



Nepal Safer Motherhood Project

a part of HMGN Safe Motherhood Programme

Dissemination – Processes and Lessons Learnt During Phase One

By Sandra MacDonagh

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Family Health Division
Department of Health Services
Ministry of Health, HMGN

Options

DFID Department for
International
Development

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ABBREVIATIONS

DDC	District Development Committee
DFID	Department for International Development
DHO	District Health Officer
DOH	Department of Health
DPHO	District Public Health Officer
EOC	Essential Obstetric Care
HMGN	His Majesty's Government of Nepal
IEC	Information, Education and Communication
INGO	International Non-Governmental Organisation
IPC	Interpersonal Communication
MCHW	Mother and Child Health Worker
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NGO	Non Governmental Organisation
NHTC	National Health Training Centre
NPC	National Planning Committee
NSMP	Nepal Safer Motherhood Project
OPR	Output to Purpose Review
PAC	Post Abortion Care
PHC	Primary Healthcare Centre
RHCC	Reproductive Health Coordination Committee
SHP	Sub Health Post
TBA	Trained Birth Attendant
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health Organisation

1. AN OVERVIEW OF KEY ISSUES¹

Dissemination has been a **continuing and evolving activity** during the first phase of NSMP. Dissemination is defined as communication of information for the purposes of sharing information and influencing learning as well as policy and programme development and information (see Appendix 1 for examples and Appendix 2 for diagrams of activities). The following **principles** underlie NSMP dissemination activities:

1. Dissemination is a regular activity which occurs throughout the life of the project.
2. There are different audiences who may require different approaches.
3. Various medium of dissemination are required.
4. Dissemination is not an end in itself but a process which encourages feedback, constructive criticism and therefore learning.
5. Dissemination is a two way process - the project can learn from and be influenced by others as well as sharing information and influencing.
6. Dissemination is a fundamental part of advocacy.

Audiences with whom dissemination activities occur are identified as:

- The project team themselves (including the Options office in London).
- The district and community level stakeholders with whom the team work.
- The project counterpart division.
- Other agencies working in the field of safer motherhood in Nepal.
- DFID, the funding agency.
- International audiences interested in project lessons.

Methods or medium of dissemination include team meetings; representation at donor, INGO, and government meetings; writing and distribution of project reports; holding events; taking part in national and international workshops and conferences. More recently dissemination of lessons learnt from first phase activities is occurring (this includes the preparation of papers for publication in newsletters and national and international peer reviewed journals). Some formats are pre-determined e.g. a project progress report (layout determined by DFID); others can be more creative - for example a video of community views on health services.

The **type of information disseminated** has changed as the project has matured. During the inception phase the focus was on the project team learning (through interviews and data collection) about the reality of access to and provision of EOC in Nepal. This learning was disseminated to a wide national audience to influence counterpart acceptance of the project design. The first year or two of implementation was a learning phase for the project and most dissemination work focused on the situation as described in the needs assessment and information on progress (see Appendix 3 for report list). More recently the focus has shifted to include descriptions of lessons learnt and 'results' of inputs to date.

Advocacy has been an integral part of NSMP dissemination activities (see Appendix 2). Early in the project life some misunderstanding and even resentment towards the project was felt. Some key actors in both HMG and donor/INGO organisations expressed feelings that a focus on EOC and access was attempting to supplant previous prevention work (TBA's, antenatal care) and was moving away from the ideals of PHC to curative work. They were unaware of the literature on lessons learnt during the first decade of safe motherhood. Direct advocacy at this point was thought, by the project team, to risk further alienation of the project. A purposeful opportunistic approach to advocacy was taken (See Appendix 1).

2. LESSONS LEARNT

¹ The diagrams in Appendix 2 and report list in Appendix 3 were produced by Hazel Simpson and Sushila Subba respectively

Dissemination is Resource Intensive

Dissemination activities at all stages of the project are important. However, as the project evolves and has more 'lessons learnt' to share dissemination gains more prominence. In addition, the NSMP has risen to the challenge of incorporating dissemination into a variety of media for differing audiences and situations. Dissemination activities have taken up a proportion of staff time that was not accounted for in early planning. In addition, dissemination is expensive – costs are incurred from attendance at conferences, printing reports for distribution, etc. The project had not budgeted for this cost.

The Approach to Advocacy Has Been Successful

Advocacy activities have born fruit. Taking a purposefully opportunistic and more subtle approach to these activities rather than a more visible or aggressive campaigning approach has been helpful. Forming alliances with other individuals or agencies who are advocating for the same purpose has strengthened NSMP's advocacy activities.

Written Reports Are Not Always Read

NSMP has produced a large number of written reports on needs assessments, project progress, lessons learnt and consultancy inputs. Whilst these are widely disseminated they are not, it would appear, always widely read. This includes within the team. Reasons for this are many. Firstly, Nepal has a very rich oral culture but in general Nepali people are not avid readers. Many people have difficulty reading in English and indeed with literacy rates very low many primary stakeholders don't read Nepali (though it has been suggested that most people have access to somebody who can read). In addition, the number of reports and papers received within the NSMP office can be overwhelming - one can only imagine how many reports senior Nepali officials are expected to read. It is likely that people do not always have the time for this activity.

