5.1 DOCUMENTATION AND KNOWLEDGE SHARING TOOL

QUESTIONS TO ASK WHILE DOCUMENTING LESSONS LEARNED AND PROMISING PRACTICES:

- What worked well — or didn't work well — either for this project or for the project team?
- What needs to be done differently?
- What surprises did the team have to deal with?
- What project circumstances were not anticipated?
- How is this action being monitored?
- Were the project goals attained? If not, what changes need to be made to meet goals in the future?

TOOL A. DOCUMENTATION OF LESSONS LEARNED

Throughout each project life-cycle, lessons are learned and successes or opportunities for improvement are discovered. As part of a continuous improvement process, documenting lessons learned and promising practices helps the project team to discover the causes of critical problems that occurred and how to avoid those problems in future roll-out.

The objective of this report and these tools is to gather all relevant information for better planning of later project stages and future projects, improving implementation of new projects, and preventing or minimizing risks for future projects. Documentation of lessons learned on a regular basis will assist Foundation members in identifying key "promising practices," which can be shared throughout the Foundation to increase effectiveness of the roll-out of the revised WHO guidelines.

LESSONS LEARNED DOCUMENTATION TEMPLATE

Top Three Significant Project Successes:

Project Success	Factors That Supported Success

Other Notable Project Successes:

Project Success	Factors That Supported Success

Project Challenges and Solutions:

Project Challenge	Recommended Solutions

TOOL B. DOCUMENTATION OF PROMISING PRACTICES

Documenting lessons learned using tool A may lead to the identification of one or more promising practices, promising practices can be documented as case studies used to facilitate the sharing of innovative and/or successful approaches in program implementation. Promising practice information also helps the Foundation to replicate successful approaches across its country programs, while addressing critical gaps or difficulties, a vital component for success of the revised WHO guidelines roll-out.

To be considered a promising practice, the practice in question should meet all of the following criteria:

- Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
- Based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- Incorporates a process of continual quality improvement that:
  - Accumulates and applies knowledge about what is working and not working in different situations and contexts;
  - Continually incorporates lessons learned, feedback, and analysis to lead toward improvement or positive outcomes.
- Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness positive outcomes.
- Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Note:Promising Practices vs. Best Practices

People often confuse “promising practices” with “best practices,” but they are not the same thing. To be considered as a best practice the practice must meet the following additional criteria:

- Has been reviewed and substantiated by experts in the public health field according to predetermined standards of empirical research;
- Is replicable, and produces desirable results in a variety of settings.
- Clearly links positive effects to the program/practice being evaluated and not to other external factors.

When a potential promising practice has been identified, the country programs should hold a meeting with relevant stakeholders to debrief on key elements of the practice and important lessons. The information collected during this meeting can be used to fill out Tool B. Multiple promising practices are welcome (fill in a separate table for each). Upon completion, this information should be sent to the WHO TAG members who will compile this information for dissemination throughout the Foundation.

PROMISING PRACTICES DOCUMENTATION TEMPLATE

Title of Promising Practice:	
Summary of core components of the promising practice:	• • • • •
Overview of key issues and gaps that this practice addresses:	• •
Specific actions taken:	• • • •
Noteworthy results:	• • •
How has your promising practice been monitored for success?	• • •

New updates to revisit quarterly:	•

DOCUMENTATION AND KNOWLEDGE SHARING

Step 5: Documentation and Knowledge Sharing

Documentation

Documenting Your Experiences

- Use simple tools contained in Step 5 of the Toolkit to document "as you go"
- Formally write up your experiences for *Haba Na Haba*, program briefs, other documentation
- Plan ahead! Use the Country Documentation Planning Toolkit to guide this process (see Step 5 Appendix)

Contact Sara Teitelman, Senior Technical Editor, (steitelman@pedaids.org) for more information or assistance.

Criteria for Emerging, Promising and Best Practices

Emerging Practice	• Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions. • Based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes. • Incorporates a process of continual quality improvement. • Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness positive outcomes.
Promising Practice	In addition to fulfilling the criteria above, has been, or is being evaluated and: •Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.
Best Practice	Results from a rigorous process of peer review and evaluation that indicates effectiveness in improving public health outcomes for a target population. A best practice: •Has been reviewed and substantiated by experts in the public health field according to predetermined standards of empirical research; •Is replicable, and produces desirable results in a variety of settings. •Clearly links positive effects to the program/practice being evaluated and not to other external factors.

UNAIDS Criteria for Evaluating a Best Practice

- Effectiveness
- Ethical soundness
- Relevance / acceptability
- Efficiency and cost-effectiveness
- Sustainability

Why Do We Want to Document Promising and Best Practices?

- To record, understand, and appreciate good experiences;
- Save others from duplication of effort and having to reinvent the wheel;
- Assist in broader replication of successful interventions;
- Help others avoid pitfalls of work in a certain area;
- Promote knowledge, exchange, and learning, allowing others to adapt their strategies to better advantage.

The Foundation's Suggested "Promising Practices" Documentation Process

- Identify promising practices
- Reflection (agree with stakeholders)
- Data collection and promising practice evaluated against criteria
- Write-up promising practice (see templates provided in Step 5 of toolkit)
- Peer review
- Finalization and dissemination

Foundation Gray Literature

Definition of Gray Literature

"That which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers."

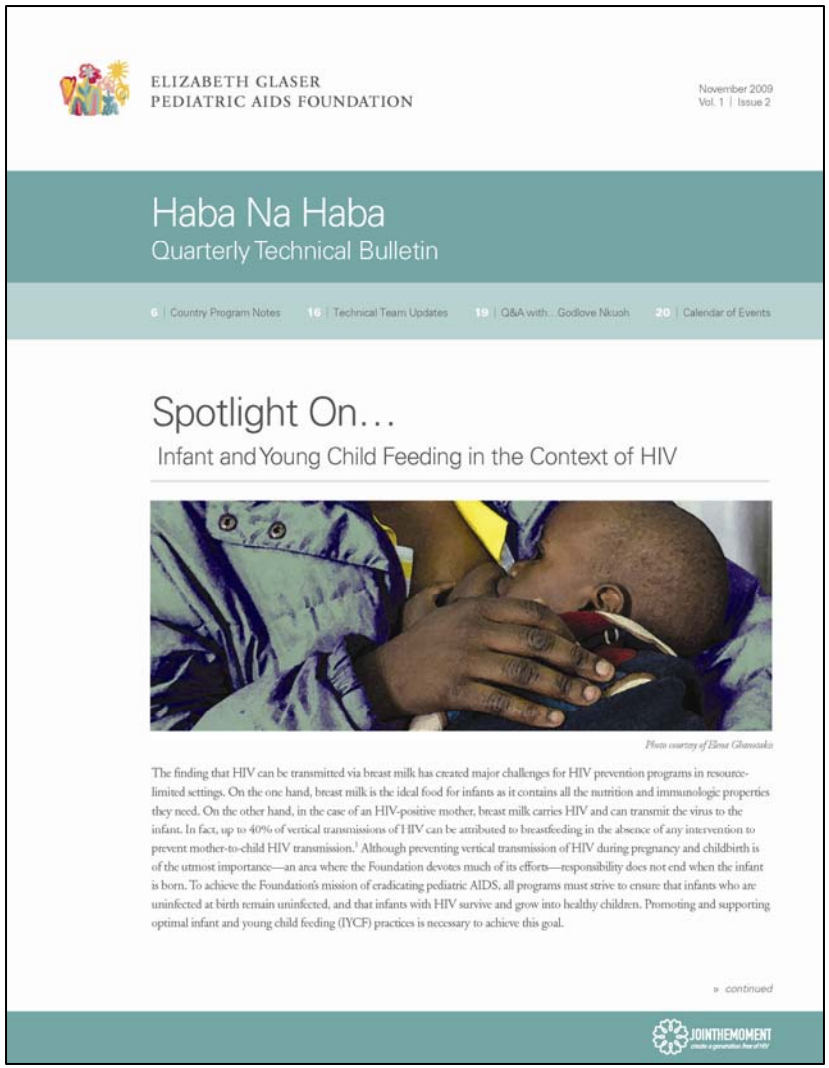
Fourth International Conference on Gray Literature (1999)

Types of Foundation Gray Literature

Global	**Local**
• Position paper • *HabanaHaba*	• Program brief • Best practices • Notes from the field • USAID “Success Stories” • Toolkits & job aids • Country office newsletters • *Others being developed*

Haba Na Haba

- EGPAF Technical Newsletter —**belongs to all of us**
- Quarterly publication
- Call for submissions sent approximately one month prior to deadline
- Send email to techbulletin@pedaids.org for more information.



