



# SIPAA

Support to International Partnerships against AIDS in Africa (SIPAA)

# NEWS

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## Three years on – significant achievements by a new ally

In the three short years that the SIPAA programme has been in existence, much has changed internationally, regionally and nationally. There has been a rapid influx of financial resources in many of the SIPAA countries to fund the response to HIV and AIDS. A key focus for SIPAA has been to strengthen the commitment to use the funding wisely and develop the capacity to achieve a coordinated response.

Given these fast-changing realities, SIPAA has used its funding and deployed its staff in different ways in the different countries in which it is working. It has taken into account government priorities and what other agencies have been working on. This is a strength of SIPAA: it undertakes needs assessments

and discusses with government and other agencies what is needed before starting the work. This flexible approach of identifying the specific needs to be addressed means that there are no simple pre-set criteria against which to measure the work.

The question that needs to be answered is whether SIPAA's choices have been relevant and appropriate.

In recent months a number of internal and external evaluation and review processes have been carried out in the SIPAA countries. They demonstrate that SIPAA staff and partners who have been involved in the programme have been effective in:

- building capacity for finding creative solutions to problems at country level; and



Members of the SIPAA team, working together at an ActionAid International convention in Nairobi, early 2005

- encouraging the development of national alliances and partnerships so that more people are working together on a coordinated response to the pandemic, building mechanisms for sharing experience and learning across the countries.

These are significant achievements and in many countries the National AIDS Councils are now seeing the SIPAA teams as valuable and useful allies in efforts to respond to HIV and AIDS.

For more information visit [www.actionaid.org/sipaa](http://www.actionaid.org/sipaa)

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# It's already been a busy year for SIPAA

The first half of 2005 was a busy time for SIPAA. At the outset, a team of external consultants began a review of activities in all SIPAA countries. Meanwhile, a no-cost extension for the programme until September 2005 was agreed.

Other highlights include: taking part in a convention to discuss an ActionAid HIV/AIDS strategy; a two-week training on HIV and AIDS budget tracking conducted by SIPAA Regional Office (SRO) and the Institute for Democracy in South Africa (IDASA) for 25 participants; and a learning forum on information and knowledge management, held in Lesotho – see page 3. Two other major workshops are described here:

## GLIA M&E workshop

In February SRO funded UNAIDS to conduct the final activity in its support to the Great Lakes Initiative on AIDS (GLIA, which operates in Burundi,



Delegates from Gabon, Chad and Congo-Brazzaville at the OAFLA Central Africa workshop on leadership development

DRC, Kenya, Rwanda, Tanzania and Uganda.) The GLIA Monitoring and Evaluation (M&E) workshop addressed M&E systems for the GLIA as an institution (focusing on impact of outcome level measurement), and the programme monitoring system for the GLIA Support Project funded by the World Bank (focusing on the measurement of project outputs and quantification of project inputs).

All six GLIA M&E focal points, as well as all the GLIA Support Project's

technical leaders (the UN refugee agency and its main implementing partners) attended the workshop.

## OAFLA workshop

In May, SRO with the HIV/AIDS group of the UN Development Programme/Bureau for Development Policy, supported the Organisation of African First Ladies Against HIV/AIDS (OAFLA) to hold a workshop on leadership development in Brazzaville. The overall objective was to develop the individual leadership skills of participants to enhance their response to the epidemic. Seven countries (Burkina Faso, Burundi, CAR, Chad, Congo, Gabon and Equatorial Guinea) participated in the workshop and country plans have been formulated to scale up implementation of the OAFLA HIV/AIDS mid-term strategic plan.

Through this support, SIPAA is playing a catalytic role in scaling up the response to HIV and AIDS in Africa.

## Successes in Cameroon

Among SIPAA Cameroon's recent achievements are the following:

- Completion of a needs assessment survey for decentralised National AIDS Control Council (NACC) structures at the council level in two provinces, followed by capacity-building in identified needs.
- Initiation of networking of NGOs, CBOs, and Associations of People living with HIV and AIDS through a new taskforce. The Cameroon AIDS Service Organisations Network has been formed, with a launch date set for July. It is already linking with other regional networks.
- Organisation of a forum with

developmental partners to explore possible new partners for the NACC, and to mainstream HIV in development programmes.

- With technical expertise from TASO Uganda, completion of training for over 50 trainers in community and home-based care.

- Delivery of training on working with decentralised structures for all provincial AIDS coordinators, including local-response chiefs and key NGOs from all 10 provinces.

SIPAA has made major inputs in monitoring and evaluation as one of the few stakeholders providing support in this area. Training on the



The deputy Permanent Secretary of CNLS Dr Affanna opening the CRIS training workshop. In the foreground is Dr Gnaore, UNAIDS Country Coordinator

use of CRIS – the Country Response Information System – was held with UNAIDS. SIPAA is giving ongoing support to the roll-out of the training.

**Mabel Ule, ActionAid  
SIPAA Cameroon**



# In the market for ideas

SIPAA News reports from a learning forum on information and knowledge management held by SIPAA in Lesotho in mid-February.

Obviously distraught, the middle-aged woman in the resource centre says she has just been told by her doctor that she is HIV positive. “I don’t know how to tell my husband,” she says, appealing to the information assistant for help.

Shocked by the unusual request, and feeling out of her depth, the assistant advises her to seek advice from a nearby support group. She hands her the address.

“But what can I do if they are not sympathetic?” the woman wails. “No, no, I can’t do it.”

Faced with her agitated client, the nervous young officer calls colleagues over to join the emotionally charged conversation. The upshot is that the resource centre staff agree that they will talk to the woman’s husband, and they persuade her to bring him in.

*But wait:* the staff are not trained counsellors. If they talk to the distressed couple will they inflame an already volatile situation? Or does common humanity mean that they must do what they can to help? And when the immediate crisis is over, should resource centre staff receive counselling training?

The woman’s dilemma – and that of the resource centre staff – is like tens of thousands of tough decisions faced every day by HIV-positive people and their partners, relatives and friends.

Fortunately, on this occasion the information assistant and the woman were only participants acting out

roles at SIPAA’s learning forum on information and knowledge management issues around HIV and AIDS. The forum was one of a series of activities undertaken as part of the documentation and communication component of SIPAA.