Dissemination Activities Rarely Get Feedback

The project team and consultants to NSMP have put a lot of time and effort into producing reports, presentations, videos etc. However, even when these reports have been specifically requested feedback is frequently not received. This may be due to the point above - that reports are not read. Or that people see dissemination as an end point rather than as an opportunity for feeding into debates and increasing learning.

Grasping Opportunities For Dissemination Requires Flexibility

There is a tendency in Nepal for meetings to be called at very short notice. In addition, hospitality is prized and visitors rarely call in advance to warn of their impending arrival. However, discussions with visitors in the project office and attendance at a variety of NGO, INGO, donor and HMGN meetings have created valuable opportunities for dissemination and networking about the project (in addition to advocacy). The flexibility the project team has demonstrated in making the most of these opportunities is admirable.

Many Issues Require Sensitive Handling

Wording of sensitive issues in written reports can be difficult. As a donor funded project working for HMGN there are times when complete honesty and transparency of view takes second precedence to avoiding causing offence. Rather than cause conflict a win win situation can often be reached through discussing drafts with counterparts or donor colleagues. Nepali project staff played an essential role in ensuring that language and phrases that may cause offence to counterparts are avoided.

Good Interpreters Are Hard To Find

There is a paucity of good Nepali-English interpreters available to translate reports or interpret at meetings.

Attribution And Names On Report Covers Matter

NSMP works closely with HMGN counterparts. It is felt important by both the team and counterparts that attribution for project outputs should not appear to be owned more by one group over the other through lettering on report covers.

3. RECOMMENDATIONS FOR PHASE TWO OF NSMP

Strategy

The project has not had an explicit formalised dissemination strategy during the first phase. This is a weakness and it is recommended that the team develop a strategy for Phase Two. Benefits would include pre-planning for resource inputs, both human and financial; the role of dissemination could be made clear in project LogFrames; and there could be more assurance of consistency after staff changes.

In addition to an overall strategy it may be useful to include a brief dissemination stakeholder analysis to assess audiences and to develop a dissemination strategy which is consistent with the overall strategy as a part of all TORS (for consultant inputs or contract work) and new project strategies.

Written Materials

The following recommendations should be considered to improve access of written reports:

- Consider production of a one page (maximum two sides) colourful attractive summary of all reports. This summary sheet would be distributed with reports but may also go to a wider audience. This should be produced in both Nepali and English and have a standard 'look' so it is easily recognised. It would be useful to produce a similar summary sheet to give out as a handout following presentations.
- Consider having key project reports translated into Nepali in full.

Non Written Materials

To improve access to information to those who are non-literate or who prefer not to read:

- Explore the utility of having short tapes on key issues, project views or report summaries to which community stakeholders and non-literate service providers, in particular, could listen to.
- Consider producing short videos of these same issues for use as presentations.

Resources

Both staff time and financial resources will need to be accounted to support the implementation of the dissemination strategy in Phase 2. Budgets should allow flexibility to invite relevant stakeholders to attend appropriate national, regional and international conferences and workshops alongside project staff.

The project should consider carefully the human and financial resource implications of responding to frequent requests from local NGOs or INGOs to support dissemination and advocacy activities such as a perinatal conference or safe motherhood network events as well as requests from the RHCC, RHCC Research Sub Committee, and Safe Motherhood Sub Committee for dissemination of information.

Interpreters

Capacity of Nepali interpreters needs to be built.

Use of the Internet

During the first phase of the project minimal use of the internet has been made. There is greater potential for both using the internet to learn from and for dissemination of project learning. This may be a very time consuming exercise. A one day scoping exercise to identify useful sites was undertaken (see Appendix 4).

APPENDIX 1: EXAMPLES OF DISSEMINATION ACTIVITIES

Advocacy

Examples of Activities

Advocating for EOC within the National Safe Motherhood Programme

- Involvement in MMR study to give project legitimacy from a local perspective in discussing factors contributing to MMR in Nepal.
- Distribution of key materials (to HMGN - national and district level) about the utility of EOC and approaches to reducing maternal mortality.
- Raising points on approaches to reducing MMR in national and district meetings at every opportunity.
- Presentations at key events such as the RHCC, National Review Workshops.

Impact

EOC now an agreed HMGN policy activity. More donors beginning to work in the field in Nepal.

Promotion of Midwives

- Use of the National Protocol Design workshop as a platform to lobby for changes in policy relating to nurse practice.
- Forming alliances with other INGOs and donors to give a common message.
- Sponsoring of key actors to international conferences to bring them on board.
- Contracting key policy makers to work on accreditation for midwifery course.

Impact

Policy change - nurses now being trained in advanced procedures such as PAC, vacuum extraction.
First full midwifery course in Nepal nearing accreditation.

Advocating for Participatory approaches

- Bringing the voice of and advocating for participation by primary stakeholder.

Impact

NSMP as a HMGN owned programme has been given opportunity to work with service providers and communities in a very participatory manner.

Taking part in advocacy events

- NSMP has also taken part in other advocacy events such marches, events etc

Impact

NSMP is seen as a key actor in the Nepal Safe Motherhood 'scene'.