ELIZABETH GLASER
PEDIATRIC AIDS FOUNDATION

November 2009
Vol. 1 | Issue 2

Haba Na Haba
Quarterly Technical Bulletin

6 | Country Program Notes 16 | Technical Team Updates 19 | Q&A with...Godlove Nkuoh 20 | Calendar of Events

Spotlight On…
Infant and Young Child Feeding in the Context of HIV

Photo courtesy of Elena Ghanotakis

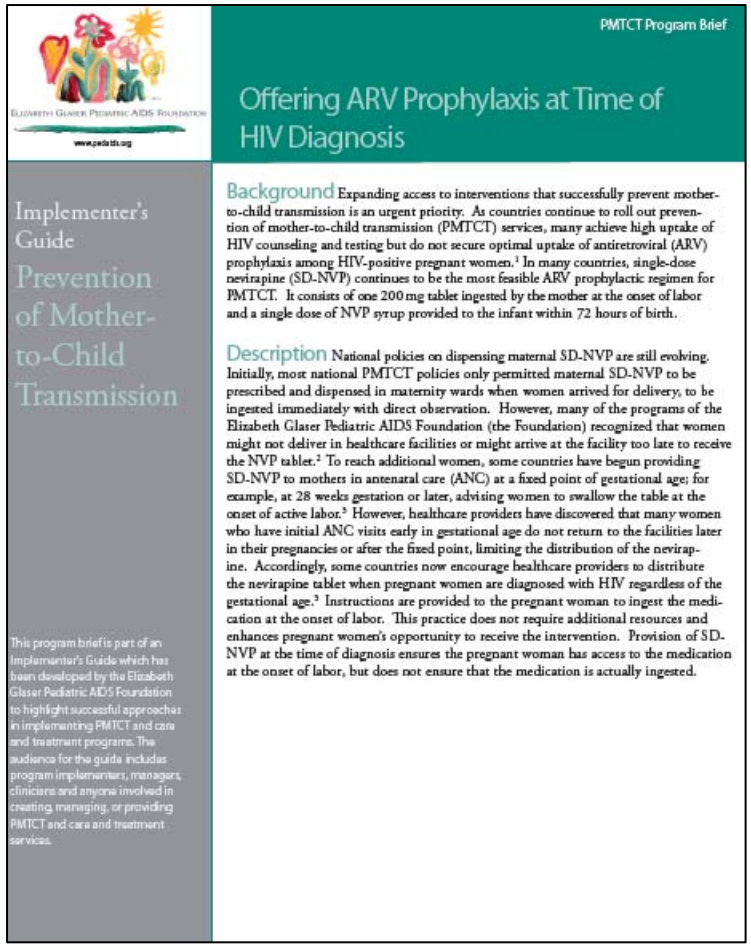
The finding that HIV can be transmitted via breast milk has created major challenges for HIV prevention programs in resource-limited settings. On the one hand, breast milk is the ideal food for infants as it contains all the nutrition and immunologic properties they need. On the other hand, in the case of an HIV-positive mother, breast milk carries HIV and can transmit the virus to the infant. In fact, up to 40% of vertical transmissions of HIV can be attributed to breastfeeding in the absence of any intervention to prevent mother-to-child HIV transmission.[1] Although preventing vertical transmission of HIV during pregnancy and childbirth is of the utmost importance—an area where the Foundation devotes much of its efforts—responsibility does not end when the infant is born. To achieve the Foundation's mission of eradicating pediatric AIDS, all programs must strive to ensure that infants who are uninfected at birth remain uninfected, and that infants with HIV survive and grow into healthy children. Promoting and supporting optimal infant and young child feeding (IYCF) practices is necessary to achieve this goal.

» continued

JOINTHEMOMENT

Program Brief

- A focused description of **promising practices**
- Provides lessons and recommendations based on program experience(s) in one or more country
- Examples:
  - *HIV Counseling and Testing in Labor and Delivery*
  - *Offering ARV Prophylaxis at Time of HIV Diagnosis*



Elizabeth Glaser Pediatric AIDS Foundation

www.pedaids.org

PMTCT Program Brief

Offering ARV Prophylaxis at Time of HIV Diagnosis

Implementer's Guide

Prevention of Mother-to-Child Transmission

This program brief is part of an Implementer's Guide which has been developed by the Elizabeth Glaser Pediatric AIDS Foundation to highlight successful approaches in implementing PMTCT and care and treatment programs. The audience for the guide includes program implementers, managers, clinicians and anyone involved in creating, managing, or providing PMTCT and care and treatment services.

Background Expanding access to interventions that successfully prevent mother-to-child transmission is an urgent priority. As countries continue to roll out prevention of mother-to-child transmission (PMTCT) services, many achieve high uptake of HIV counseling and testing but do not secure optimal uptake of antiretroviral (ARV) prophylaxis among HIV-positive pregnant women.[1] In many countries, single-dose nevirapine (SD-NVP) continues to be the most feasible ARV prophylactic regimen for PMTCT. It consists of one 200 mg tablet ingested by the mother at the onset of labor and a single dose of NVP syrup provided to the infant within 72 hours of birth.

Description National policies on dispensing maternal SD-NVP are still evolving. Initially, most national PMTCT policies only permitted maternal SD-NVP to be prescribed and dispensed in maternity wards when women arrived for delivery, to be ingested immediately with direct observation. However, many of the programs of the Elizabeth Glaser Pediatric AIDS Foundation (the Foundation) recognized that women might not deliver in healthcare facilities or might arrive at the facility too late to receive the NVP tablet.[2] To reach additional women, some countries have begun providing SD-NVP to mothers in antenatal care (ANC) at a fixed point of gestational age; for example, at 28 weeks gestation or later, advising women to swallow the table at the onset of active labor.[3] However, healthcare providers have discovered that many women who have initial ANC visits early in gestational age do not return to the facilities later in their pregnancies or after the fixed point, limiting the distribution of the nevirapine. Accordingly, some countries now encourage healthcare providers to distribute the nevirapine tablet when pregnant women are diagnosed with HIV regardless of the gestational age.[3] Instructions are provided to the pregnant woman to ingest the medication at the onset of labor. This practice does not require additional resources and enhances pregnant women's opportunity to receive the intervention. Provision of SD-NVP at the time of diagnosis ensures the pregnant woman has access to the medication at the onset of labor, but does not ensure that the medication is actually ingested.