Not surprisingly, the dramatisation sparked a lively discussion – one of many. Another group of participants acted out an imaginary scene from a Cabinet meeting in their country, at which a request for funding for a new information centre was discussed.

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## Information is still not a priority for decision-makers

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“You have a minister like that, too?”, was the response of one of the watching participants to a ‘minister’ blocking the proposal. “You should see *our* Cabinet!” (One of the issues that emerged from the forum was that information is still not a priority for policymakers.)

The role-plays provoked passionate debate about the issues and situations highlighted, and enabled the 25 participants from 10 countries to share their experiences and knowledge [see: *A role for resource centres*, next page].

The creative approach used in the role-plays also featured in a ‘market place’ session. Some participants



staged a short display, or started a discussion about an issue that concerned them. Others had questions to which they needed practical answers, such as how to catalogue HIV and AIDS information. The market place gave them all a chance to find colleagues from other countries who had useful information and to pass on their own tips, as they moved around the room talking about matters concerning them.

Market-place discussion topics included:

- Developing a classification scheme and controlled vocabulary
- Accessing electronic journals
- Collection policy and selecting and weeding resources
- Demonstration of a database of AIDS organisations in Senegal
- Issues in setting up community resource centres and engaging the community
- Development of a national resource centre
- The Three Ones – one coordinating body, one strategic framework, one monitoring and evaluation system
- Roles of resource centres in the overall national strategic framework.





## A participant's view

### Eric Pwadura, Ghana AIDS Commission, shares his highlights:

“Sharing my little knowledge with others and hearing from others with a lot of experience worked very well. The presentations from Ethiopia and KANCO [Kenya] made the picture clearer as they provided a practical and easy way to grasp first hand information on gathering and disseminating HIV/AIDS information.”

“‘Market places’ should be encouraged in workshops. Though informal, they provide a relaxed atmosphere to cross-fertilise ideas and to share skills and expertise.”

“All in all, it was a very useful exercise for countries like ours who would like to put systems in place to gather, develop, share and document vital HIV/AIDS information, which is the lifeblood of our campaign to find a human response to the spread of HIV and AIDS. The experience has given me the skills to determine the kind of information that needs to be gathered for a particular activity and also to determine what information a particular target audience needs, and how and in what form to document this information.”



“If you are struggling to develop a strategy or set up a resource centre, you don't have to start from scratch,” said Andrew Chetley, Director of Healthlink Worldwide's Exchange programme and forum participant, underlining the point of the forum's activities. “You can see what other people have done, and borrow ideas. It also helps break the isolation sometimes felt by people in national aids councils or resource centres;

they often feel they are on their own, that there's no one they can ask.”

The emphasis on practicality and action was set at the opening ceremony when Mrs M Monaheng, acting director of the Lesotho National AIDS Council, urged participants to be action-orientated and pragmatic. She described the participants as “pioneers” in the drive to use information effectively in dealing with the pandemic, though their sense of

urgency hardly needed reinforcing because all knew someone who had been affected by HIV or AIDS.

## Participants were described as “pioneers” in the drive to use information effectively

### Next steps

Participants identified follow-up steps to help their work. They felt the forum had established the beginnings of a ‘community of practice’ of people and organisations working on similar issues in different countries. To build on this, they suggested:

- an email discussion to continue the dialogue
- information, knowledge, learning and communication strategies to be shared in this email forum
- sharing other useful tools, such as classification schemes
- setting up an events calendar for workshops and meetings
- sharing useful background and resource materials
- SIPAA to arrange study tours to successful information centres.

## A role for resource centres

Several issues were highlighted during the Forum's role-play session:

- Different people have different information needs and every client thinks he or she is the most important. So there is a need for adequate staffing to deal with visitors as well as other services.
- Customer care is significant in encouraging the use of resource centres. A good experience will bring visitors back and raise visitor expectations. (Even if you do not provide the information immediately, you can negotiate a time when it is possible to do so.)
- There is a question over the role of the information worker: is it to provide all the information, or to know where to find it and direct people towards it?

● Working with other groups helps ensure that people are referred appropriately. However, not everyone will want to be referred, so having relevant information available is important.

● If people are asking for the same things, information needs to be repackaged to meet that need.

● Information is still not a priority for policy makers. There is often a lack of awareness of the importance of information to do with HIV and AIDS and the role of a resource centre in increasing access to information.

● Raising the profile of the work of resource centres and information workers is a vital part of ensuring continued support and may involve finding strategic allies to take the issue forward with policy makers.



**Forum participants were asked to identify a significant change in their information and knowledge management work over the previous year. Here are some of their responses.**

### **Ethiopian hotline handles 2,000 callers a day**

Ethiopia's AIDS Resource Centre was regularly asked questions about HIV and AIDS, but staff did not always have the skills or experience to answer them. So last September the Centre installed a hotline service with 20 trained staff, open daily from 8am to 8pm. It now receives about 2,000 calls a day, the cost of which is covered by the Centre.

Callers can retain their anonymity – important in a country where HIV and AIDS are strongly associated with stigma. It also means callers are more likely to talk to someone who can answer their questions and provide the information they need.

### **Teamwork in Uganda**

The National AIDS Documentation and Information Centre was set up 1992 to help the Uganda AIDS Commission gather and spread HIV and AIDS information. It faced typical problems: not enough space, too few computers, difficulties in getting hold of copies of local research findings, lack of technical support.

The big change is that the documentalist, the knowledge management advisor and several of the AIDS commission staff now work as a team. The Centre and the Commission are working more effectively and providing better services as a result.

### **Zanzibar: drawing on the experience of others**

When the Zanzibar AIDS Commission was established two years ago, it took over the 17-year-old national control programme – but did not take all the programme's information and experience. People were left with more questions than answers. In response, the Commission set about establishing a mini resource centre for visitors. It had little space, and many of the materials were simply lying on the ground and on tables and chairs. The big change was the introduction of a classification scheme, based on one developed by KANCO (see right), and customers can now find information easily.

This was a case of starting from scratch: of creating something from nothing. It demonstrates the benefit of drawing on the experience of other organisations and resource centres to avoid repeating or duplicating processes that are already worked out.