Dissemination within the Project Team

Information and ideas are exchanged within the NSMP team in a number of ways. Efforts to ensure that all team members can respond to requests for information about the project in a consistent and confident manner have been made. This activity is not restricted to senior or technical staff - all team members from chowkidar to director take part.

Examples of 'within team' dissemination are:

Informal meetings, conversations and 'get togethers'; formal team meetings and sub-team meetings; visits to project sites (by staff who might not normally do so e.g. administration and support staff); ensuring thoughtful orientation programmes for new staff; taking part in report writing; distribution of reports to each sub-team; distribution of other key information and articles; using notice boards.

During full team meetings sub-teams have given presentations to the whole team on their approach, key issues, progress, constraints.

The Options team in London and the Nepal based team communicate via email and phone on a regular basis. Options staff have made visits to Nepal and have taken part in team meetings and events.

Dissemination with DFID

As the funder of the project, NSMP makes efforts to keep DFID in touch with plans, progress and lessons learnt so that DFID not only have basic information on the project but can use NSMP's learning to influence future policy and programming in safe motherhood. In addition to the production of PPRs in June and December the NSMP director and SDA have meetings with DFID Health and Social Development Advisers on an ad hoc basis. All consultant reports are forwarded to DFID. The project also receives bulletins and newsletters produced by DFID - these are displayed on the project notice-board.

Other activities that NSMP has undertaken to assist DFID's understanding of the project have been:

Presentations - for example to DFID personnel on their visits to Nepal.

Hosting Visits - for example for the DFID Health Advisor and for a large DFID team to orientate them not only to the project but the district health system.

Special Events - NSMP prepared a visit for Clare Short to two project sites, hosted the visit and produced briefing materials.

Dissemination with District and Sub-district Level Stakeholders

Dissemination with district and sub-district (including primary) stakeholders has taken a number of forms. Active listening to the views and perceived needs of these stakeholders is crucial to project success. It is largely by being responsive to their feedback and ideas that NSMP is successful. However, this communication or dissemination of views and ideas is not one way - NSMP staff are regularly disseminating

project news and views in the district to ensure mutual understanding is reached. More recently communication has improved between service providers and community members. The project has actively sought opportunities to engender dissemination both ways between these groups. In addition, district stakeholders have an open invitation to visit the NSMP office at any time they are in Kathmandu. Efforts are made to welcome them and find time to discuss, no matter the inconvenience.

Examples of district level dissemination activities:

Workshops

Project ideas, news and policy are disseminated through workshops - for example the Inception Phase Workshop; the Community Level Management Workshops and the Self Assessment Workshops; OPR workshops. This varies from information giving (what is an OPR, who will be visiting) to dissemination and discussion of results (needs assessment, purpose level indicator information).

Meetings

District based staff and visiting staff from the Kathmandu base have regular formal and informal interaction with community and service provision stakeholders. District based staff work directly with health service staff and primary stakeholders - their insights through active listening to the concerns, ideas and realities of these people are essential to ensuring project inputs are appropriate and responsive.

Reports

Reports have been sent to regional and district offices via HMGN Central level - this has not been a successful strategy; either reports do not go there, or become the 'property of one person' and are not distributed further. As reports are in English their utility is limited in the district.

Facilitating opportunities for interaction

NSMP has facilitated opportunities for service providers and community members to interact. These have included: use of video needs assessment involving both groups; familiarisation visits by service providers to VDCs; familiarisation visits by groups of service providers to hospitals; and more recently interviews with hospital clients to give feedback to service providers.

Central Level Stakeholders - HMGN and Other Agencies

Being based within the Department of Health Services has increased the opportunities for NSMP staff to have regular formal and informal interaction with HMGN staff. In addition, representatives from NSMP are invited to attend numerous meetings, workshops, conferences, receptions etc. These are used as opportunities to increase the project's network and disseminate and gather information. Considerable time is spent on building and maintaining these networks. Again, this is a two way process - the project has also gained from and been able to design inputs using lessons learnt from other HMGN, donor and INGO colleagues.

Distribution of Reports

Project reports are widely distributed to HMGN, donor and INGO colleagues.

Formal Meetings and Events

The project attends and hosts numerous meetings. There are numerous visitors to the DOH from other donor agencies or donors contemplating working in Nepal, evaluation teams, PhD or MSc students, interested individuals. Some come in person, some contact by phone or email. Efforts are made to ensure that everyone's needs are met without compromising on project time. The project has frequently made presentations at events such as the RHCC, Safe Motherhood Conference, Perinatal Conference, UNICEF planning meetings for Safe Motherhood inputs.

Visits to Project Supported Sites

NSMP has hosted visits to project implementation sites on a number of occasions - these have included for HMGN staff from Central and Regional level, the USAID Maternal and Neonatal Health Project design team, representatives from WHO's maternal health team, UNICEF ROSA visitors from Nepal, Bhutan, Bangladesh and India. Most of these visits have been accompanied by in-depth briefing by project team members.

Facilitating District Stakeholder Voices Being Heard At Central Level

The project team place great importance on bringing district and sub-district level (including primary) stakeholders voices to the policy table. Examples of activities are:

- Wide viewing of the 'Save the Mothers Video'. The audience included donors, DOH, MOH, NPC and three different Ministers of Health.
- Involvement of nursing staff from district hospitals in the development of National infection prevention guidelines and MCHW curriculum together with central level counterparts.
- Presentations at the 1999 perinatal conference by medical staff from district hospitals (indeed they won first prize for the best presentation!).
- Sponsoring places for district stakeholders at the First National Safe Motherhood Conference and assisting district stakeholders to take an active part.

