countries you want. Also available on CD-ROM. (JHU/CCP)
- **NetLinks** ([www.jhuccp.org/netlinks](http://www.jhuccp.org/netlinks))  
A database of over 1,200 Internet resources useful to people working in health, population, and international development. Each entry includes a brief description and contact information if available. (JHU/CCP)
- **POPLINE** ([www.popline.org](http://www.popline.org))  
The world's largest bibliographic database on population, family planning, and related health issues is available on the Internet. Citations with abstracts for over 280,000 records, representing published and unpublished literature, can be accessed free of charge. POPLINE is updated every two weeks with approximately 10,000 records added annually. Also available on CD-ROM. (JHU/CCP)
- **ReproLine®** ([www.reproline.jhu.edu](http://www.reproline.jhu.edu))  
A reproductive health training web site offering up-to-date clinical information and tools for reproductive health trainers, including reference documents, presentation graphics, course checklists and schedules, sample role plays and case studies, and training articles. Also available on CD-ROM. (JHPIEGO)
- **RH Gateway** ([www.rhgateway.org](http://www.rhgateway.org))  
A collaborative search site for relevant, reliable reproductive health information. RH Gateway currently searches over two dozen selected sites at once, answering your queries on reproductive health topics. (JHU/CCP)

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## **Annex 5**



## **Cairo Inter-Country Meeting Evaluation**

# Cairo Inter-Country Meeting Evaluation

## Participant and Partner Evaluation Implementing Best Practices to Improve Reproductive Health Inter-Country Meeting with Partners and Country Teams

*John Stanback, Juliette Melton  
Family Health International  
April 2002*

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### Introduction

At the Implementing Best Practices (IBP) “Inter-Country Meeting with Partners and Country Teams” in Giza, Egypt, many of the participants completed a two-page evaluation form designed to assess their opinions of the meeting. This report briefly summarizes participant and partner ratings of various aspects of the meeting, as well as presenting, though not analyzing, other comments and suggestions. An evaluation of the adult learning “Mini-University” is available separately.

The meeting, held on 9-13 February 2002, was an innovative mix of plenary sessions, country working group planning activities, adult learning opportunities, and information exchanges.

The meeting evaluation form allowed participants and partners to rate not only agenda items such as “expert presentations”, but also qualitative aspects of the meeting such as its length, delegate mix, venue, and organization. Most questions relied on a five-item scale (excellent, very good, good, poor, very poor), but some had other scales and some were open-ended. The rating summaries and comments below follow the order of the evaluation form. Forty-eight participants returned their meeting evaluation forms, and the following evaluation is based on their responses. Staff from Family Health International used data entry and word processing programs to computerize participants’ ratings and comments.

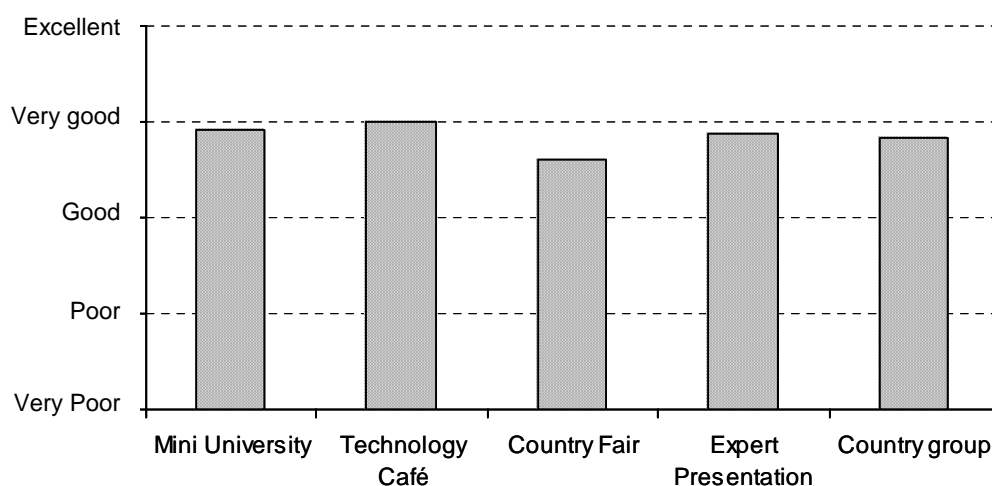
Unlike the aggregated ratings data presented in the graphs, the comment sections included in this evaluation were not designed to measure group attitudes. We therefore caution the reader not to extrapolate from the individual opinions expressed as comments.