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**This was a case of starting from scratch: creating something from nothing**

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### **Expansion in Lesotho**

The Lesotho Planned Parenthood Association's small library in a youth centre previously had no qualified manager and little material on family planning. When the collection was expanded to include sexual and reproductive health and sexually transmitted infections, and was classified, public interest grew quickly. It was now easier to locate information, while a new Internet connection helped the library keep up to date.

Moving away from being a traditional library to a more proactive resource centre, it disseminates information rather than waiting for people to come for it. Contact is also being made with other centres in order to access more information. The manager now needs to be multi-skilled in public relations, IT knowledge, advocacy and resource mobilisation.

The Internet facility is crucial. A committee of young people was set up to decide how to run it. This started as a funded project but committee members realised they needed to ensure that work would continue when funding ended. A charge was introduced to accustom people to paying a small amount for Internet use. The charge is less than the price of a game of snooker at the youth centre, which the young users regard as acceptable.

### **Getting out of the capital in Kenya**

The Kenya AIDS NGO Consortium (KANCO) already had a large national resource centre in Nairobi when it decided to see if it could expand out of the capital and set up smaller district centres.

The biggest change came through sensitising and mobilising members of the consortium's network to make better use of new technologies. People responded well, which led to the connection of regional resource centres to the Internet. Centres with Internet facilities used KANCO's website to access resource materials. This in turn increased demand and sparked more interest in better use of information and communication technologies (ICTs). CD-ROMs also proved a popular way of distributing resources.

Along with this shift came the recognition that simply managing information and knowledge was not enough: sometimes it is also necessary to document, create and preserve information and knowledge, and to encourage people to use information. For this, it was important to involve the community, starting by strengthening existing resource centres.



# Communicating change

The young nurse provoked both embarrassment and laughter among her listeners as she explained the usefulness of condoms as a barrier against diseases that can be spread through sex. But the elderly men in the audience did not take the message on board because they resented being lectured to not only by a woman, but a woman they perceived as lacking in seniority.

Though good at her job, the nurse was not the right messenger for this particular group.

## Offensive and confusing

A mismatch between messengers and messages was just one of the flaws in Swaziland's initial attempts to communicate information about HIV and AIDS. Even more seriously, communication materials and activities were rarely based on research, and were never monitored or evaluated.

To make matters still worse, most of the people responsible for developing material were not communications professionals. As a result, their messages were frequently offensive, conflicting and confusing.

Young Swazis, for example, were told about abstinence and condom use, leaving some unclear about whether they were being advised to shun intercourse or to be careful while having sex.

With the realisation that communication is the backbone of any response to HIV and AIDS, it became evident that a clear framework and plan had to be developed to guide communications on the pandemic.

The first meeting to develop a framework took place in 2002, convened by the National Emergency Response Council to HIV/AIDS (NERCHA) and the UN Development Programme. The outcome was not a success: it failed to take account of the culture within which it was to function – largely because it was drawn up by a consultant with inadequate contact with local groups and individuals.

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**It will be society that makes and owns any decision to change**

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So NERCHA asked the University of Swaziland Consulting and Training Centre to spearhead the development of a National HIV/AIDS Behaviour Change Communication Strategy. The Centre conducted a detailed analysis of who was doing what in this field, after which a team set up by all the groups involved in HIV and AIDS communication selected 70 partners charged with agreeing a single strategy.

## Who would take the lead?

Having such a large and disparate group slowed work down. For everyone to feel a part of the process, all had to have their say, speak up for their own causes, beliefs and policies.

Many of the organisations represented on the team had raised funds to develop their own behaviour change communications (BCC) strategies, and initially saw a combined strategy as a threat. They also had concerns about 'ownership'

of a strategy. Where would a national communication strategy be housed, and who would take the lead in driving the agenda?

Another obstacle to formulating a strategy was the nature of the Swazi kingdom, which has a strong culture and traditions. This can become a major challenge when values and beliefs conflict with messages on HIV and AIDS. For instance, how to promote 'faithfulness' in a nation where polygamy and wife inheritance are common? How to promote condoms when women are unable to insist on or even negotiate their use, and most men are not interested?

The strategy, therefore, avoids direct confrontation with traditional values and practices, lest it sparks greater resistance. In other words, rather than seeking to change society by rejecting polygamy or the marriage of young girls to older men, the approach is to provide forums in which the public can take part in discussions on how to deal with such practices. It will be society that makes and owns any decision to change.

Other issues that affect behaviour – such as poverty – also had to be taken into account in drawing up the strategy. For example, you might want to promote the concept of fewer sexual partners in order to reduce transmission of the virus, but you cannot ignore the voices of women who say they and their families depend on having a number of partners to provide money and gifts.

After scores of meetings and discussions, a national HIV/AIDS communication strategy was adopted



on 5 April 2005 by an array of stakeholders. While there cannot be a perfect document with which everybody is happy, there is consensus that the framework has the essential elements in place, and a majority of stakeholders agree that it is an acceptable working tool.

A critical factor in this lengthy process has been agreement to develop a tool that is adaptable, because it was clearly impossible to settle on a conclusive and immutable strategy, especially because the pandemic itself is ever-changing. The strategy will be reviewed annually, to capture new trends and ideas.

It will, in any case, have to be reviewed after completion of the new National Strategic Plan, which is currently being formulated.

### Strong foundation

Based on my experience in coordinating the process of developing the strategy, I am convinced that a critical factor has been the involvement of all key stakeholders and the sense of team-building it has generated. More than 100 groups have been consulted and many are still making inputs, since the current document is viewed as a dynamic tool that will be changed and adapted periodically.

Because of the process, stakeholders are beginning to sing the same song, and a good foundation has been established.

It has taken a lot of time, but in due course it will pay off.

**Busisiwe Dlamini,**  
Communication Advisor,  
NERCHA

# Expanding the network

The first of Burundi's four regional documentation centres will be launched soon in Gitega. The centre is in the process of being kitted out and is collecting materials.

A second centre, in Ngozi, is expected to start work later this year; the other two will follow in 2006.

This development follows the establishment of a central documentation centre in Bujumbura in 2004, with the help of SIPAA as well as UNAIDS.