Best Practices Report

- Presents a detailed description of Foundation **best practices**, including challenges, and lessons learned
- Data driven: Based on proven practices that are supported by good quality data
- Typically focused on experiences in one country or program area
- Includes information on building sustainability, optimizing service delivery, and replication
- Audience: Implementers, managers, policy makers
- Building template on two documents developed with Ministries of Health:
  - *Tanzania District Approach*
  - *Zimbabwe Revision of Child Health Card*

Tanzania Ministry of Health and Social Welfare

Rapid Scale-Up of PMTCT Service Provision Using a District Approach

The Tanzania Experience

National AIDS Control Program Tanzania

USAID FROM THE AMERICAN PEOPLE

U.S. Agency for International Development

U.S. President's Emergency Plan for AIDS Relief

Elizabeth Glaser Pediatric AIDS Foundation

"Best Practice"

Revision of the Child Health Card in Zimbabwe: Modifying existing systems to improve general and HIV specific care of all children

MINISTRY OF HEALTH
CHILD HEALTH CARD
ZIMBABWE

GOOD INFANT FEEDING PRACTICE
Give only breast milk for the first 6 months. Introduce solids and liquids from 6 months. Continue breast feeding up to 24 months or beyond unless counselled otherwise by a health worker.

KUDYA KWAKANAKA KWEMWANA
Ipai mwana nezuro wazaru chete panewedzi mitanhatu pekutanga.
Ipai kamwe kudya kana kunwa kubva panewedzi mitanhatu.
Rambai machipanwiso kusvika panokona mwiri kana kudeiba kunze kwekuti mekatariwa nemudzitsiwa neneuchiri.

MUNYISA OKUNGADAMGELIINGOZI
Munyise ingane yakio okwenyanga ezvipfuchipfu zvitanguka.
Cela ukuyipha okunye okudilwayo ko kunedwayo una kilenyanga ezvipfuchipfu.
Ghudwa ukumapipa ingane yakio ize ifke kwayako endilli koba ukwedilla, ngaphwede ana ucadzidziwa ngabwezempfa/kathe ukuba ungaenuryhi.

NAME OF CHILD:	
SURNAME OF CHILD:	
SEX:	DATE OF BIRTH:
NAME OF MOTHER:	
PHYSICAL ADDRESS:	
PLACE OF BIRTH:	
HEALTH CENTRE:	

For more information on infant feeding, contact your nearest Health Worker

Ministry of Health & Child Welfare, Zimbabwe,
with support from the Elizabeth Glaser Pediatric AIDS Foundation

USAID "Telling our Story"

- USAID's effort to let everyone see the impact of their work and meet the people whose lives it changed

- Also to say "thank you" for America's help

http://www.usaid.gov/stories/archiveafr.html

Notes From the Field

- Giving a sense of the Foundation's activities "on the ground"
- A personal perspective
- Showcase voices from the Foundation's field offices, provide profiles of Foundation employees and first-person accounts of day-to-day work
- Posted on the Foundation website: www.pedaids.org

Successful Documentation Is Up to Us

- If we don't document and share lessons ourselves **—it won't happen.**
- If we don't contribute what we know by documenting and disseminating it **—we only have ourselves to blame for slow progress.**
- If we don't like the content of gray literature, journals, conferences **—it's up to us to participate and change it.**

Knowledge Sharing

The Importance of Knowledge Sharing

- The 2009 revised guidelines add complexity to the decision-making around what ARV regimens should be offered to children and adults living with HIV.

- It is imperative that the Foundation's country programs regularly share the knowledge they gain through implementation to build capacity of Foundation staff and country partners and guide informed decision-making and increased service quality.

Foundation Knowledge Sharing Activities

- The Foundation is establishing knowledge management tools and processes to ensure that knowledge gained from the national guideline revision and implementation processes can be shared and applied across countries in a timely, effective manner.

- Country teams and global staff will engage in a variety of forums for information sharing and technical assistance to support guideline revisions at the country level throughout this lengthy process.

Examples of Knowledge-Sharing Activities

- Sub-regional country technical meetings
- Peer-to-peer support
- Technical assistance trips
- Elizabeth lectures
- E-mail listservs/discussion groups
- Publication database
- Documentation

Support for Documentation and Knowledge Sharing

- For information and support on knowledge sharing and documentation, contact the Global Technical Policy Unit: gtpinfo@pedaids.org.
- Contact WHO TAG members for technical or programmatic issues: WHOTAG@pedaids.org
- Submit requests for any technical assistance to TArequest@pedaids.org

Foundation Resources

- Country Documentation Planning Toolkit
  - See Step 5 Appendix
- Writing Workshop Curriculum
  - Sara Teitelman for inquiries: steitelman@pedaids.org
  - Additional roll-out with country teams as able
  - Working towards interactive, CD-Rom, self-study version
- EGPAF Operations Research Training USB (November 2009)
  - Module 5.2: Documentation and Dissemination in Operations Research
    - This presentation
    - List of key resources
    - Electronic copies of all key resources listed
- Searchable Publications Database USB

ELIZABETH GLASER
PEDIATRIC AIDS FOUNDATION

JOINTHEMOMENT

COUNTRY DOCUMENTATION PLANNING TOOLKIT

Version 1 (March 2010)

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For questions or comments on this document, please contact Sara Teitelman, Senior Technical Editor, at steitelman@pedaids.org.

Introduction to the Documentation Planning Toolkit

A. Purpose of a Documentation Plan

The development of a comprehensive documentation plan is a vital first step in the process of producing quality written materials.While it is not mandatory that every country program produce such a plan, this documentcan be very useful in helping teams anticipate and coordinate the various steps in the documentation process. In short, it can serve as the guide to all documentation activities, helpingteams to set objectives, define strategies, assign actions, identify target audiences, select the right document types, draw up production schedules and budgets, and disseminate the finished product. Ultimately, the development and sharing of this planhelps everyone in the organization to better support country documentation effortswhile ensuring that these valuable additions to the Foundation's technical knowledge base inform our work at both the global and country levels.

B. Toolkit Content Overview

This toolkit contains a documentation plan template, as well as a variety of related tools. The documentation plan template is divided into two main parts:

1. ***Country Program Overview***–contains general information about the country program, budget amounts and funding sources, and staff capacity for documentation.
2. ***Documentation Activities Summary*** – overview of all documentation activities planned during the stated time period, including deadlines for completion.

The following related tools may be helpful in preparing and executing the documentation plan and are included in the appendices of this toolkit:

A. ***Individual Planning Worksheet*** – designed to help teams think through the details of an individual document once work is set to begin.

B. ***Budgeting Table*** – provides estimated costs of document production, broken down by document type.

C. ***List of Document Types*** – table containing descriptions of common document types produced by Foundation country programs, as well as standard definitions for emerging, promising, and best practices.

D. ***Publications Steering Committee Users Guide*** – an overview of which documents must be submitted for committee review and instructions on how to use this process, as well as a standard submission form.

E. ***Dissemination Planning Worksheet*** – a thorough walk-through of key considerations for disseminating a document at the country and global levels, along with planning tables and tools.

C. How to Use thePlan Template

Theplanning templatecan be used by country program staff and global support team staff to coordinate country-level documentation activities and outline needs for various types of support. ***It is suggested that one or more members of the country team be designated as "documentation leads."Documentation leads can be responsible for leading the planning process and ensuring that the plan is kept up to date.***While it is up to each individual country program to determine how best to carry out these activities, suggested steps for completion of this plan are as follows:

1. Draft plan developed by senior country program staff (i.e., documentation leads), with support fromcountry coordinators and the senior technical editor.
2. Draft plan shared with global teams (GTP,Communications, PCTS, M&E, Research, GPPRM) for input, as appropriate.
3. Comments incorporated by senior country program staff and sent tocountry program leadership (i.e., country director, technical director) for review and approval.
4. Country teams (and, if appropriate, country coordinator) meet quarterly or semi-annually to review the plan and make needed updates.
5. Country teams meet with senior technical editor and other global team representatives semi-annually (or more frequently if desired) to review and revise the plan as needed and to identify additionalsupport needs.

D. TheDocumentCreation Process

Figure 1 illustrates the key steps in the document creation process. While every documentation effort will be unique, these generic steps willlikely be followed for most document types. Table 1 on the following pagecontains recommendations for key actions and collaborations that may occur at each step in the process.