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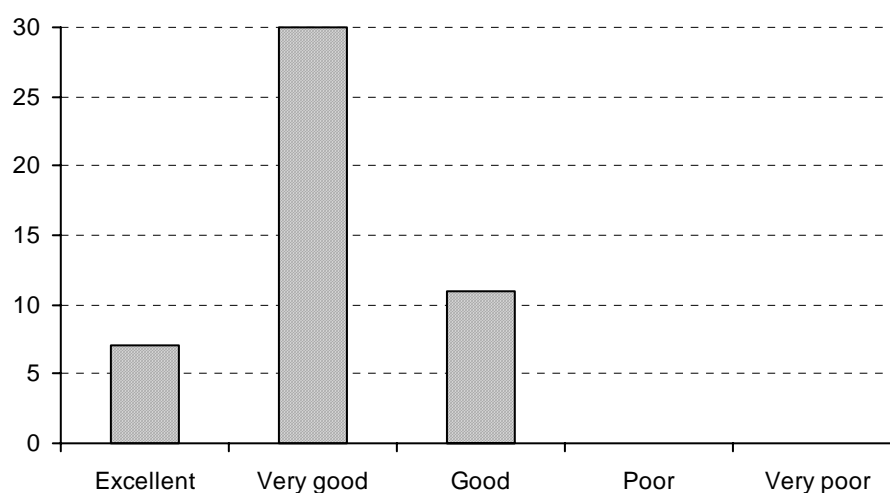
## Part 1. Session and Activity Ratings

The following section presents scaled ratings of sessions and activities at the Cairo meeting, along with individual comments.

### Mean Ratings of Major Sessions and Activities



### Mini-University

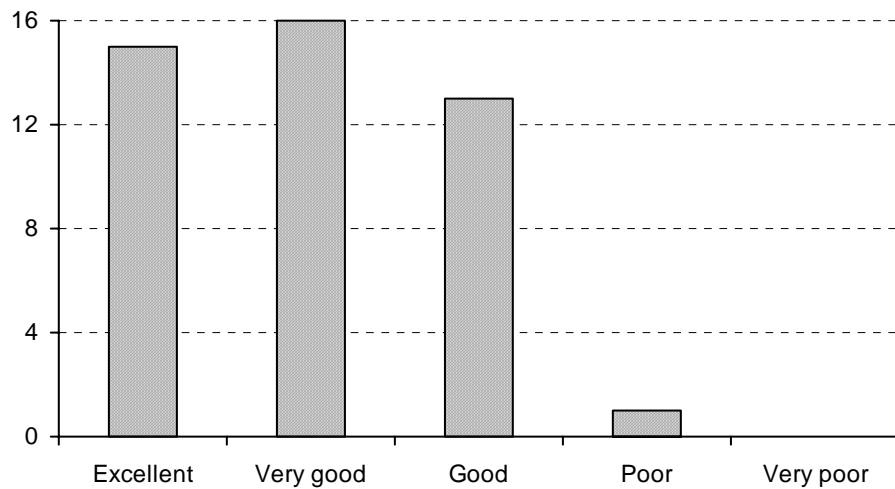


#### Comments:

- Should be two days to give more chance to everyone (Egypt)
- Too many sessions, some interesting sessions are missed; some are not very good (Egypt)
- Many sessions; I was interested to attend several at the same time (Egypt)
- Need to be less lecture-oriented and more appropriate to audience's backgrounds (Egypt)

- Too much to learn but well presented (Kenya/JHPIEGO)