Dissemination Outside Nepal

In addition to dissemination activities within Nepal (much of which reaches international visitors and agencies) NSMP team members have spent time disseminating information about project activities and lessons learnt outside Nepal. This has been a two way process - international literature and information and

networks have been used to inform project design, monitoring and implementation.

Key reports with a utility wider than Nepal such as *Challenging 'Ke Game': Experiences of the Nepal Safer Motherhood Project* and the Needs Assessment Video have been distributed to individuals and institutions with an interest and active role in Safe Motherhood. Recently the project is preparing some papers for publication in newsletters and journals. This is likely to become an increasing activity as time goes on.

In addition team members have attended and been active in a number of international conferences. In addition to project representation, and face to face interaction with peers, active dissemination activities have included:

1. Sri Lanka Safe Motherhood Conference: display of project approach and activities to data along with information about the state of maternal health in Nepal.
2. Mexico Safe Motherhood Conference: materials and information about project activities and maternal health in Nepal were distributed.
3. Hong Kong Infection Prevention Conference: peer reviewed abstract accepted and poster presented
4. Bangladesh Participatory Approaches Conference: presentation made on use of video for participation and showing of video
5. Nairobi Safe Motherhood Conference: presentation on strengthening of referral systems.
6. Canada PRA Conference: sharing of information on project's use of PRA techniques
7. Manila International Congress of Midwives: peer reviewed abstract accepted, and paper presented on change management approach.

APPENDIX 2: NSMP COMMUNICATION DIAGRAMS

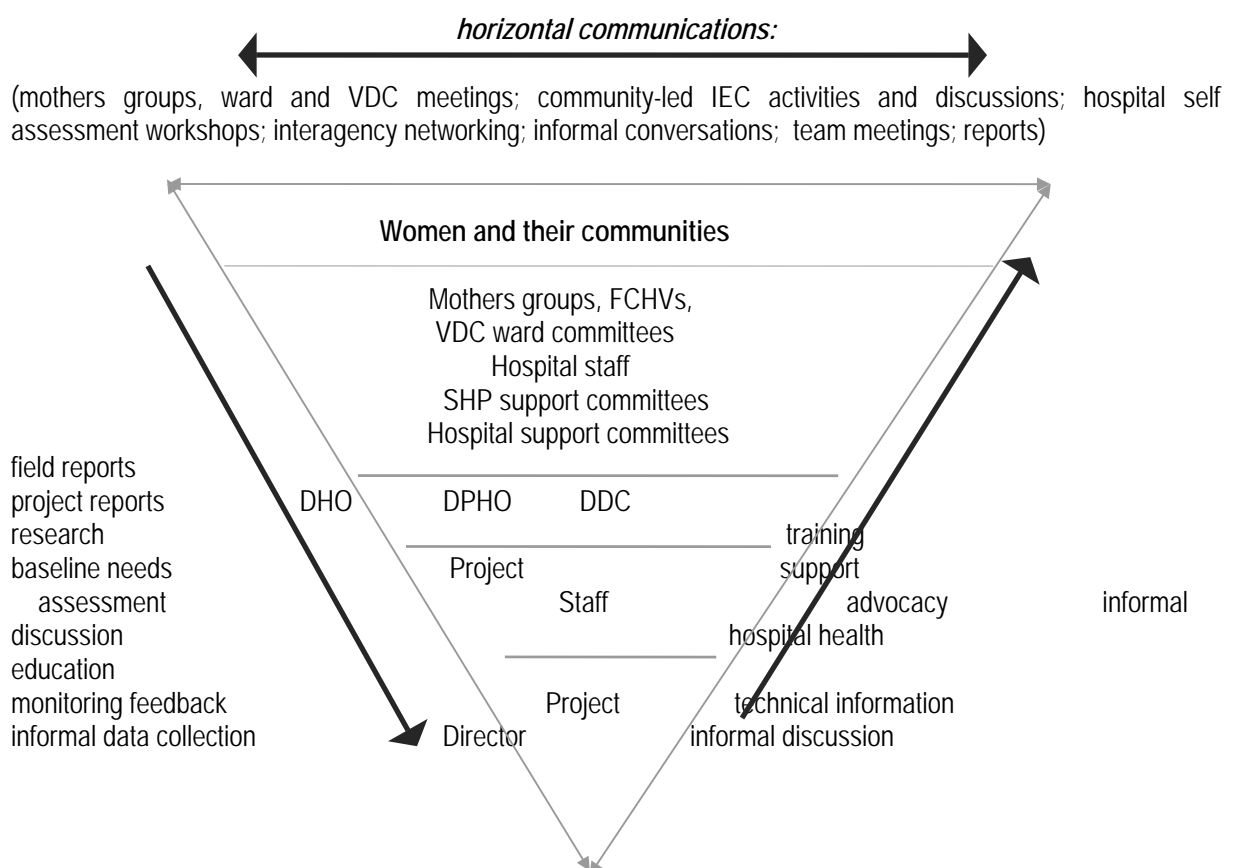
The project recognises DFID's definition of communications for development as 'exchanges of information between all stakeholders, especially with poor and excluded women and men.' (Communications and Development: A Practical Guide, Adam Burke 1999) . In addition it seeks to emphasise a project communications 'approach' or 'culture' with less emphasis on tools. Diagram 1 below shows the aspects of communication currently recognised within the project design.