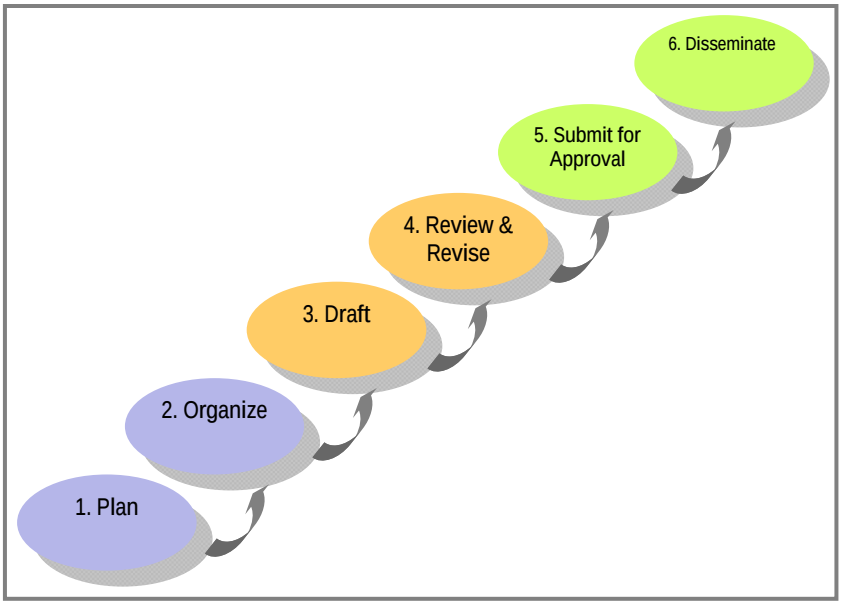


Figure 1. Steps to document creation
Table 1. Recommendations for Key Actions and Collaborations

Step	Actions	Potential Collaborators
1. Plan	• Choose topic/subject /activity to be documented • Assess whether proposed documentation activity is in line withcountry program strategic documentation goals and objectives (Section 2.2 of plan template) • Identify appropriate document type (see Appendix C) • Identify authors and contributors • Complete a document development plan (Appendix A) • Identify available funding sources and / or additional support needs • Begin dissemination planning (see Appendix E for a dissemination planning worksheet)	• Country Coordinator • Senior Technical Editor / GTP staff • Other country and global support teams as appropriate (PCTS, Communications, M&E, Research, GPPRM) • Program partners and donors
2. Organize	• Gather data and other source information (reports, photographs, etc.) • Develop a detailed document outline, abstract, or concept note • Share outline / abstract / concept note for input with key collaborators and/or co-authors for review • Identify / hire writing consultant (if applicable)	• Country Coordinator • GTP staff • Other global support teams as appropriate (PCTS, Communications, M&E, Research, PPGRM) • Program partners and donors • Writing consultant
3. Draft	• Write first draft • Send Notice of Proposed Publication to EGPAF Publication Steering Committee if applicable (see Appendix D for criteria and submission guidelines)	• Writing consultant (if applicable) • GTP • Communications
4. Review & Revise	• Send first draft to key collaborators / stakeholders for review • Incorporate feedback and send out for additional review as needed • If Foundation to publish…* o Send for professional copyediting o Finalize design / layout o Send for professional proofreading **Note: GTP can coordinate these steps*	• Writing consultant • EGPAF Graphic Designer/design consultant • Senior Technical Editor / GTP staff • Other global support teams as appropriate (PCTS, Communications, M&E, Research, PPGRM) • Program partners and donors
5. Submit for approval	• Send to EGPAF Publications Steering Committee for final review if applicable (see Appendix Dfor guidance on this process) • Address committee comments and finalize	• EGPAF Publications Steering Committee • Writing consultant (if applicable)

6. Disseminate	• If Foundation to publish… o Finalize dissemination plan (see Appendix E) o Print / reproduce final document o Distribute according to plan • If published externally o Submit approved version to publisher / conference o Address publisher comments o Consider additional ways to promote / distribute the finished product	• GTP staff • Other global support teams as appropriate (PCTS, Communications, M&E, Research, PPGRM) • Program partners and donors

Country Program Documentation Plan

Country: [Country Name]
Time Period: [Month/Year] to [Month/Year]

Created on:[insert date]
Last revised on:

1. COUNTRY PROGRAM OVERVIEW

1.1. Country Program Summary
The following details are intended to provide a brief summary of the overall country program resources and strategic partnerships.

Note: Please indicate if figures provided are actual or projected.

Total country program budget - fiscal year [insert year]:	
Specific funding sources (e.g., USAID, Abbott):	
Total number of staff:	
Brief description of program activities:	
Sub-grantees:	
Program partners:	
Other key stakeholders:	

1.2. Country Program Staff Capacity for Documentation

List below all country program staffthatare expected to engage in documentation activities. While specific project-relatedroles and responsibilities will be detailed in Section 2 of the plan, theinformation providedhere willhelp to:1) assess current staff capacity for documentation, 2) identify gaps or additional staffing needs, and 3) determine appropriate rollsfor specific projects according to staff skill sets. If additional staff are to be hired that will be engaged in documentation outline in this plan, please enter “new hire” under name, along with the expected date of hiring, and anticipated skills/responsibilities for documentation.

Name	Title	Skills/responsibilities related to documentation
	Country Director	
	Technical Director	

1.3. Global Staff Providing Support for Country-Level Documentation

List below all global staff that are expected to assist in documentation activities. This section should be filled out in consultation with the relevant global teams.

Name	Title, Unit	Skills/responsibilities related to documentation
	Country Coordinator, PCTS	

2. DOCUMENTATION ACTIVITIES SUMMARY

2.1. List of Required Documentation Activities

Required documentation includes all documents that are requested by the Foundation, donors, partners, and others as a standard requirement of program operations. These include program reports, reapplications, end-of-project reports, etc. The information provided here will help determine the program's overall documentation "burden."

Document Name	Document Type	Requestor	Due date(s)	Frequency (quarterly, annual, etc.)	Country Program Lead

2.2. Documentation Leadership, Goals, and Objectives

The following information will guidethe country documentation strategy. It is important to give some thought as to the program's overall goals and objectives so that proposed activities in Section 2.3 can be properly evaluated and prioritized according to their strategic importance.

Country Program Leadership *List the name(s) of country program staff responsible for leading the program's overall strategy for country-level documentation and for approving documents before they are finalized*	
Documentation Goal(s): *(Example: To highlight the program success integrating PMTCT into primary care clinics.)*	1. 2. 3.
Documentation Objectives*: **Make sure objectives are SMART: specific, measurable, appropriate, realistic, and time-bound* *(Example: To develop an abstract and scientific paper analyzing the 2008 program evaluation data by February 2010.)*	1. 2. 3. 4. 5.

2.3. List of Proposed Elective Documentation Activities

Elective documentation includes all written products produced by the country program that are not required by the Foundation or an external requestor. These include conference abstracts, scientific papers, program briefs, best practices reports, “stories of hope,” curricula, tools (e.g., job aids, wall charts, checklists), etc.It is important to list all proposed activities that are being considered for the plan time period, regardless of whether or not an estimated date of completion has been set (these dates can be added / revised at a later date). Note: Designated country program leads can fill out and attach a separate individual document planning worksheet (Appendix A) for eachdocument listed here once work on that document is set to begin.

Document Name/Topic	**Document Type**	**Estimated Completion Date**	**Estimated Budget**(see Sec. A.2)	**Funding Secured (Y/N)?**	**Country Program Lead**

3. PLAN REVIEW &APPROVAL

The following team representatives have reviewed this plan:

Name	Title, Unit/Department	Date of Review

The following individuals approve of the contents of this plan and agree to provide support for completion of planned activities as outlined.