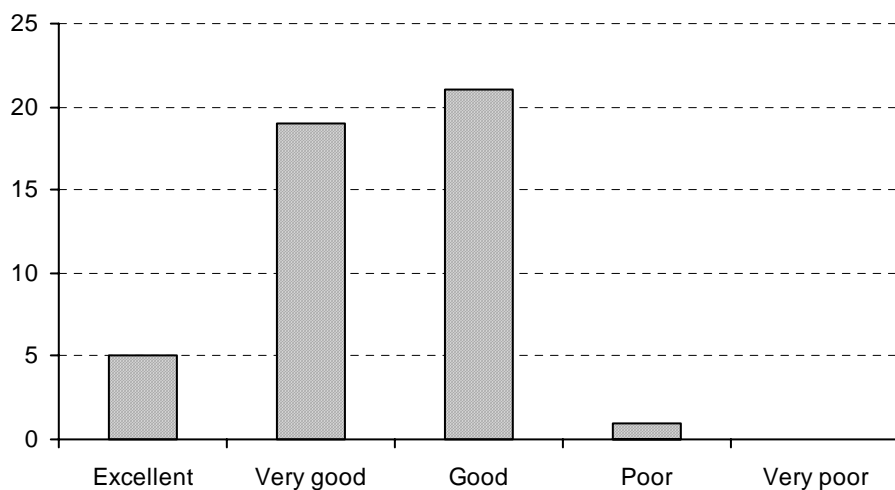
## Technology Café



### Comments:

- Bingo! (Egypt)
- Good to know what Partners are up to? (Kenya/JHPIEGO)

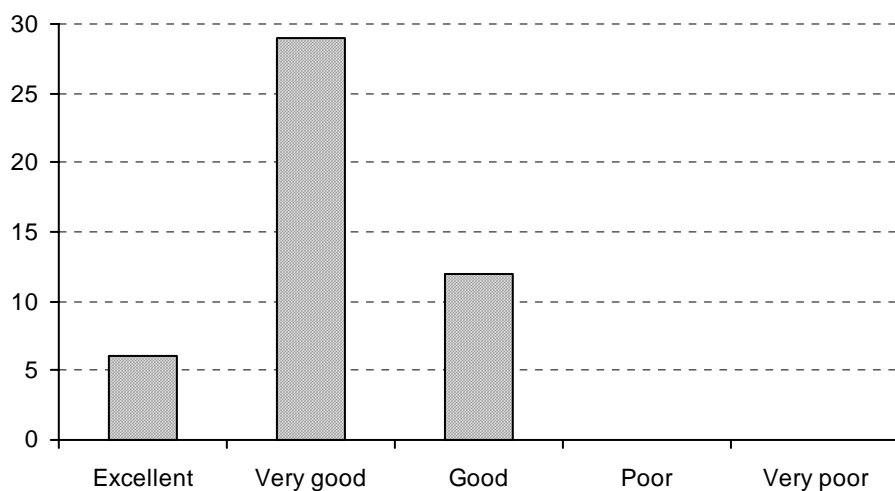
## Country Fair



### Comments:

- Why not reflect the social side? (Egypt)
- Needs more space and samples (Egypt)
- But not enough people going around (India)
- Not attended (Kenya/JHPIEGO)
- All the countries should be informed ahead of time (Unnamed)