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### The Centre is a source of knowledge and inspiration for those involved in the fight against HIV and AIDS

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This centre subscribes to 30 foreign periodicals and has 1,500 documents, CD-ROMS (though, unfortunately, most are in English) and cassettes. Topics covered range from legal and sociological aspects of the epidemic, to medical and economic issues.

A catalogue has been compiled and a database set up, from which it is possible to access documents through a keyword search.

There are five computer terminals and photocopying facilities. The centre distributes documents produced by the Secretariat Executif Permanent du Conseil National de Lutte Contre le sida – CNLS (Secretariat of the National Council



The reading room in one of Burundi's documentation centres

for the Fight Against AIDS) and the Council's magazine.

Last year the centre received 577 visitors. In the first three months of 2005 the number of visitors exceeded 300.

Most inquiries fit into one of four categories – research or study, project preparation and implementation, preparation of a statement, or help with meetings.

Members of the public tend not to seek information from the centre, but use other sources, such as associations and youth and community centres. The centre, however, acts as intermediary for circulation of information between them all.

All this work is carried out by a staff of two – a documentalist and an assistant documentalist.

It is too early to gauge whether the centre's ambitious objectives will be reached. But it is already doing a useful job. Open to all, it provides public access to information and helps answer specific inquiries. It is a source of knowledge and inspiration for those involved in the fight against HIV and AIDS.

**Claudine Nahayo,**  
Documentalist, CNLS Burundi



“Materials have to be bought, journal subscriptions paid for, documentation updated”

**D**emand is outstripping supply when it comes to information about the HIV/AIDS epidemic in Uganda, and the National AIDS Documentation Centre (NADIC) is struggling to keep up. Established in 1995 with US\$200,000-worth of equipment and materials, the Centre has fulfilled its role as the national clearinghouse, gained experience and expanded.

It provides audio-visual and database services; disseminates information to a variety of audiences; produces fact sheets, short papers, fliers and newsletters as well as technical support for other information management initiatives; organises knowledge-sharing meetings; and maintains a website, [www.aimsuganda.org](http://www.aimsuganda.org)

It deals with an average of 50 inquiries a day, and although there are at least another 50 HIV/AIDS-related resource centres in the country, NADIC is easily the best-known source of information on the subject.

Yet it faces huge challenges. The epidemic is changing continuously, and so are the responses. Keeping abreast of information is costly. Materials have to be bought, journal subscriptions paid for, documentation updated. But since the exhaustion of the original funding by the French and Japanese governments in 1999, the Centre has

# When demand out

depended on free information. Such information is useful, but often fails to meet the actual needs of individuals and organisations.

Similarly, the 3,000-plus organisations dealing with the epidemic generate a lot of knowledge and experience of their own – information that forms the foundation of an effective national response to the epidemic – but there is little capacity at different levels to capture and share this information and experience.

To add to the problem, the ever-increasing number of partners, though desirable, adds to pressure on NADIC’s services. The additional demand is not matched by additional resources.

## Consistent investment

Money is needed to get access to information, reproduce and package it, to hire and retain skilled staff, and to obtain information technology equipment. The Centre does not even have space to cope with existing visitors: the library can seat a maximum of six, has no separate area for video viewing and has no designated space for users to access database and Internet services.

Part of the problem is a lack of official understanding of the benefits of information management. The need for intensified HIV and AIDS advocacy and mass awareness appears to eclipse organisational information needs, yet information management plays a crucial role in the development and implementation of advocacy and behavioural change efforts.

Lack of directly measurable outputs from information management also makes money hard to obtain.

Furthermore, information management is a continuous process that demands consistent investment, unlike specific projects that are seen as having a beginning and an end.

Failure to understand this ongoing requirement can defeat the whole point of initiating support: in 1995 NADIC received information technology equipment that five years later could not meet demand; the Centre could not afford to replace it, and eventually key databases were lost. There is a ray of hope, however, because the current National Strategic Framework for HIV/AIDS Activities has finally highlighted the importance of developing an information management strategy, and the process has been started.

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## There is a lack of official understanding of the benefits of information management

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The Centre requires at least 10 technical staff to ensure efficiency: it has three, who spend half their time supporting other areas of the Uganda AIDS Commission. The staff shortage means fewer outputs and irregular web updates. Limitations in the quantity and quality of products and services in turn limit the Centre’s advocacy work. An information needs assessment in 2002 highlighted the desire of NADIC users for simplified facts and figures, but synthesising information is labour intensive.



# strips supply

These difficulties come on top of the general problem of the low levels of information literacy and of IT facilities.

Many potential users fail to articulate their information needs, others cannot identify sources of information, and a considerable number are unable to evaluate and exploit the sources to get the information they want. Indeed, many expect NADIC to do the job for them, putting yet more strain on overstretched staff. The overall result is reliance on already packaged information that is not necessarily timely or relevant.

On new technology, there is cause for optimism. Many stakeholders in government ministries, district authorities and at community level do not have access to computers, while those with computers experience problems maintaining email and Internet connectivity. This hampers development of an electronic

information system and forces NADIC to produce, package and distribute printed information materials, which is costly and time-consuming. But with increased advocacy for IT as a development tool generally, the situation is rapidly improving.

## Lessons learnt

Several lessons have been learnt in the decade since NADIC was established. The main lesson is that effective information management cannot be achieved nationally by one central facility: a network of centrally coordinated facilities is needed to ensure timely delivery of services to the wide range of users.

Information management efforts are constrained not only by limited access to funding but by a combination of factors, including:

- Lack of clarity over monitoring and evaluation, reporting and feedback mechanisms and other

management functions, which constrains identification of key information sources and limits information targeting and access to local information and experiences

- Inadequate coordination at various levels, resulting in limited knowledge-sharing and fragmentation
- Lack of functional information resource centres, especially at district and lower levels, which hampers information flows
- Lack of access to IT facilities
- Lack of institutionalised information-sharing forums
- Limited appreciation of the direct benefits of information management compared to other management components
- Low user information literacy.

Intensified advocacy for information management, supported by value-added services and products, is crucial to ensure access to resources and sustainable support for a dependable information management service.