_____ _____
Country Director Date

_____ _____
Technical Director Date

_____ _____
Country Coordinator Date

_____ _____
Senior Technical Editor, GTP Date

_____ _____
Director of Editorial Services, Communications Date

_____ _____
Date

APPENDIX A. INDIVIDUAL DOCUMENT PLANNING WORKSHEETS

Instructions: Fill out a separate worksheet for <u>each</u>elective documentation product listed in Section 2.3of the documentation plan once work is set to begin.

A1. Individual Document Summary

Overview	
Document Title	
Country Program Lead	
Author / Co-authors	
Other Contributors (Editors, technical reviewers, etc.)	
Estimated Completion Date	
Purpose *What would you like to achieve by producing this document?*	
Topic Statement *What specifically are you going to write about?*	
Target Audience *Who are the group(s)/individuals that should read this document?*	
Document Type (see Appendix C for a list of document types**)** *What type of document will it be?*	
Content Background	
Data sources	
Key source documents (including older versions of the planned document or generic materials to be adapted)	
Problem / question / gap that document is addressing	
Dissemination	**See Appendix D for a detailed dissemination planning worksheet*
Upcoming events for "launch" of this document (include dates if applicable)?	

A2. Individual DocumentBudget

Note: Refer to Appendix B forestimated costs by document type.

Description	Budgeted Amount	Funding Source(s)	Notes
Staff Support			
Country program staff time / travel costs			
Other non-country program staff time / travel costs			
Writing Consultant Fees (if applicable)			
Document Finalization Copyediting, proofreading, design/layout, translation			
Document Dissemination* Printing, launch events, travel to conferences/meetings, shipping, etc. **See Appendix E for a detailed dissemination budget template*			
Other			
TOTAL			

A3. Detailed Individual DocumentWorkplan

Document Title:

Project Lead:

Estimated Date of Completion:

Action Point	Person(s) responsible	[Enter Year]											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

APPENDIX B. DOCUMENTATION BUDGETING TABLE

Notes on using this table:

- This table is intended to help countries programs anticipate the costs associated with document production
- It is broken out into two types of costs: professional contracted services and direct support by GTP staff, so that countries can decide the mix that suits each project best
- The cost of country program staff time and staff support from other global teams (e.g., GTP, PCTS, Communications, etc.) is not included in these estimates.
- While these estimates are far from exact, they are meant to provide a rough measure of the relative costs and levels of effort for different document types
- Costs for document layout apply only when design consultant is used. Foundation graphic designer may be available for some projects.
- Costs for printing and translation vary greatly depending on the document type and are therefore not included in this table. GTP can provide quotations for the cost of these services from trusted service providers at the country program's request.
- For questions or further information, contact Sara Teitelmanat steitelman@pedaids.org.

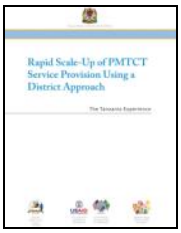
Document Type	Suggested Budget Range for Professional Services (USD)	Services Global Technical Policy (GTP) Can Provide and/or Coordinate
Program brief (3-8 pages)	Writing Consultant (not including travel) $3000 to $6000 Copyediting $150 to $200 Layout in EGPAF template $150 to $200 Proofreading $100 to $150 **Total $3400 to $6550**	• Early-stage guidance on scope and structure • Final technical and editorial review by senior team member(s) prior to Publications Steering Committee review • Coordination of professional writing, copyediting, proofreading, and/or design/layout services • Assistance with internal and external dissemination

Best practices report (15-20 pages)	Writing Consultant (not including travel) $5000 to $10000 Copyediting $300-$400 Layout in EGPAF template $300 to $500 Proofreading $200 to $300 **Total $5800 to $11200**	• Early-stage guidance on scope and structure • Final technical and editorial review by senior team member(s) prior to Publications Steering Committee review • Coordination of professional writing, copyediting, proofreading, and/or design/layout services • Assistance with internal and external dissemination
Conference abstract	Writing consultant (not including travel) **$1500 to $3000** Other services not applicable	• Early-stage guidance on scope and structure and/or conference selection • Final technical review by senior team member • Coordination of professional writing services
Journal article	Writing Consultant (not including travel) **$5000 to $10000** Other services not applicable	• Early-stage guidance on scope and structure and/or journal selection • Final technical review by senior team member prior to Publications Steering Committee review • Coordination of professional writing services
Implementation guide	Writing consultant (not including travel) $6000 to $12000 Copyediting $400 to $600 Original design/layout $1800 to $2500 Proofreading $300 to $500 **Total $8500 to $15600**	• Early-stage guidance on scope and structure • Final technical and editorial review by senior team member(s) prior to Publications Steering Committee review • Coordination of professional writing, copyediting, proofreading, and/or design/layout services

Job aids/tools	Writing consultant (not including travel) $1500 to $4000 Copyediting $100 to $200 Original design/layout $1000 to $2000 Proofreading $85 to $150 **Total $2685 to $6350*** **For adaptation of existing tools, costs should be approx. 40% to 60% lower*	• Early-stage guidance on scope and structure • Final technical and editorial review by senior team member(s) prior to Publications Steering Committee review • Coordination of professional writing, copyediting, proofreading, and/or design/layout services
Annual report	Writing consultant (not including travel) $2000 to $3500 Copyediting $100 to $250 Layout in EGPAF template $200 to $400 Proofreading $85 to $150 **Total $2385 to $4300**	• Final technical and editorial review by senior team member(s) prior to Publications Steering Committee review • Coordination of writing, copyediting, proofreading, and/or professional layout services
Country newsletter	Writing consultant (not including travel) $400 to $800 Copyediting $85 to $150 Layout in EGPAF template $150 to $200 Proofreading $50 to $100 **Total $685 to $1250**	• Final editorial review prior to Publications Steering Committee review • Coordination of professional writing, copyediting, proofreading, and/or design/layout services

APPENDIX C. LIST OF DOCUMENT TYPES

The following table presents a list and brief description of the most common documents types produced by Foundation country programs. Please note that this table covers “elective” documentation only, and therefore does not include routine reports and other required program documentation.

Document Type	Description	Standard Template / Guidelines Available?
Program brief	• A summary description of***emerging and promising practices**** in a specific country setting. • Provides lessons learned and recommendations based on program experiences. • Approx. 3-8 pages	Yes
Best practices report 	• A detailed description of ***proven best practices**** in one or more country settings • Includes lessons learned and recommendations based on program-specific or Foundation-wide experiences • Approx. 15-20 pages	Yes
***Haba Na Haba*article**	• Foundation quarterly technical bulletin that profiles the experiences of country programs • Most common submissions are brief write-ups of activities in progress, preliminary research findings, and promising practices	Yes
Conference abstract	• Brief summary of a program experience or results of original research • Targeted to a specific conference based on intended audience • Can lead to an in-person presentation upon abstract acceptance	See conference-specific guidelines. For general guidance, see the IAS abstract toolkit.

Journal article	• In most cases, a detailed description of the results of original research (i.e., clinical trials, studies). • Must undergo a rigorous peer-review process • Can also be a review article, meta-analysis, letter to the editor, programmatic lessons learned, etc., depending on the specific journal.	See journal instructions
Implementation guide	• Outlines a detailed step-by-step approach to implementation of a policy, program, or practice • Often created in collaboration with local partners	No, but examples available
Job aids and tools	• Intended to be used by health care providers at service delivery points • Often produced as part of a broader effort to implement a policy, program or practice or to improve the quality of existing services • Can include wall charts, pocket guides, decision-making flowcharts, etc.	No, but examples available
Annual report	• A summary of annual program activities, including program data and outcomes • Geared toward a general, rather than technical audience • May partially fulfill donor reporting requirements	Yes
Country newsletter	• Features activity highlights, program news, and other country-specific information • Generally produced 2 to 4 times per year	Yes

Requests for editorial support for all document types listed, as well as available templates and guidelines, can be sent to Sara Teitelman at steitelman@pedaids.org.