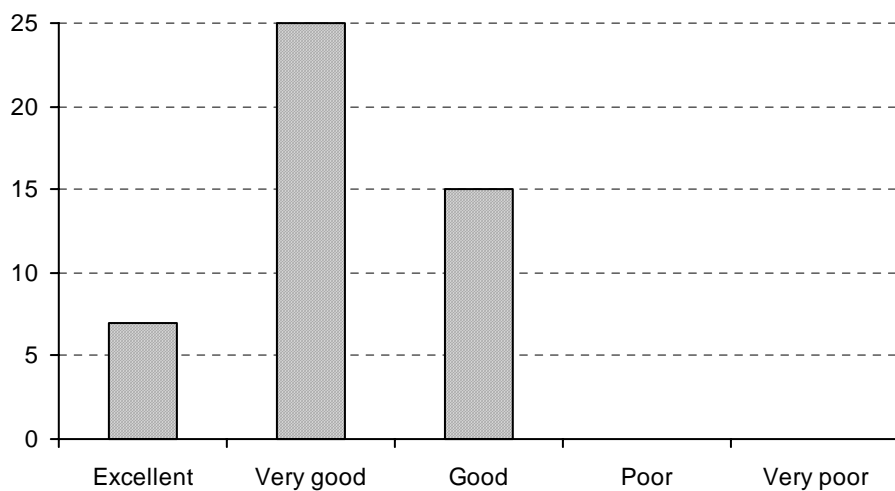
## Expert Presentations



### Comments:

- Very variable

## Country Group Working Sessions



### Comments:

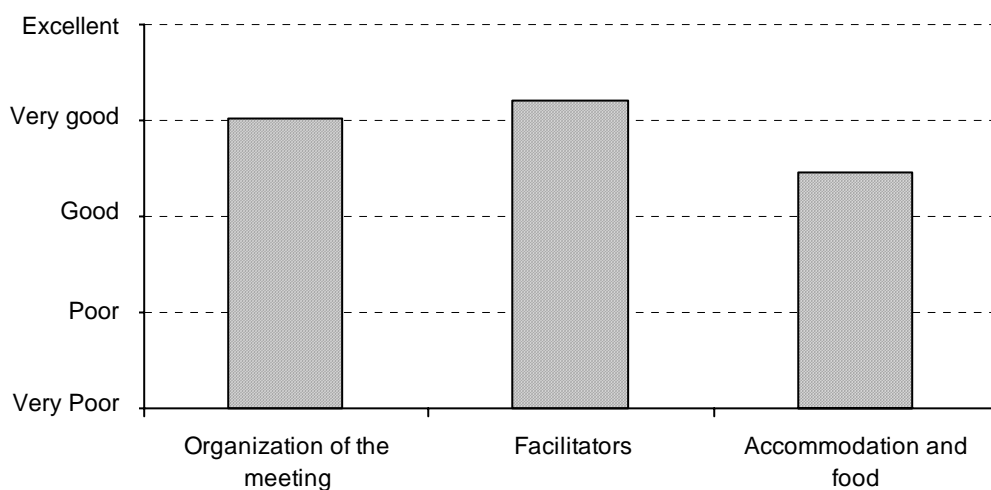
- Sense of belonging as people spoke in their language (Kenya/JHPIEGO)
- Somewhat painful process! (But don't know how we could have done to better!) (Unnamed)

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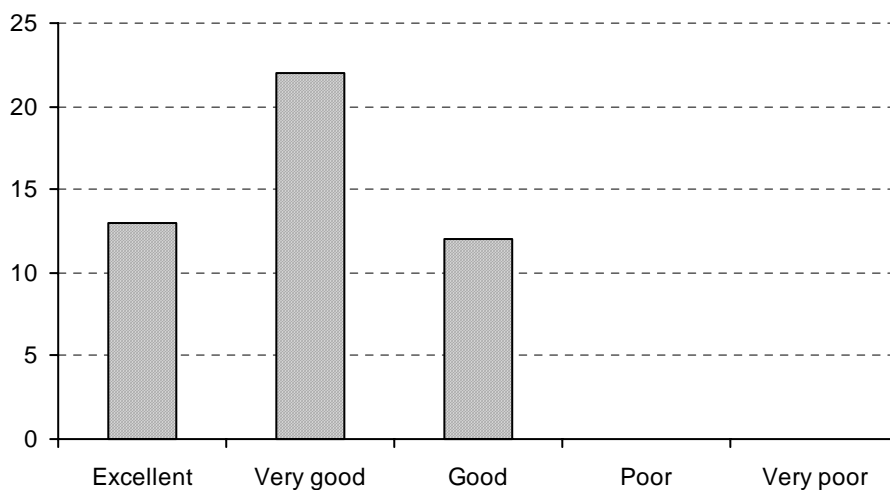
## Part 2. Organization and Facilities of the Meeting

The following section presents participants' scaled ratings of the organization and facilities at the Cairo meeting.