Diagram 1: Aspects of Communication Used by the Project



Diagram 2 below seeks to show the different aspects of communication in relation to the project supportogram.

Diagram 2: Project Supportogram and Communication Channels

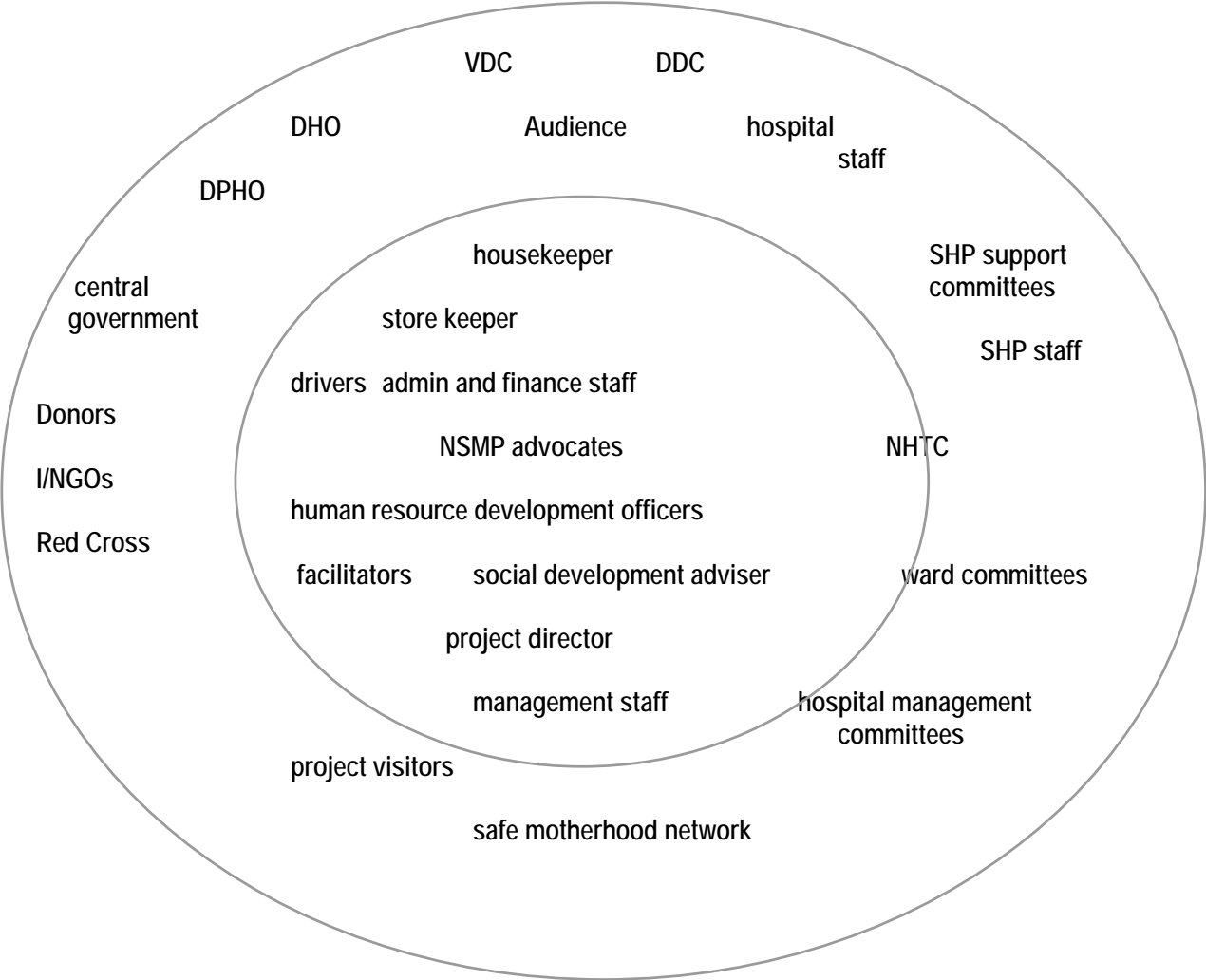


Advocacy

The project sees advocacy, on both the priority of maternal health and the role of emergency obstetric care, as an integral part of daily project activities and the responsibility of all staff members. Effort is made to ensure that the

entire project team are conscious of the project mandate and objectives and are involved in advocacy at different levels. Diagram 2 below illustrates project advocacy influences.

Diagram 3: Routes for Project Advocacy



In addition the project sees its relationship with health and non-health structures as a partnership and encourages all partners to take on an advocacy role.