***See table on the following page for definitions of emerging, promising, and best practices.**

Standard definitions of emerging, promising, and best practices in public health

Emerging Practice	• Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
	• Based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
	• Incorporates a process of continual quality improvement that:
	  o Accumulates and applies knowledge about what is working and not working in different situations and contexts;
	  o Continually incorporates lessons learned, feedback, and analysis to lead toward improvement or positive outcomes.
	• Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness positive outcomes.

Promising Practice	In addition to fulfilling the criteria above, has been, or is being evaluated and: • Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.
Best Practice	Results from a rigorous process of peer review and evaluation that indicates effectiveness in improving public health outcomes for a target population. A best practice: • Has been reviewed and substantiated by experts in the public health field according to predetermined standards of empirical research; • Is replicable, and produces desirable results in a variety of settings. • Clearly links positive effects to the program/practice being evaluated and not to other external factors.

Source: Association of Maternal and Child Health Programs. Best Practices Categories and Criteria [Web page]. http://www.amchp.org/AboutAMCHP/BestPractices/Pages/BestPracticeTerms.aspx#science. Accessed March 12, 2010.

APPENDIX D. PUBLICATIONS STEERING COMMITTEE USERS GUIDE

What is the PSC?

- The Foundation's body for the review of Foundation-produced written materials destined for external dissemination.

Who is on the PSC?

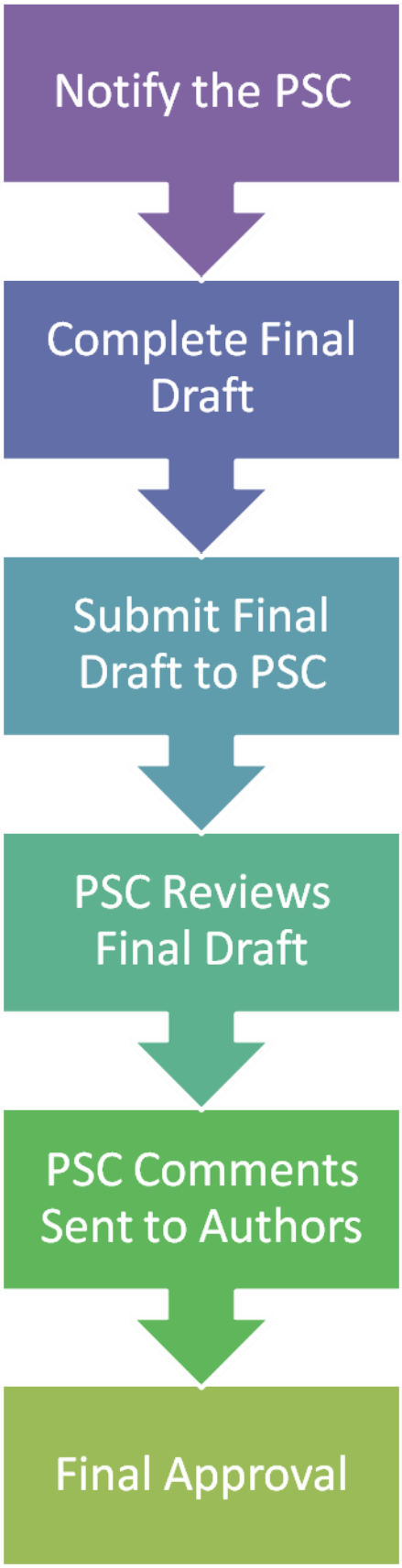
- Representatives from the following teams: Program Implementation, Research, Monitoring & Evaluation, Communications, Public Policy, and Advocacy, and Development.
- The PSC is co-chaired by the Director of Editorial Services (Communications Dept.) and the Director of Global Technical Policy (Program Implementation Dept.).
- The VP of Public Policy, Advocacy and Communications and the EVP of Scientific and Medical Affairs grant final approval for publication, as applicable.

What does the PSC do?

- Coordinates the review of Foundation publications intended for external dissemination.
- Ensures the quality, consistency and technical accuracy of publications.
- Provides constructive feedback to authors that assists them in preparing for final dissemination.
- *The PSC does not:*
  - Coordinate unit/departmental approvals (such as the Research Committee or sign-off by a country director)
  - Write, copyedit, or design materials—Communications or GTP can help to coordinate these steps before a document goes to PSC for review (see section below "Where can I get help?").

Which materials need to be submitted to PSC?

- All written materials generated by Foundation staff intended for external use. These include:
  - Journal articles (where one or more authors name the Foundation as their professional affiliation; drafts must be approved by PSC prior to journal submission)
  - Abstracts and posters for external conferences and meetings
  - Manuals and training materials
  - Reports and program briefs
  - Presentations (speeches, PowerPoints, etc.) made to an audience that includes those who are not Foundation staff or partners
  - Newsletters and annual /financial reports
- *As a rule of thumb, the PSC should review any document that uses the Foundation's name and/or logo, and/or on which Foundation staff are principal authors.*



- Before final draft is complete, send the PSC a **Notice of Proposed Publication**. This will put you in touch with staff who can assist you as necessary with finalizing the document.
- This step helps support staff consider internal/external communication needs, including opportunities to showcase the publication and for general dissemination.

- Your document should be at **final draft** stage before it is submitted to the PSC. This means that all supervisors, authors, and other stakeholders have reviewed and approved the content and that it has been professionally copyedited as appropriate.
- See the section "Where can I get help?" for assistance with getting your document to this stage.

- Send your final to the PSC along with a completed **Submission of Document for Review** form. If your submission is in a language other than English, it must be translated before it is submitted for review.
- The document should be copyedited prior to submission, but does not need to be in its final layout or design at this stage.

- Generally, PSC reviewers will have 5 to 10 working days to review and provide their comments. In special cases where a document is on an accelerated schedule, the PSC can provide an expedited review.
- Please notify the PSC ahead of submission if an expedited review will be needed.

- PSC members will review the document and/or solicit feedback from members of their departments as appropriate.
- Notice sent to authors will indicate whether the document is: approved; approved pending changes; or rejected.
- If further revision is required, any subsequent draft(s) will need to be resubmitted to PSC following the same process. Turn-around time for re-submissions is usually more rapid.

- Once the document has been approved by PSC members, it will be submitted to the VP of Public Policy and Communications for final review and approval for external release. If the document is technical in nature and intended for high-level and/or wide distribution, it will also be submitted to the EVP of Scientific and Medical Affairs. This review will generally take 5 to 10 additional working days.

Where Can I Get Help?

For general questions about the PSC review process:
Katherine Long (klong@pedaids.org)

For review/assistance with finalization of documents for a technical audience (abstracts, program briefs, etc.) prior to PSC submission:
Sara Teitelman (steitelman@pedaids.org)

For review/assistance with finalization of documents for a non-technical audience (fundraising materials, country newsletters, annual reports, etc.) prior to PSC submission:
Katherine Long (klong@pedaids.org)

For assistance/questions regarding selection/retention of consultants for writing, copyediting/proofreading, or design:
Sara Teitelman (steitelman@pedaids.org) or Katherine Long (klong@pedaids.org)

For all other inquiries, contact the PSC at: publications@pedaids.org**.**

Fill out and include the following form with documents submitted to the Publications Steering Committee.

Publications Steering Committee: Submission of Document for Review

Please complete the following and submit, along with your document, to publications@pedaids.org.

Publication title:

Submitted by:
Email:
Phone:
Department:
Office Location:

Lead author(s):

Mode of publication:

Brief description:

Intended audience:

Expected or proposed publication date:

Final approval required no later than (if applicable):

Does this document reflect input from colleagues in and outside your department as appropriate?

Yes. I have engaged members of the following departments for their expertise (put an "X" next to all that apply):

Communications
Development
Monitoring and Evaluation
International Programs
Programs
Public Policy and Advocacy
Research

Have donors supported the actual production of this document and/or the work it describes?