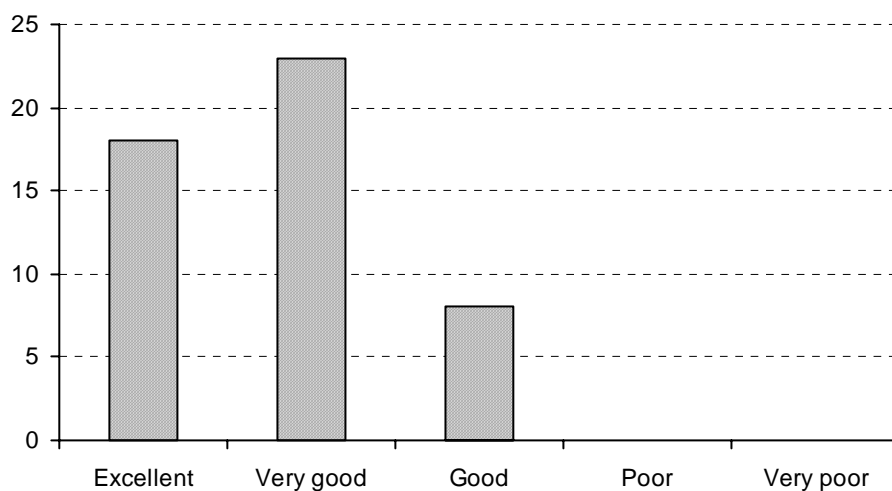
### Mean Ratings of Organization and Facilities of the Meeting



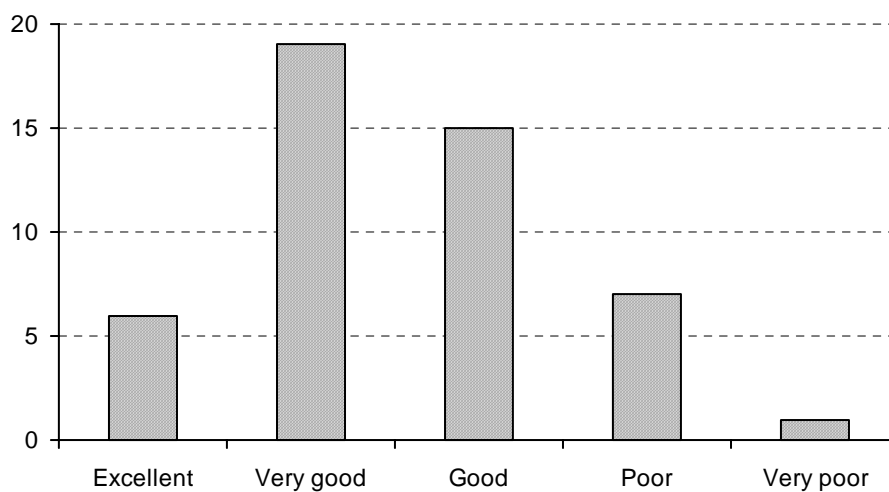
### Organization of the meeting



## Facilitators



## Accommodation and food



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### Part 3. Other Questions and Comments