APPENDIX 3: NEPAL SAFER MOTHERHOOD PROJECT REPORTS

Name of Report	Year	Author	
IPR/PPR			
Nepal Safer Motherhood Project – Project Progress Report	December 1999	NSMP	Prepared by Options on Behalf of DFID and FHD (DOH)
Nepal Safer Motherhood Project – Project Progress Report	June 1999	NSMP	Prepared by Options on Behalf of DFID and FHD (DOH)
Nepal Safer Motherhood Project - Project Progress Report	December 1998	NSMP	Prepared by Options on Behalf of DFID and FHD (DOH)
Nepal Safer Motherhood Project - Project Progress Report	June 1998	NSMP	Prepared by Options on Behalf of DFID and FHD (DOH)
Nepal Safer Motherhood Project- Inception Phase Report	January 1998	NSMP	Prepared by Options on Behalf of DFID
Nepal Safer Motherhood Project - Project Progress Report	July 1997	NSMP	Prepared by Options on Behalf of DFID and FHD (DOH)
Consultants' Reports			
Ethnographic Perspectives on Obstetric Health Issues in Nepal: A Literature Review	March 2000	Mary Manandhar	Prepared by Options on Behalf of FHD (DOH)
Obstetric Health Perspectives of Magar and Tharu Communities: A Social Research Report to Inform Nepal Safer Motherhood Project's IEC Strategy	March 2000	Mary Manandhar	Prepared by Options on Behalf of FHD (DOH)
Provision of Technical Support to the Capacity-Building, Team of the Nepal Safer Motherhood Project	December 1999	Joyce Abbatt	Prepared by Options on Behalf of FHD (DOH)
Support to the IEC strategy of the Nepal Safer Motherhood Project	December 1999	Gill Gordon	Undertaken by Options on Behalf of FHD (DOH)
Review Of NSMP's Procurement, Facility Improvement, Maintenance And Stores Management Inputs	December 1999	Andy Barraclough	Undertaken by Options on Behalf of FHD (DOH)
Desk Review of Community Based Health and Social Finance Schemes	November 1999	Kirstan Hawkins	Undertaken by Options on Behalf of FHD (DOH)
Literature Review for IA Strategy Internal Draft report	October 1999	Mary Manandhar	Undertaken by Options on Behalf of FHD (DOH)
Challenging 'Ke Garne'	August 1999	Joyce Abbatt	Prepared by Options on Behalf of FHD (DOH)
Challenges to Reducing Maternal Mortality	August 1999	Joyce Abbatt	Prepared by Options on Behalf of FHD (DOH)
Review of Quality of Care Initiative Introduced by NSMP (Confidential Report)	May 1999	Joyce Abbatt	Prepared by Options
Review and Documentation of NSMP's Capacity Building Component (Assignment Report)	May 1999	Joyce Abbatt	Prepared by Options on Behalf of FHD (DOH)

Name of Report	Year	Author	
Review and Documentation of the IEC Approach of the Nepal Safer Motherhood Project	January 1999	Joyce Abbatt	Prepared by Options on Behalf of FHD (DOH)
Review and Documentation of NSMP's Increasing Access Component	November 1998	Kirstan Hawkins	Prepared by Options on Behalf of DFID and FHD (DOH)
Assessment of Appropriate Communication Strategies in Safer Motherhood in Nepal	August 1998	Jennifer Peters	Prepared by Options on behalf of DFID and FHD (DOH)
Report of Pilot Activities in Capacity Building and Increasing Access to Emergency Obstetric Care at the Community and Peripheral Health Care Levels	July 1998	May Post Marion Gibbons	Undertaken by Options on Behalf of DFID
Report of a Consultancy for the Nepal Safer Motherhood Project	May 1997	Colin Thunhurst	Undertaken by Options on Behalf of DFID
Needs Assessment Reports			
Using Film Research for Community Needs Assessments	1998	NSMP	Prepared by NSMP of Behalf of FHD (DOH)
Video - Save the Mothers	1998	NSMP	
Community Needs Assessments: Key Findings Report: Baglung, Surkhet and Kailali District	February 1998	NSMP	Prepared by NSMP of Behalf of FHD (DOH)
Hospital Needs Assessment: Baglung, Surkhet and Kailali District	November 1997	NSMP	Prepared by NSMP of Behalf of FHD (DOH)
Needs Assessment of Medical Equipment and Consumables Requirements	October 1997	Andy Barraclough	Undertaken by Options on Behalf of DFID
Report of a Construction Needs Assessment	September 1997	David Potter	Undertaken by Options on Behalf of DFID
DFID Reports			
DFID Familiarisation Visits to Safer Motherhood Project	July 6 th - 9 th July 1999	Michael O'Dwyer Frances Winter	
NSMP Project Progress Report Jan-June 1999 Revised Comments	September 15 th 1999	Michael O'Dwyer	
NSMP Project Progress Report Jan-June 1999 Revised Comments	23 rd August 1999	Michael O'Dwyer	
Activity to Output Report	December 1998	Carole Presern	
Report of an Activity to Output Review	December 1998	DFID	
Nepal Safer Motherhood Project: Inception Phase, DFID Review Mission	February 1998	SEADD	
Nepal Safer Motherhood Project: Activity to Output Monitoring and Comments on Inception Phase Progress	November 1997	DFID	