Yes. The following donors supported production:
Yes. The following donors supported the work described:

If donors supported the production of this document and/or the work it describes, the document may be subject to donor acknowledgment and design guidelines.

I believe this document to be in compliance with donor requirements.
I have received sign-off on the donor acknowledgment language from the following public and/or

private EGPAF agreement managers:
The country director has approved any donor acknowledgments.
The country director has determined/will determine that the design adheres to donor stipulations as applicable, per the funding agreements.

This document been thoroughly copyedited to comply with Foundation style (Refer to the Foundation's Writing Style and Technical Terminology Guide released in 2009 – available on the intranet or by sending a request to Heather Mason Kiefer at hkiefer@pedaids.org.)

This document has been translated into English for review, but the final product will be in a language other than English.
Please specify:

APPENDIX E. DISSEMINATION PLANNING WORKSHEET

Description

This worksheet is intended to be used as a planning tool to guide the process of disseminating a Foundation-produced document or series of documents. Completion of this worksheet should be initiated and led by the country documentation lead and/or lead author.

Completion of the worksheet ***should begin during the early planning stages*** and is a three-way process involving:

1. Country teams
2. Global Technical Policy Unit
3. Communications

All three will work together to develop a final dissemination plan for each document based on the information entered into this worksheet.

While each critical step in the dissemination planning process is included in this worksheet, ***not all steps will be applicable to all documents***. Recognizing that the Foundation is engaged in a diverse range of activities across several different countries, this worksheet is designed to be general enough for use in any setting, and can be further modified by its users to suit their specific needs.

How to Use This Worksheet

There are a number of ways to use this worksheet depending on your stage of planning and the nature of the document(s) you are producing. You may fill it out all at once, or come back to specific areas over time as you think through the various stages of dissemination. ***There is no one right way to use it and it does not have to be completely filled in to be of use to you and your team in developing a sound dissemination strategy***.

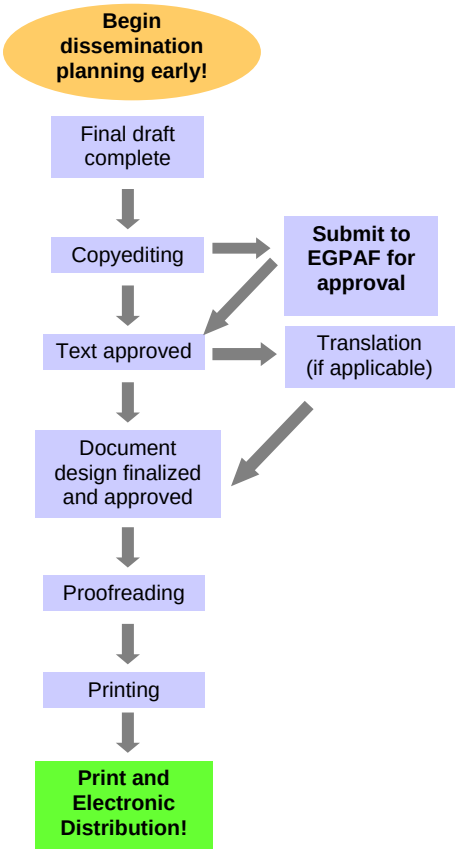
If a document is initiated by a country program, it is likely that many of the decisions regarding dissemination, especially at the global level, will be made in collaboration with U.S.-based Foundation staff, such as the Global Technical Policy Unit or Communications. In such cases, the following steps toward completion of this worksheet are recommended:

1. Fill in all fields for which information is available
2. If certain sections do not apply, leave them blank
3. Highlight all fields for which further input is needed
4. Contact appropriate units or departments for further input and discussion

Once all outstanding questions have been satisfied and all relevant fields filled in, this worksheet can serve as the basis for a formal dissemination strategy, either alone or in combination with other more detailed plans.

Steps to Dissemination

The figure below outlines the typical steps involved in the dissemination of a single document. All documents to be released externally by the Foundation (with the exception of conference abstracts) must go through the Foundation's approval process. Details of this process, along with associated submission instructions and forms, are contained in a separate document (see EGPAF External Publication Procedure).



Technical Document Dissemination Planning Worksheet

1. General Information

Document Title	*Enter title of document (enter brief name or description if not a document, such as a toolkit, CDROM, etc.)*	
Project Leader(s)	*Enter person(s) responsible for overseeing dissemination of this document (and their contact info)*	
Lead Author	*Name and contact info*	
Co-Authors	*Names and contact info*	
Contributors	*Names and contact info (see IMCJE guidelines [www.icmje.org] for definitions of authors vs. contributors*	
Document Type	*e.g., White paper, best practices, program brief, etc. If a series, describe the type(s) of documents contained in the series.*	
Topic Area(s)	*e.g., Pediatric ART, human resource management, scale-up, psychosocial care, etc.*	
Original Language	*Enter language the document was written in*	
Sponser(s)/Funder(s)	*List entities providing financial/in-kind support for this document that should be acknowledged in the document*	
Data Sources	*List sources of any data used in the document – note whether permission to publish data has been obtained*	
Document Approval	*List names of individuals/groups (other than EGPAF publications steering committee) who must approve of the document and whether or not approval has been obtained*	
Document Description	*Brief description of the document(s) to be disseminated*	
Dissemination Objectives	*List the main objectives to be achieved through dissemination, in order of priority (such as knowledge-sharing, heightening the Foundation's visibility, etc.)* 1. 2. 3.	
Targeted Internal and External Audience(s): <u>In Country</u>	*List <u>all</u> of the <u>broad</u> in-country EGPAF and non-EGPAF groups and/or types of individuals that you want to receive this document (e.g., EGPAF country director, implementers in Tanzania). More details, such as names of specific agencies or individuals, may be entered in Appendix B.*	
	Internal	**External**
Targeted Internal and External Audience(s): <u>Global</u>	*List <u>all</u> of the <u>broad</u> international external groups and/or types of individuals that you want to receive this document (e.g., EGPAF technical advisors, global donors and partners). More details, such as names of specific agencies or individuals, may be entered in Appendix B.*	
	Internal	External

2. Document Production

Tip: You may request assistance from the Global Technical Policy Unit to complete this section at: steitelman@pedaids.org.

All source(s) of funding for document production	*Enter all applicable funding sources (may also provide specific amounts available or types of costs to be covered for each)*
Total # of Pages	*Enter total # of printed pages (please note: 1 double-sided printed page equals 2 pages)*
Color or Black and White	*Options include full color, color cover with B&W interior, 1 color plus black, etc.*
Finished size	*Letter (8.5" x 11"), A4 (standard non-U.S. letter size), other custom size*
Copyeditor	*Copyediting should occur before layout. If applicable, enter name and contact info of copyeditor and whether they are EGPAF staff or consultant – if not yet selected, enter "TBD"*
Proofreader	*Proofreading should occur after layout and before printing. If applicable, enter name and contact info of proofreader and whether they are EGPAF staff or consultant – if not yet selected, enter "TBD"*
Translator(s)	*If applicable, enter name and contact info of translator(s) for each language and whether they are EGPAF staff or consultant – if not yet selected, enter "TBD"*
Designer	*If applicable, enter name and contact info of designer and whether they are EGPAF staff or consultant – if not yet selected, enter "TBD"*
Binding?	*Spiral bound / stapled / booklet?*
Location where it will be printed	*If in a particular EGPAF country office, specify country* *If in U.S., specify D.C. or Santa Monica*
Printer	*Enter name and contact info of printer to be used - if not yet selected, enter "TBD"*
Total # to be printed	*Enter total(s) from the Print Quantity Worksheet (Appendix A). If languages other than English will be printed, enter totals for each language separately.*
Print copy delivery	*Specify one or more EGPAF offices where the printer is to ship finished copies. If more than one office, state quantities for each.*

3. Digital Distribution: E-mail, Internet and Listservs

Tip: You may request assistance from the Global Technical Policy Unit to complete this section at steitelman@pedaids.org.