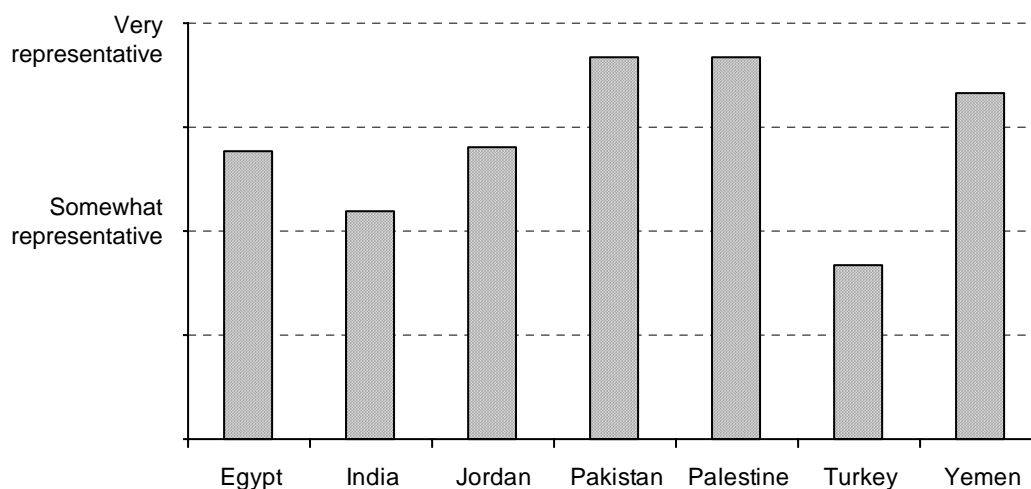
**Question 1: Was the length of the meeting adequate for you and your team?**



**Comments:**

- Give more time for an open university (Egypt)
- One extra day for Mini-University (India)
- Four full days instead of five (Jordan)
- Very useful and informative meeting; may be done often (Pakistan)
- One day break in the middle of conference for the out-of-country participants was neglected (Pakistan)
- A few Best Practices presented. Do Mini-U in two sessions (Unnamed)

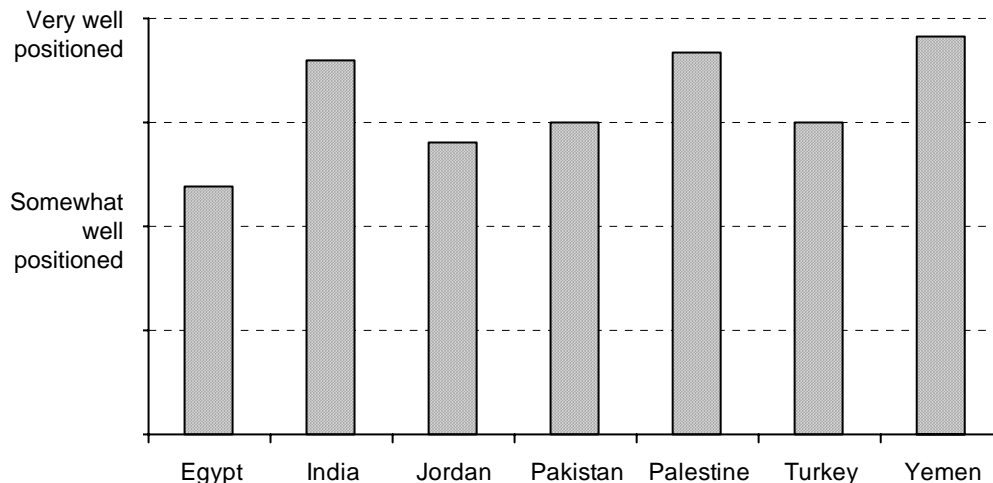
**Question 2: Are the members of your country team representative of the interests of your country?**



**Comments:**

- I think MCH reform had to be invited, as they are stakeholders (Egypt)

**Question 3: Are the members of your country team well-positioned (influential enough) to implement best practices in your country?**



**Comments:**

- Bec (?) the decision makers not attend to the action plan (Egypt)
- Dr Yenya El Hadidi had to participate. I believe it was a good thing that ME Dr Salam came and did opening (Egypt)
- UNRWA and other NGOs should be included (Palestine)

**Question 4: Referring to your meeting agenda, please comment on any of the individual plenary presentations or speakers that you liked or disliked (e.g., “Quality,” “Leadership,” “Client-Provider Interaction,” “Performance Improvement,” etc).**

- Leadership presentation was very good and I learned a lot and it will help in my work (Egypt)
- I loved performance improvement (Egypt)
- I liked them all. Excellent selection of speakers (Egypt)
- Leadership—Performance improvement—Gap and root cause analysis—Client-provider interaction were high-standard professional presentations (Egypt)
- Jim Shelton did it well (Egypt)
- I like all the presentations of Jim Shelton (Egypt)
- Quality in IEC (Egypt)
- All were interesting (Egypt)
- Management and leadership (Egypt)