Name of Report	Year	Author	
Miscellaneous Reports			
Nepal Safer Motherhood Project - World Health Day 1998, Activities Report	June 1998	NSMP	
Surkhet District Workshop	November 1997	HURDEC	Prepared by Human Resource Development Centre on Behalf of NSMP
Baglung District Workshop	November 1997	HURDEC	Prepared by Human Resource Development Centre on Behalf of NSMP
Kailali District Workshop	November 1997	HURDEC	Prepared by Human Resource Development Centre on Behalf of NSMP
Appraisal Reports			
Project Memorandum	June 1996		Overseas Development Administration
Safe Motherhood at the District Hospital: Report of an Identification Mission	January 1995	Cliff Lenton et al	Prepared by Options on Behalf of ODA

APPENDIX 4: INTERNET DISSEMINATION SCOPING EXERCISE

The following internet sites and their links were searched and may be useful both for dissemination of NSMP learning and for learning by NSMP team members:

1. www.midirs.org A quarterly midwifery digest which scans 550 English language journals from around the world for information on maternity, pregnancy, childbirth, new-born and maternity services. Also commissions original articles. E-mail on midirs@dial.pipex.com.
2. www.heapol.oupjournals.org International journals including Health Policy and Planning, International Journal for Quality in Health Care (www3.oup.co.uk/intqhc) Journal of Public Health Medicine (www3.oup.co.uk/pubmed) and Health Promotion International (www.heapro.oupjournals.org).
3. www.healthlink.org.uk Healthlink World-Wide, formally AHRTAG. One newsletter may be of interest - Health Action, a forum for exchange of experiences in implementing programmes in primary care and related fields. Issues x3 per annum. info@healthlink.org.uk
4. www.healthnet.org Healthnet is a computer-based telecommunications system which links health care workers around the world. HealthNet provides access to medical information, email connectivity, electronic conferencing, and other services tailored to meet the current demands of its users. Includes a directory of members.
5. www.who.org Safe Motherhood Newsletter could not be found on line. Email safemotherhood@who.ch For information email info@who.ch
6. www.un.org Did not find this an especially useful site for NSMP's purposes.
7. www.worldbank.org A lot of interesting e-newsletters. One may be of interest HPNflash - email on hpnflash@wbank.org. It is a monthly electronic newsletter on recent trends and developments in the field of health, education, population and nutrition. The newsletter serves as a bulletin to announce breakthrough technology, new publications, project updates, conferences, training etc.
8. www.unfpa.org UNFPA have an intranet dissemination system called PROGRESS - set format for publication and only open to projects which have UNFPA financial or technical support.
9. www.safemotherhood.org The Safe Motherhood Inter-Agency Group includes the United Nations Population Fund, the United Nations Children's Fund, the International Confederation of Midwives, the International Federation of Gynaecology and Obstetrics, the International Planned Parenthood Federation, the Population Council, the Regional Prevention of Maternal Mortality Network (Africa), the Safe Motherhood Network of Nepal, the World Bank, and the World Health Organisation. Family Care International serves as the secretariat. The goal is to contribute to improved maternal and new-born survival and well-being by promoting and supporting the implementation of cost-effective interventions in the developing world. The IAG carries out policy support and disseminates best practices and other information among policy makers, programme managers and others world-wide. They have a newsletter coming out in Summer 2000 on Safe Motherhood 'Success Stories' which aims to highlight innovative and successful safe motherhood activities at the country level. It will profile national or pilot programmes that have achieved measurable successes in reducing maternal mortality, and describe programmes that have tried interesting, cost-effective approaches to a specific aspect of maternal health. These case studies draw on existing and unpublished information available from a range of sources. I have written expressing interest to contribute to this and anything else - info@safemotherhood.org Also noted there is a conference of the interagency group in November this year 12 -15 and a Safe Motherhood Resource Guide due this month.
10. www.rho.org Reproductive Health Outlook is designed for programme managers and decision makers in reproductive health settings. There are also community forum notice boards including one for Safe Motherhood where you can post events, ask questions or 'tell the world about your work'. We could just write on this. Published by (www.path.org/outlook) Program for Appropriate Technology in Health (PATH) it has a

print publication also - Outlook a quarterly newsletter which features reviews of research findings and other news related to reproductive health. Recent issues have dealt with syndromic diagnosis of STDs, integrating STD/HIV prevention into family planning programs, and male involvement in women's reproductive health. Full text online. I have emailed to find out interest in articles - rho@path.org