E-mail Distribution Lists	*List external Foundation E-mail distribution lists that will receive a copy of the document. (See Appendix C for available E-mail lists and corresponding target groups.)*
To be posted on EGPAF Intranet?	*Yes/No* *Specify where (e.g., publications database, GTP intranet homepage, etc.)*
To be posted on EGPAF website?	Yes/No *Specify where (e.g., publications page, country program page)*
To be posted on external websites?	Yes/No *If yes, see Appendix C for a list of recommended websites.*
To be posted on listeservs?	Yes/No *If yes, see Appendix D for recommended listservs*
Key contact for digital delivery requests	*Enter name and email address of person responsible for responding to E-mail inquiries*

4. Publicity and Promotional Dissemination

Tip: You may request assistance from the Global Technical Policy Unit to complete this section at steitelman@pedaids.org.

State briefly the overall strategy for publicity and promotional activities below. Then fill out the accompanying form for any specific events and media activities.

Strategy:

4a. Events

Please include both the event name and location (such as a conference, seminar, meeting) and the specific non-media activities (such as displaying documents at an exhibit booth)

Event Name and Location	Local, National, Regional, or International?	Date(s)	Activities	Point Person

4b. Media

Please include both the type of media (such as print, broadcast, new media) and the specific activities (such as issuance of a press release or media advisory, media briefing, press conference, media interviews with program stakeholders).

Type of Media	Local, National, Regional, or International?	Activities	Date(s)	Point Person

5. Dissemination Budget

Instructions: Double-click worksheet to enter data. At the planning stages, it is recommended that you enter cost estimates if exact costs are not yet available. This will help to ensure sufficient funds are secured prior to dissemination. The budget can then be modified once exact costs are known.

Use Appendix A to quantify number of copies to be printed and associated costs for insertion into the table below.

When you enter amounts in the “Unit Cost” and “# of Units” fields, the “Item Total” field will be automatically filled in for you. Click anywhere outside of worksheet when you are finished.

Item	Unit Cost	# of Units	Item Total	Notes
	0	0	0	
			0	
			0	
			0	
			0	
			0	
			0	
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			0	
			0	
			0	
			0	
			0	
			0	
		TOTAL	0	

6. Dissemination Timeline

Please enter information in this table on both the dissemination activity (such as printing and translation or a launch event) and the deliverable (such as a certain number of copies, greater document visibility, etc.).

Activity	Start Date	End Date	Activity Lead	Deliverable

Appendix A: Print Quantity Worksheet
Tip: You may request assistance from the Global Technical Policy Unit to complete this section at: gtpinfo@pedaids.org.

(Note: If document will be disseminated in more than 1 language, copy and paste a separate worksheet for each language)

Language: English

Recipient	Quantity
Group A - EGPAF Country Offices *List individual countries and quantities for each*	
Group B – EGPAF U.S. Offices	
Washington, D.C.	
Los Angeles	
Group __ *Fill in additional groups listed in section 1 and specify specific recipients and/or sub-groups below each header*	
Group __	
Specific Event(s)	
TOTAL (right-click on number at right and select "update field" to see current total – enter this total where indicated in Sec. 2)	**0**

Appendix B: Detailed Description of Targeted Audience Groups

These detailed descriptions refer to the targeted audience groups listed in Section 1. These descriptions will help you specify the members of the broad groups listed earlier so that you can ensure specific agencies or individuals receive your document.

Group Name:	*e.g., private donors*
Brief Description:	*e.g., private donors funding pediatric vaccine research*
Members:	*e.g., Gates Foundation, Johnson & Johnson*

Group Name:	*e.g., implementing partners*
Brief Description:	*e.g., organizations supporting PMTCT and pediatric treatment in country*
Members:	*e.g., ICAP, Baylor, UNICEF*

Group Name:	
Brief Description:	
Members:	

Group Name:	
Brief Description:	
Members:	

Appendix C: HIV/AIDS Information Websites

Name	URL
NAM	www.aidsmap.com
HIV InSite	www.hivinsite.ucsf.edu
HIV Medical Association (HIVMA)	http://www.idsociety.org/Content.aspx?id=8168
AIDS Education Global Information System (AEGiS)	http://www.aegis.com/
Women Children HIV	www.womenchildrenhiv.org
International Association of Physicians in AIDS Care (IAPAC)	http://www.iapac.org
Association of Nurses in AIDS Care	http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=1
Aids Portal	www.aidsportal.org
International AIDS Society	www.iasociety.org
Medline Plus – AIDS topic site	www.nlm.nih.gov/medlineplus/aids.html
AIDSinfo – USHHS	www.aidsinfo.nih.gov
Australasian Society for HIV Medicine	www.ashm.org.au
Infectious Diseases Society of America (IDSA)	www.idsociety.org
AllAfrica	http://allafrica.com/
The Body – HIV information portal	www.thebody.com
Center for Global Development – HIV/AIDS Monitor	www.cgdev.org/section/initiatives/_active/hivmonitor/
Global Health Council	www.globalhealth.org/
Physician's Research Network (PRN)	http://www.prn.org/index.php
Global Health Reporting - Kaiser	www.globalhealthreporting.org
TB Education and Training Resources	http://www.findtbresources.org/scripts/index.cfm
HIV i-base	http://www.i-base.info/
HIV and Hepatitis	http://www.hivandhepatitis.com/
Plus News	http://www.plusnews.org/
Global Health Reporting	http://www.globalhealthreporting.org/
Broadcast HIV Africa	http://www.broadcasthivafrica.org/
Medical News Today	http://www.medicalnewstoday.com/sections/hiv-aids/
John Hopkins Center for Clinical Global Health Education	http://www.ccghe.jhmi.edu/CCG/about/index.asp
The Corporate Council on Africa	http://www.africacncl.org/HIV_AIDS/HIV_AIDS.asp
Kaiser Family Foundation	http://www.kff.org/hivaids/index.cfm

Appendix D: HIV/AIDS Information Listservs

Women Children HIV	http://womenchildrenhiv.org/wchiv?page=wx-subscribe
Asian & Pacific Islander Women's HIV/ AIDS Network Listserv	apiwhann@yahoogroups.com
The Drum Beat – Communication Initiative	dheimann@comminit.com
HIF-net – Global Forum for Health Research	http://www.inasp.info/file/200/hif-net.html
HIV/AIDS Monitoring and Evaluation Network (AIMEnet)	moderator@AIMEnet.org
AFRO-NETS	http://www.healthnet.org
HEALTHNET	http://www.healthnet.org/healthnet.php
NCET Wire – National Coalition for the Elimination of TB	jseggerson@tbcoalition.com
CDC – National Prevention News Mailing List	www.cdcnpin.org/scripts/listserv/prevention_news_html.asp
CDC – TBEDucate	www.cdcnpin.org/scripts/listserv/tb_educate.asp
TB India	http://groups.yahoo.com/subscribe/tbni?user=&I2.x=54&I2.y=16
dgCommunities	http://topics.developmentgateway.org/
AEGiS	http://www.aegis.com/
HDN- Health & Development Networks	http://hdnet.org/v2/home/
ProCAARE	http://www.procaare.org/index.php
ProNut (Nutrition)	http://www.pronutrition.org/index.php
Health-e	http://health-e.org.za/index.php
UCSF International Nursing Network for HIV/AIDS Research	cathy.bain@nursing.ucsf.edu

Your Feedback is Welcome!
This document will be modified and improved over time to best suit the needs of Foundation staff. If you have comments on how this worksheet can be improved, or questions about its use, please send an e-mail to steitelman@pedaids.org