**Rosemary Mwesigwa**  
Kindyomunda, head of NADIC,  
and Joyce Kalumba,  
documentalist, NADIC

# Information is the key

Most Zanzibaris have not yet grasped the magnitude of the problem posed by HIV and AIDS, because of a lack of information. About 500 AIDS orphans have been registered by non-governmental organisations dealing with the epidemic, about 180 people are diagnosed as HIV-positive every year and at least 6,000 adults and children are estimated to be living with HIV and AIDS. The challenge is to reduce

the prevalence rate, and provision of appropriate information is our only weapon.

Information is disseminated in schools as well as to out-of-school youths through workshops, drama, and TV and radio. Several NGOs conduct outreach activities, religious groups inform followers about the effects of HIV and AIDS, and the Zanzibar Association for Youth Development and Education Support

runs a helpline service for urban youth.

But there is no national resource centre for HIV and AIDS information, and the AIDS Commission lacks an efficient system for managing print and electronic information.

Of the existing sources of information, the National Teachers Resource Centre, which operates under the Ministry of Education, contains few materials on HIV and





➔ AIDS. The Karume Technical College resource centre houses information for high school students but it, too, has little relevant information. The books, journals, leaflets and newspapers stocked in the National Library Service, where more than half of clients are students, are general in nature: there is little material specifically related to HIV and AIDS. Staff have started downloading material on HIV and AIDS, some of which is printed and made available to visitors and some of which is bound and kept on reference shelves.

### Low priority

ZANGOC (Zanzibar NGO Cluster, an umbrella group) maintains an information centre, with a number of materials including booklets, journals and magazines to be used by youth.

The NGO resource centre run by the Aga Khan Foundation is also working to reach the youth population with information on the epidemic. It distributes material at NGO meetings and public events.

Existing resource centres do not share information. Interaction between them is minimal. Individual

centres do not realise they may have experience and information they can share with other centres and do not appreciate their own potential. They do not compare and help each other improve their levels of performance.

Few members of staff have received training in managing their centres: instead, their experience has been gained on the job.

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### Appropriate information is our only weapon

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The general lack of material on HIV and AIDS stems in part from organisations not yet giving the epidemic a high priority. Zanzibari people tend to think that HIV and AIDS issues are the responsibility of government, and in particular the AIDS Commission. In addition, denial and stigma still surround AIDS.

Faced with this situation, the Commission is establishing a small reference resource centre. Initially, it will probably be a medium-sized room, to be expanded as space becomes available. It should be ready by July 2005.

### Improve delivery

SIPAA has enabled five staff members of the Commission to participate in a workshop on HIV/AIDS resource centre management in Ghana and in the Information and Knowledge Management Learning Forum in Lesotho.

The knowledge, skills and tools gained from these events will be utilised by the Commission to plan the establishment and management of its resource centre and website, as well as strengthening existing resource centres.

For the future:

1. Technical support is needed for government efforts to improve delivery of information about HIV and AIDS

2. Information services offered by various organisations should be harmonised

3. The Zanzibar AIDS Commission requires support in implementing its coordinating role in the provision of information services on HIV and AIDS.

**Nuru Ramsa Mbarouk, head of advocacy and IEC, Zanzibar AIDS Commission**

## Striving for solutions

Information is not seen as a top priority in most African countries. And most community organisations regard the idea of setting up a resource centre as unfamiliar – if not entirely alien. Many prefer activities whose results can easily be counted and presented in order to secure additional funding.

This attitude is compounded by the way members of the public generally read or seek information only when

they have a problem to solve rather than reading in advance to equip themselves with ready solutions.

In Kenya, finding partners to give basic support for establishing and managing resource centres has been a big challenge. In one instance, some of those who initially agreed to host a centre realised that they would not get extra jobs from the venture, and subsequently lost interest and began behaving in ways that made it harder

for the centre to run smoothly. Elsewhere, host organisations decided to set up their own consortiums and resource centres, duplicating and competing with the work of Kenya AIDS NGOs Consortium (KANCO).

In addition, community organisations have tended to be on the wrong side of the 'digital divide': they lack access to electricity or computers, let alone operating skills. They have thus been cut off from the

growing and vital store of electronically delivered information.

Centres face a shortage of trained staff, which has forced some to fill the gaps with volunteers. Volunteers can bring enthusiasm and commitment, but understandably keep an eye open for better job opportunities so they can look after themselves and their families. If they find other work, they may leave at a moment's notice.

Most of the available materials are in English, which is spoken by only a minority of Kenyans. The KANCO resource centres and the National AIDS Control Council have translated some basic HIV and AIDS information into local languages but the problem remains huge.

Illiteracy and the language barrier contribute to misplaced expectations by members of the public, who often seek counselling, treatment, care and support from centres that essentially deal in information only.

Bad roads, lack of telecommunications and widespread poverty have further stymied efforts to decentralise the resource centre network, but it is people in poor rural areas who are in greater need of services than people in towns, who have better access to radio and TV.

### Emerging issues

Nevertheless, one of the major lessons that HIV and AIDS work has taught us is that we must be idealistic and determined fighters. Those wanting to establish information resource centres must strive to turn challenges into opportunities and weakness into strengths. And KANCO is really striving.

Set up in 1990, KANCO is a national membership network of over 800 NGOs, CBOs and faith-based organisations with an interest in HIV

and AIDS activities in Kenya. It is committed to providing and promoting leadership and collaboration, and enhancing capacity.

KANCO uses a community-based information model to enhance access to practical HIV and AIDS information to support community work in the tackling the pandemic. In the early 1990s it established a national information resource centre in Nairobi and this remains the backbone of all its activities. KANCO publishes newsletters and information packages and maintains an AIDS Information System database containing more than 11,000 books, 700 video cassettes, and 1,100 CD-ROMs.

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### Today, users want information about treatment, care and support

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With financial support from USAID through Family Health International, KANCO responded to rising demand for information and established three more regional resource centres, for which it provides technical and material support. The centres have become indispensable hubs of information, networking, capacity-building and recruitment. They have been equipped with modern information and communication technologies – which, vitally, staff have been trained to make good use of – and create their own local networking forums.