11. www.jsi.com/intl/mothercare The Mother Care project newsletter - Mother Care Matters a newsletter and literature review on maternal and neonatal health and nutrition. Published quarterly. Recent issues of the newsletter (from 1996 onward) are available online in full text. E-mail on project@jsi.com
12. www.rhrc.org The RHR consortium web-site: download training materials, needs assessment tools, the small grants outline, the interagency field manual. Useful site but not perhaps for our purposes.
13. www.facecampaign.org The Face to Face campaign is an international campaign for universal access to reproductive health care and women's empowerment and gender equity. E-mail on - emailus@facecampaign.com
14. www.fhi.org Family Health International is a not-for-profit, private voluntary organisation that works to improve reproductive health around the world, with an emphasis on developing countries. Has a newsletter 'Networks' but no email contact - attempting to get this. Networks includes articles on a specific reproductive health topics. Topics have included: Reproductive Health after Pregnancy, Fertility Awareness, Oral Contraceptives. Four issues per year. Full text online.
15. www.avsc.org AVSC – non-profit organisation working world-wide to give women and men access to high quality family planning and reproductive health services. Interesting site - good QoC information. E-mail on - info@avsc.org
16. www.mariestopes.org.uk Marie Stopes International – an international charity providing family planning services world-wide. Good links.
17. www.iwhc.org International Women's Health Coalition – works with individuals and groups in Africa, Asia and Latin America to promote women's reproductive and sexual health and rights. No leads on sharing experiences.
18. www.familycareintl.org Family Care International – dedicated to improving women's reproductive health and rights in developing countries and to making pregnancy and childbirth safe. Did not find relevant newsletters.
19. www.pathfind.org Pathfinder International – works with institutions all over the world to improve access to quality information/services to enable individuals and couples to make reproductive health choices. Did not find relevant newsletters, can be emailed at information@pathfind.org
20. www.pathfind.org/focus.htm A Pathfinder International site with a focus on adolescent reproductive health
21. www.ippf.org International Planned Parenthood Federation – promotes and defends the right of women and men, including young people, to decide freely the number and spacing of their children, and the right to the highest possible level of sexual and reproductive health. A lot of publications but not one focused in the area NSMP is working.
22. www.icea.org International Childbirth Education Association – an organisation of 9,000 members around the world that unites family centred maternity care – freedom of choice based on knowledge of alternatives in birth. Workshops, booklets, pamphlets. E-mail on. icea@bitstream.net
23. www.cdc.gov CDC Division of Reproductive Health. Mainly US based interest.
24. www.msh.org Management Sciences for Health, family planning management development project. Has some interesting publications on building organisational capacity and improving health service delivery. Also publish on the web and have discussion groups. E-mail on development@msh.org

25. www.jhupcc.org/tools/ John Hopkins University Population Communications Centre – many IEC materials in many languages
26. www.reproline.org News and ideas about reproductive health. A page on MNH includes PAC in Nepal. This is a JHPIEGO managed site. E-mail to Ricky Lu on - rlu@jhpiego.org
27. www.aidsnews.org a starting point for finding HIV treatment information on the web. Not of particular interest in our case.
28. www.comminit.com/drum_beat.html The Drum Beat - this seemed like an interesting website. It is an email and web network from THE COMMUNICATION INITIATIVE partnership - The Rockefeller Foundation, UNICEF, USAID [HIV/AIDS, CHANGE], WHO, BBC, World Service, CIDA, Johns Hopkins University Centre for Communication Programs, The European Union, Soul City, The Panos Institute, UNAIDS - provides information, ideas, linkages and dialogue on communication, development, and change. May be interested in communication issues in the project as they progress.
29. www.hsph.harvard.edu/Organizations/healthnet/index.html Global Reproductive Health Forum may be of interest to involve in debate! It is a Harvard School of Public Health site which aims to encourage the proliferation of critical, democratic discussions about reproductive health, rights, and gender on the net. This gateway site provides an extensive collection of links to organisations and information as well as many interactive opportunities. The TEEN ZONE presents reproductive health information for adolescents.
30. www.intrah.org INTRAH - Programme for International Training in Health publicises training and reference materials which are free to developing countries. Part of the PRIME partnership which provides technical, clinical and programme assistance to reproductive health programmes world-wide to improve the quality, accessibility and sustainability of reproductive health services in host countries. They publish a newsletter called Orbits.
31. www.hsph.harvard.edu/organizations/healthnet/SAsia The Global Reproductive Health Forum South Asia site seeks to bring together discourses on reproductive health and women's rights that are of particular interest and concern in the South Asia region. It is a forum in which academics, scholars and activists can disseminate their works to a international audience. Partners include the Centre for Women's Development Studies, New Delhi and SNDT Women's University Mumbi. Re/productions is an online journal that seeks to distribute the works of smaller grassroots organisations and small presses. Re/productions is dedicated to creating a forum for presenting and discussing serious work by researchers, activists and organisations challenging basic assumptions about reproductive health and gender. More information on submitting contact - subcontinental@yahoo.com In addition a discussion listserv BOL about issues pertaining to South Asia and initiated by CWDS aims to bring together individuals and organisations at local, national and global levels to create a common interactive Forum for Gender Issues. The project already gets BOL information - you can subscribe by sending an email to majordomo@mos.com.np and postings should go to bol@mos.com.np Postings are screened prior to sending to the whole list.
32. ID21@ids.ac.uk A DFID funded internet resource. Good summaries of papers, easy to search.
33. enquiry@dfid.gov.uk DFID Emailed. Potentially interested in newsy articles for Developments to be submitted to b-lee-potter@dfid.gov.uk
34. www.oxfam.org.uk Oxfam's development and practice – Gender and Development. Also available electronically on www.catchword.co.uk (need to register for this).
35. www.ids.ac.uk Have emailed IDS at ids@ids.ac.uk to ascertain interest in their publications - The IDS Bulletin (Jeff Barnard Head of Communications, Catharine in the Publications Office is on 01273 606261) and IDS Insights (Susan Joekes, Editor, sometimes have guest editor for small pieces) Louise Daniel L.Daniel@ids.ac.uk, Alistair Scott A.N.Scott@ids.ac.uk. Both deal with Insights, awaiting info.