- Leadership and performance improvement (Egypt)
- Really liked the “Leadership” session and the facilitator (India)
- Leadership speaker was very good (India)
- Liked client-provider interaction (India)
- I liked leadership presentation very much (Jordan)
- I liked the leadership but it wasn’t clear enough; the performance improvement was excellent (Jordan)
- Performance improvement was the most relevant for me (Jordan)
- I liked very much the leadership, client-provider interactions (Jordan)
- Quality (Pakistan)
- Unsatisfactory performance of first speaker in Quality lecture in Mini-University (Pakistan)
- I liked very much the plenary on “Leading Charge” “Joan Galer”. The speaker was inspiring (Palestine)
- The presentation was very good and the speaker also, and were very effective and comprehensive (Palestine)
- Leadership (Palestine)
- I liked leadership performance improvement and client-provider interaction (Palestine)
- The leadership (Palestine)
- Leadership (Turkey)
- Leadership (most liked ) (Turkey)
- I liked “leadership” session (Turkey)
- “What is Quality” by Dr Islam—I liked this very much. “Client-provider Interaction” by Victoria Jennings/Jim Shelton (excellent interactive technique) (Uganda-USA)
- Client-provider interaction. Liked: quality. Disliked : leadership (Yemen)
- I like Quality (Yemen)
- Like Quality; client-provider interaction (Yemen)
- All I can say is: some presenters were good communicators, while others were not. The material itself was not an issue, the delivery of the message was (Unnamed)
- With all my respect to all resource persons, but I’d rather prefer to have few experts administering the bulk material with few helpers for the practical part (Unnamed)
- They were especially good at a combination of content and approach (Unnamed)
- Liked: Leadership and Performance Improvement (Unnamed)

## Question 5: What did you like best about the meeting?

- Multiple countries, mix of cultures (Egypt)
- Change (Egypt)
- The high spirit of the organizing team and facilitators, their friendly approach and professional excellency (Egypt)
- The interaction (Egypt)
- The technology fair (Egypt)
- Well organized (Egypt)
- Interaction and sharing of knowledge (Egypt)
- Formulation of a country plan and commitment for its implementation (Egypt)
- Informative—getting people from different organizations and different backgrounds together (Egypt)
- Getting all parties involved—policy makers, ... and partner agencies, in addition to USAID and WHO. Good job at getting every one represented properly (Egypt)
- The Mini-University (India)
- Interaction (India)
- 1. Pyramids! 2. Good mix of concepts and applying them to real life. 3. Choreography of Mini-University (India)
- Interactive methodology—opportunity to understand BPs in other countries (India)
- Participatory output (India)
- Leadership and performance improvement (Jordan)
- Sharing experiences (Jordan)
- Meeting people; know more about other countries (Jordan)
- Interactive and flexible (Jordan)
- Country group discussion was very helpful in identifying our needs and work plans, etc. (Jordan)
- Participatory method (Pakistan)
- Feed-back (Pakistan)
- Participatory approach (Pakistan)
- 1. Participatory approach; 2. Well selected participants; 3. A very good learning experience for me (Palestine)
- I like to inform we are very interesting in organization of this meeting and issues of it that benefit us so much (Palestine)
- The best practices in contraception (Palestine)
- The subject is performance improvement and client-provider interaction (Palestine)
- Learning about IBP; working in the country group (Palestine)
- Interactivity (Turkey)
- Being interactive; up-to-date (Turkey)

- Variety of participants (Turkey)
- Interactive sessions and small group exercises (Uganda-USA)
- I like the Mini-University session to be in two days (Yemen)
- Presentations were more with participation (Yemen)
- I like Barriers to Access (Yemen)
- I like country, participants, organizers (Yemen)
- Very good organization. Very good facilitators (Yemen)
- The new concept of “mentoring” to enhance partnership (Unnamed)
- I like Mini-University but the time was very short for each session (Unnamed)
- Interaction with new acquaintances (Unnamed)
- 1. The participatory approach and expert presentations; 2. Well selected participants (Unnamed)