Forum activities include meetings in which experts and KANCO teams give updates on emerging issues in HIV and AIDS. Other activities include learning exchange visits, capacity-building workshops, regional stakeholders' meetings, needs assessment meetings and sharing of mailing lists

and the KANCO members' directory. The plan is to create centres in the remaining five regions of the country in the next three years. This is a major task; the demand for information is almost overwhelming and puts enormous pressure on resource centres.

Last year, for instance, the four KANCO centres reached over 20,000 information-seekers directly and a further 102,000 indirectly.

### Keeping up to date

HIV/AIDS is a fast-changing field, and many materials are out of date even before they settle on the shelves. In the early 1990s, for example, a majority of Kenyans wanted general information on the disease, but awareness is now virtually universal and this kind of information is no longer a priority. Today, users are more interested in information about treatment, care and support. Constant 'weeding' is therefore needed to ensure that information collection reflects current needs. This is expensive, time-consuming and requires specialised knowledge and skills in current affairs and subject content.

Most of the challenges can be overcome through community involvement at all levels, which ensures acceptance and sustainability through public support. We also need to adopt comprehensive and expanded approaches in the fight against HIV and AIDS. This requires resource centres to broaden their scope and facilitate the provision of related services such as counselling, documentation, translation and knowledge- and skills-sharing to cater for a wider range of user needs.

**Iddi Juma, Resource Centre  
Manager, KANCO**



# Lip-service or real commitment?

Political declarations often proclaim the importance of women's rights. But how do women compare their experiences with government commitments?

Two workshops\* with 20 HIV-positive women in Lesotho and 25 in Swaziland set out to answer this question. They looked at the declarations of two major conferences in 2001 – UNGASS (UN General Assembly Special Session on HIV/AIDS) and the Abuja Declaration on HIV/AIDS – and at GIPA (Greater Involvement of People Living with HIV and AIDS). They found that both declarations were too general to ensure that the rights of HIV-positive women would be respected: in fact, they found that proclaimed protection of rights was unlikely to be implemented, because their reporting mechanisms were largely gender blind.

Areas *not* considered in official reporting mechanisms, but which have a profound effect on the lives of HIV-positive women, include:

- Gendered barriers to treatment, care and support: for example, to access antiretroviral treatment under some programmes, HIV-positive women have to be on contraceptives. Women also face judgemental attitudes of health care workers and feel that they are not given sufficient information to make informed decisions on treatment and care.

- Prevention of mother-to-child transmission programmes (PMTCT): these programmes are often used solely as a strategy for protecting the health of the child rather than that of the mother. A number of women reported wanting to have children and

not being sure where they could find information about healthy motherhood.

- Sexual and reproductive rights: including the right of positive women to have safe, consensual, pleasurable, sexual relationships, as adults, with partners of their choice, as well as the right to choose whether and when to have children, safe delivery and feeding options. Even when they have the

information, women in both countries felt they often lacked decision-making power to demand their rights.

- Violence against women: including rape, incest, sexual and physical violence, verbal abuse and bullying, withdrawal of financial and emotional support, stigma and discrimination in the home, community, workplace and society at large. In Swaziland and Lesotho, domestic violence is seen as

## Problems women face

**Participants in the two workshops began with a broad look at the issues facing positive women.**

In Swaziland, these ranged from stigma and discrimination, blame within the household and community, and issues of confidentiality within the health care setting, to violence from partners, victimisation from in-laws, property-grabbing and lack of control over areas such as reproductive and sexual decision-making, attendance of support groups, health care and household finances.

In Lesotho, stigma and discrimination were also a major feature of the life of women living with HIV and AIDS, as were lack of access to information on treatment, human rights and reproductive choices, violence and disempowerment, loss of dignity and self-esteem, the lack of a platform from which to speak out, and competition, rivalry and discord between positive people's associations. Inaccessibility was a particular disadvantage to communities in hard-to-reach areas, especially in terms of access to information and to health care services.

In both countries, the impact of HIV and AIDS was compounded by illiteracy and lack of education. The general paucity of information often made people living with HIV feel illiterate and under-informed in terms of awareness of their own condition.

In both countries, too, the social status of women as minors leaves them vulnerable to abuse from husbands, fathers and other family members, health care workers and other authority figures, and lacking in decision-making power over factors affecting their lives.

Furthermore, cultural practices and the traditional roles of women continue in both countries to increase women's vulnerability to infection and to the impacts of HIV and AIDS at a family and community level.

\* The two workshops were run in February 2005 by the International Community of Women Living with HIV/AIDS (ICW) in collaboration with SIPAA to monitor the political commitments to combating HIV and AIDS in the two countries and to measure the gender implications, specifically the implications for HIV-positive women, of the governments' response.



a cultural rather than criminal activity and police and other officials and service providers fail to take the issue seriously.

From the workshops we put together our own monitoring tool. Unlike any of the official reporting mechanisms currently in use by governments, this tool:

- uses as a starting point areas identified by women living with HIV and AIDS as priority issues
- can be used by HIV-positive women to report on their lived experiences and those of other HIV-positive women and their experience of accessing services
- can be used by HIV-positive women to assess the efforts of the international community and national governing bodies to create an environment supportive of their rights and to conduct advocacy on issues which concern them
- explores issues of concern through gathering qualitative, experiential, evidence (rather than closed numerical statistics that do not tell the story behind the data)
- uses a system of cross-checking the experience of HIV-positive women with the experience of service providers and the efforts of governments in three areas of sexual and reproductive health – access to care, treatment and support, and violence against women.

Staff are collaborating with task teams set up in Lesotho and Swaziland to develop the tool. We also plan to trial the tool in other ICW projects and we expect to distribute it to HIV-positive women in four countries over the coming months.

**International Community  
of Women Living with  
HIV/AIDS (ICW)**

## A shift in strategy

There is no doubt about the seriousness of the HIV problem in Lesotho: the prevalence rate is among the highest in the world and represents a threat to the whole nation. Civil society organisations (CSOs), though working hard and making a significant contribution, have struggled to respond to the crisis.

### Barriers to CSO interventions

A capacity assessment study undertaken last November (organised by the Lesotho AIDS Programme Coordinating Authority [LAPCA], SIPAA and UNAIDS) found that CSO efforts were undermined by several major problems:

- Lack of a strong national coordinating mechanism
- Weak coordination among CSOs
- Inadequate skills and knowledge in virtually all areas of activity
- Limited involvement of people living with HIV and AIDS (PLHA)
- Weak monitoring and evaluation systems
- Limited access to funding
- Little involvement in prevention: the main activity is home-based care
- Lack of sustainability strategies
- Limited opportunities for partnership, information-sharing and networking.