### **Question 6: How could this meeting be improved?**

- I think to talk more on wider meaning of reproductive health rather than keeping some facilitator talk about family planning as an only topic of RH (Egypt)
- Follow up on results, keep country team networking and communicating with each other and with sponsoring partners and organizations (Egypt)
- The Mini-University deserves a meeting by itself—my suggestion is to have a special session for IBP. We can go through a process of learning by doing: Introduce the process of performance improvement one/two steps at a time. And then do group work to implement. So the country working groups will work on one area immediately after listening to the theoretical background (Egypt)
- By selecting the key policy makers in the country side by side with the experts of the same country (Egypt)
- The lightning was very bad, so improve this (Egypt)
- Follow-up (Egypt)
- By involving participants in the process; have smaller meetings, shorter time, but may be more frequent (Egypt)
- Clearer tasks with copies for all participants (India)
- Some sessions in Mini-University should be repeated (India)
- Instead of country groups we should have working groups with a country mix for a better cross-country experience sharing (India)
- A study of BPs across countries could be compiled and circulated in advance of the meeting for discussion (India)
- Some sessions repeated in Mini-University for a better choice (India)
- Give more time for the workshops (Jordan)
- More work on distributing clear in advance to participants to know what is expected from them and what is their role (Jordan)
- By defining more clearly the “best practices” that are being promoted (Jordan)

- Make it a little shorter in time (it is very condensed) and you have to provide some tours to see Cairo (Jordan)
- By adding further innovative techniques and methodologies (Pakistan)
- By follow-up (Pakistan)
- Better and more detailed information about agenda to all participants prior to meeting would be appreciated (Pakistan)
- More preparation on list of participants, agreed-on schedule (Palestine)
- Will improve our practice and creative programs that will benefit W.R.H. (Palestine)
- Better hotel (Palestine)
- Better hotel; more focus on subject; some recreational activities (Palestine)
- Follow-up and learn from the experience (Palestine)
- There was no social program. Half day free time could be done by shifting some studies to night five (Turkey)
- Better organizing everything in advance (Turkey)
- Circulate a handout on “Performance Improvement” and a complete example of country plan (problem statement, design/actual status, gap, root causes, interactions, milestones, action plan, etc) (Uganda-USA)
- Mini-University to be distributed evenly the meetings, i.e., two sessions per day (Yemen)
- The sessions must be not long. Liked 4th session because this lets the participants to attend as wanted (Yemen)
- By determining the weak point of every country, and to look (coach?) for their achievement regularly to evaluate their IBP in their country (Yemen)
- Invite fewer participants (Unnamed)
- This meeting be improved if we have a model plan at the end (Unnamed)
- Allocate more time for Mini-University and decrease the number of resource persons in each, while stressing on the high quality/expertise of those resource persons (Unnamed)
- Break up country meeting sessions with more BP presentations (Unnamed)
- Sessions less parallel so that the chance is increased for attending more sessions as they were (Unnamed)

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## Other Comments and Suggestions

- 1. Make regular event every year and 2. Share report (after finishing this conference) (Egypt)
- Big Thanks (Egypt)
- Need a follow-up strategy to ensure the implementation of the meeting’s objectives (Egypt)
- Follow-up on this meeting (Egypt)
- Water for participants please! (India)

- As such meetings are very informative and may be done in future (Pakistan)
- I suggest you contact us very often and keep us updated about the latest achievements of IBP (Palestine)
- There was no time for sightseeing. Some sessions can be shifted to the late evening, in order to free some time in the afternoon for sightseeing (Turkey)
- Organizers did a great job putting all this together. Very well done (Uganda-USA)
- To conduct such meeting every year to countries who successfully implemented their programs (Yemen)
- I would like to continue like this meeting in future for IBP (Yemen)
- I hope to meet you in next, other, for achievement of IBP (Yemen)
- A follow-up meeting should be convened in 18 months from this meeting (Unnamed)
- I wonder about the discrepancy in the number of participants per each country (Unnamed)