In response, a capacity-building strategy was adopted at a workshop in February 2005. About 40 participants representing a wide range of organisations took part, and the meeting itself was part of building a consensus.

In line with the strategy, SIPAA Lesotho is now supporting the development and adaptation of

training manuals and guidelines and conducting training for CSOs and other stakeholders in key areas such as project proposal development and management, HIV and AIDS strategic planning at national and decentralised levels, and greater and more effective involvement of PLHA.

The new strategy seeks to build on the administrative shift towards decentralisation that is currently underway in the mountain kingdom. The country has lacked a strong system of local government, but local council elections at the end of April were an indication of the new direction. The rationale – for both administration in general and HIV and AIDS activities in particular – is that taking services to the people is bound to increase their impact.

### More understanding

Local officials will have more understanding of local conditions. Decentralisation should also cut costs, empower local people and give them a sense of ownership of policies, projects and programmes. But decentralisation is no panacea: because it is a new process, officials in the new local government structures will themselves need training if they are to support the national response to HIV and AIDS by helping increase CSOs' capacity.

Much of the success of the new approach will depend on the CSOs' ability to create and strengthen partnerships. This will mean going beyond the usual relationship of one organisation funding another, or jointly delivering activities. New partnerships, for example, may seek





to link public, private and informal sectors, or to engage with centres of excellence abroad and with academic and research institutions.

Innovation will be crucial, as will be sharing – through on-the-job training, project visits and joint planning. Scaling up successful programmes will be vital. Even under the current difficult conditions, successes have been notched up. Unfortunately, they are rarely taken forward. A US pharmaceutical company achieved some results with a capacity-building programme, but it was a pilot project and was not extended or adopted elsewhere in the country.

Enhancing the contributions of PLHA, youth and the elderly are seen as priorities in rolling out the capacity-building process. Creating a space for the currently voiceless will help sharpen programming, provide legitimacy and generate a sense of



**Lesotho's Deputy Prime Minister, Lesao Lehohla, at the launch of the Lesotho Network of People Living with HIV and AIDS. Next to him is the organisation's President, Mr Chele**

community ownership of the national response.

PLHA should be in the driving seat. They say that they are used by others to raise money but gain little themselves from the resulting funds. They need to play an active role.

The isolation of PLHA makes it hard for them to generate a coordinated response in terms of advocacy. This will challenge our

approach to tackling HIV and AIDS, but if we really believe they should be empowered, they must take a lead role. SIPAA sponsored a national PLHA conference in May and the Lesotho Network of People Living with HIV and AIDS (LENEPWHA) finally came into being: launched on 27 May, this was an historic breakthrough given that previous attempts had been unsuccessful.

A boost to these planned activities will come from the formation of a fully-fledged National AIDS Commission. Its role has so far been filled by a government department, and has been too bureaucratic, too slow, too unresponsive and too inexperienced. In its place the government is establishing a semi-autonomous body, and has shown its intent by already naming a chief executive.

**Abraham Opito, SIPAA Lesotho**

## The challenge of communication

The number of groups fighting HIV and AIDS in Nigeria has more than doubled since 1999, but the size and diversity of the country – and of the organisations concerned – has made coordination a major challenge.

Assessments in five states by the National Action Committee on AIDS (NACA) and by ActionAid International Nigeria last year highlighted several continuing barriers to progress. They included:

- Poor communication between the national, state and local committees and between stakeholders
- Absence of a coordinated planning structure, especially at state level
- Competition and duplication of activities by stakeholders

- Near absence of a coordinated monitoring structure

- Low capacity, especially at state and community levels.

In under a year, however, SIPAA has made an important contribution.

Focusing on three states, SIPAA Nigeria has boosted the respective State Action Committees by providing office equipment and furnishings and by helping them formulate state plans. It has developed clear terms of reference for organisations involved in the struggle, and enhanced the partnership between the state committees and civil society. It has also inaugurated quarterly newsletters that have improved communication and information-sharing.

In one case, SIPAA intervened when, in a bid to step up the state response to HIV and AIDS, the Cross River State Government made rapid changes in personnel and management structures that upset and excluded a number of organisations. SIPAA alerted the NACA, which promptly helped the state achieve its aims without the negative side-effects.

Through joint planning and consultative meetings, competition and duplication of activities have decreased, and the State Committee's ability to coordinate and involve other partners improved.

**Olufemi Faweya, with assistance from Chijioke Okoro, SIPAA Nigeria**



# Inter-country learning

Seeing how other countries are tackling HIV and AIDS can generate ideas and provoke thought about good – and bad – ways of doing things. That’s certainly what happened when an eight-member team from Ghana made a study tour of Uganda.

The group’s activities included participation in a Strategic Framework and Monitoring and Evaluation Dissemination Workshop organised by the Uganda AIDS Commission, and a visit to The AIDS Support Organization (TASO). The latter was seen as a good model for commitment, dedication and support for people living with HIV and AIDS (PLHA).

## Early response

The example set by TASO’s founder and current Patron, Mrs Noerine Kaleeba, was also noted. She set up the organisation in 1987, to provide care, support and counselling, and to mobilise communities and neighbourhood care for people with HIV and AIDS and their families. It was one of the first community responses to AIDS in Africa.

The team noted that TASO provides almost free care; employs about 500 trained staff; trains more than 300 people a year in community care, psychosocial support and other areas; has begun ART treatment; runs a care centre and income-generating programmes for PLHA; and provides a range of counselling services.

It makes extensive use of radio, enjoys excellent relations with the Ministry of Health, and has a good record of raising resources.

In terms of the Commission, the Ghanaians noted the wide circulation of the National Strategic Framework, the effectiveness of communication and information-sharing at the district level, and the active involvement of MPs in district activities.

## Church leadership

The involvement of the main religions was also noted. The Church of Uganda explained how its leadership was trained and involved, how it collaborated with other religious bodies in the fight against AIDS, how it set aside the last Friday of every month for fasting and prayer for those living with and affected by HIV and AIDS and had designated an AIDS awareness month. In addition, the Church urged priests – who were advised about the use of condoms – to talk about AIDS from the pulpit. The policy was to “Promote A (abstinence) and B (Be careful) but do not condemn C (condoms)”.

## There is a need to intensify the use of radio to reach youth

Furthermore, Church-run health centres were used for the treatment of HIV and AIDS, and the Church had formed a youth group to help PLHA with basic chores.

During a third visit, to an AIDS information centre, the Ghanaian visitors examined the way the centre had expanded into VCT (voluntary counselling and testing) services, with HIV, TB and syphilis tests carried out at the same time for the same cost, and CD4 and CD8 tests offered, which show how far HIV has

advanced. Peer counselling is available for youth, adults and couples, as well as family planning advice. Quality controls on testing procedures are carried out every three months.

## Lessons learned from the visits:

1. Ghana AIDS Commission (GAC) should adopt more coordinating mechanisms, such as a Partnership Forum.
2. GAC should consider restructuring its Secretariat to allow for a clear separation of sub-project activities from the coordination of the national response.
3. GAC needs to establish a one-stop resource centre to provide timely HIV and AIDS information to researchers, students, health workers and the general public.
4. Religious bodies need to be encouraged to set up a National Secretariat to run and coordinate HIV and AIDS programmes.
5. There is a need to intensify the use of radio to reach youth.
6. The national programme should accelerate VCT and antiretroviral programmes, which are currently restricted to a few hospitals.
7. PLHA should be encouraged to form a national body to give them stronger bargaining power; they could also be trained to provide counselling.
8. The national response should support the establishment of a National Training Centre covering counselling, community care, and so on.
9. GAC should press for a separate vote in the annual government budget to ensure that approved counterpart funds are not subject to cuts.

**Eric Pwadura, Communications and Public Relations Officer, Ghana AIDS Commission**



# Resources

A selection of resources themed on documentation; many include practical methods and approaches. All are free of charge unless stated otherwise.

## Publications in print and online

### **Building capacities in analyzing and documenting lessons learned**

(Planning Workshop Report March 2002) Braakman, L., Bangkok: Regional Community Forestry Center for Asia and the Pacific (RECOFTC), 2002, 28p.

Price: contribution requested for printed copies/free online

Documents RECOFTC's process of developing a training programme on building capacity to document experiences.

**Available online at:** [www.recoftc.org/documents/Workshop\\_Reports/0202\\_Writework.pdf](http://www.recoftc.org/documents/Workshop_Reports/0202_Writework.pdf)

### **Documenting and communicating HIV/AIDS work: a toolkit to support NGOs/CBOs**

International HIV/AIDS Alliance, Brighton, Oct 2001, 165p.

Toolkit looking at planning documentation and communication, to capture lessons and share them with others.

**Available online at:** [www.aidsalliance.org/sw7458.asp](http://www.aidsalliance.org/sw7458.asp)

### **Documenting, evaluating and learning from our development projects: a participatory systematization workbook**

Selener, D., Purdy, C. and Zapata, G. 2nd ed Silang/Quito: International Institute of Rural Reconstruction (IIRR), 1998, 107p. ISBN:9978 04 241 5, Price: £23.95/US\$20

Workbook that introduces 'systemization', a continuous process of participatory reflection on processes, undertaken by all stakeholders.

### **Documenting HIV/AIDS best practice**

UNASO, UNASO Best Practice Series Vol 3 Issue 1. Kampala,

Aug 2002, 4p.

Provides a useful summary of issues around identifying, understanding and documenting good practice in HIV prevention, care and support.

**Available online at:** [www.unaso.or.ug/pdfs/Documenting%20HIVAIDS%20Best%20Practice.pdf](http://www.unaso.or.ug/pdfs/Documenting%20HIVAIDS%20Best%20Practice.pdf)

### **From the roots up: strengthening organizational capacity through guided self-assessment**

Gubbels, P. and Koss, C., 2nd ed (World Neighbors Field Guide: Capacity Building) Oklahoma City: World Neighbors, 2000, 186p ill. Price: £19.99

Clearly written field guide to self-assessment for grassroots organisations and community groups.

### **Partners manual for documenting practices in reproductive health, population and development for south-to-south collaboration: institutions and individuals manual**

Partners in Population and Development, Dhaka, May 2001, 20p. Describes the purpose of documenting good practice, as well as targets, formats and dissemination.

**Available online at:** [www.south-south-ppd.org/doc/Manual\\_doc\\_success\\_stories.pdf](http://www.south-south-ppd.org/doc/Manual_doc_success_stories.pdf)

### **Recording and using indigenous knowledge**

Institute for Development Training, International Institute of Rural Reconstruction (IIRR), 1996, ISBN:0 942717 70 8, Price: US\$30.00 Practical, user-friendly manual, including 10 case studies and question guides on more than 20 development issues.

**Follow link from:** [www.eldis.org/static/DOC4260.htm](http://www.eldis.org/static/DOC4260.htm)

## Review

### **My right to belong: Stories of stigma reduction efforts across Africa**

Nick Perkins and Sam Mulyanga (Eds),

ActionAid International Africa-SIPAA, 2005

"I sometimes wear my t-shirt with the message on the back – 'I know my HIV status'. I want people to get more understanding and to ask me why, so that I can start to talk with them and help them to understand what HIV is all about. I want to see my country united in the fight against HIV."

The comment comes from Shadile Simelane, 22, from Swaziland; hers is one of the powerful voices speaking out in this new book published by SIPAA to open up dialogue and increase understanding about the stigma and discrimination that is as much a problem as the virus itself.

The book tells the story of several Africans whose lives have been affected by stigma. It looks at the research that has been done on HIV- and AIDS-related stigma. It also documents a number of innovative programmes that are starting to make a difference in Africa.

Overall, the book highlights the powerful role that love, care and support to people living with HIV and AIDS can play in challenging stigma. It leaves us with a telling question: how much of this reality is core to our response?

Available from AAI Africa/SIPAA, PO Box 554-00606, Nairobi, Kenya.

Email: [publications@actionaidsipaa.org](mailto:publications@actionaidsipaa.org)



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