

COMDIS HSD FIELD COMMUNICATIONS TOOLKIT



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INTRODUCTION



The COMDIS HSD consortium conducts high quality coordinated research primarily in low-income countries to improve the delivery of basic health services, particularly for communicable diseases. Through the communication of new learning and successes, COMDIS HSD works to influence both policy and practice globally.

As a member of a COMDIS HSD partners' research team, you spend a significant part of your time working in the field and directly with partners, where you are exposed to the impact of our work. It is easy to overlook the anecdotes you hear or the small changes in behaviour you see when you are focused on undertaking research or writing formal reports, but these can provide snapshots that are inspiring to those interested in our work and help to show the impact of COMDIS HSDs work worldwide.

Capturing this information as you carry out your work will add immense value to reports and provide materials for case studies, news articles, interviews, photo stories and even films, all of which can be used online and in print, to advocate for changes in policy and to raise the profile of our organisation. Perhaps most importantly for you, it will also help illustrate the successful impact of your project with both donors and partners.

As well as supporting projects you are working on, information gathered in the field has the potential to be of great value to the RPC as a whole. By documenting your work qualitatively in this way, you can help to promote the achievements of COMDIS HSD, highlight our engagement with partners and show impact on the ground, all of which supports COMDIS HSDs efforts to demonstrate the high quality research in which our RPC is engaged.

For example, the information you collect will help the organisation to communicate more effectively with stakeholders, donors and political decision makers. Real life stories and pictures can be used as a tool to influence and add qualitative depth.

This handbook will provide you with simple, time-saving techniques for capturing information while going about your planned research activities. This handbook will enable you to add value to that documentation by also gathering interesting stories, photographs and interviews which can be used to help the progress of our research.

Field Communications Toolkit objectives:

- ➔ To develop more effective communications about COMDIS HSD research for wider research uptake
- ➔ To support staff to gather relevant materials when working in the field
- ➔ To enable COMDIS HSD to effectively communicate information about projects to policy makers, donors and other stakeholders



SECTION ONE: INFORMATION GATHERING



This section provides you with advice and specific examples to help you spot stories, make the most of your time with communities and partners, develop key communications skills and deal with difficult situations that may arise.

BUILD STORY GATHERING INTO PLANNED VISITS

You are already doing most of what is needed to gather good stories, quotes and photographs.

➔ You are working closely with colleagues in the field, in local partner organisations and with the national programmes

➔ Your field trips and research programmes are giving you great access to community members, health workers and officials who are benefiting from the COMDIS HSD programme

In the information forms and recommended interview questions in the Field Trip Toolkit section of this guide you will see that you already have a great deal of the information needed and may already be asking these questions of the people you meet, especially if you are carrying out surveys.

This guide is designed to provide you with simple techniques and systems for recording what you already know and see to provide essential context for a story or ‘snapshot’.

WHO SHOULD FEATURE IN A ‘HUMAN INTEREST’ STORY?

Most stories have a subject, an individual who is not only the focus but who acts as ‘evidence’ of the point you are making. It is important to pick someone who is relevant to the story that you are telling. Things to look out for when identifying the right person for a human interest story are:

- Someone who represents the work we do – a father who is cured of TB and able to work again
- Someone who is able to discuss the details of our work – how the project is reaching significantly more people with a new approach, or an innovative approach being particularly effective
- An individual who represents the community where you are working – or a health worker who is better trained on communicable disease control and learned something surprising or new

RECOGNISE A STORY



Powerful and effective communication materials rely on information, facts, quotes and photographs which collectively can be called a story.

- ➡ A story should always be interesting and informative, and where possible, inspiring to read
- ➡ Stories are important to the international development sector because they help us explain issues that can be hard to understand, or interventions that are often technical or theoretical
- ➡ A story helps people who are not experts to understand our work and see how our interventions fit into the broader context
- ➡ Stories are often told from the perspective of one or several individuals rather than just being a description of an intervention that has taken place

If we were telling the story from the point of view of COMDIS HSD, we might talk about:

- ➡ Health issues faced by the countries we work in
- ➡ How our research programme is helping us to understand and address these problems
- ➡ Change that has happened as a result of our research

What would further bring the description to life would be:

- ➡ The issues, challenges and the change through the eyes of an individual who has first-hand experience

DFID requires us to illustrate our impact reporting through the experiences of people in the communities. The media especially and sometimes policy makers also like to understand our work in this way. Using the experiences of an individual brings an issue to life.

These individuals provide what we call 'the human interest'.

EXAMPLE: Here is a story from the field which our Ghana COMDIS partners included in their Kumasi COMDIS newsletter. This article identifies Mavis, a mother who has benefited by a community health worker curing her 9 month year old baby. Mavis talks about the impact community health workers have had in the village and how the quality of health service has been improved.



The COMDIS team also visited Mavis Osei-Bonsu, a mother whose child has benefited from the project. Mavis is 21 years old, does trading for a living and resides at Achinakrom.

Mavis says she became aware of the project when the Community Health Worker in her community announced

that he will look at any such child under 5 years who is brought to him.

She took the announcement in, and when her child of 9 months got sick, she brought her to the CHW. After doing a test on her, the CHW informed her that her child had malaria and gave her some medicine. He also told her at what times to give the rest of the medicine to her child and even wrote the times down for her.

Mavis says she used to take her sick children to a clinic at Ejisu (called Auntie Ataa) but she doesn't do so anymore. Why? She says it's because "my child got better here; this place is more effective. At the hospital too, the doctors don't have time to ask me the questions I'm asked here about my child".

Mavis is very forthcoming with her advice to care-takers: "they should bring their sick children here first".

This is effective because it draws in the reader and allows them to gain an understanding of the work we do and its significance.

USE YOUR COMMUNITY CONTACTS AS RESEARCHERS

One of the best ways to ensure you are going to meet interesting people during community visits is to do some research beforehand. This may not be easy when you have busy schedules and could possibly be based far away, but have you thought about working with your community contacts to identify good stories?

When you are planning your visit, explain to community volunteers, local project staff or district health officials that you need to take some photographs and interview one or two people who have particularly interesting experiences. Your locally-based contacts may know people much better than you do so ask them to recommend individuals and ask that they check in advance if the people are happy to be involved.

WHAT MAKES A GOOD INTERVIEW?

Here are some points to remember when setting up and carrying out an interview

Try to find a quiet place, away from a busy street or communal area

Perhaps in an interviewee's home or a quiet corner of the office or health centre.

People will be interested in what you are doing and will try to gather round to listen

You may find people even try to answer the questions. It will be better for your interviewee and the quality of their answers if they are able to concentrate in a peaceful environment away from onlookers.

Do remember that you may not even need to organise a separate interview

You might already be having a conversation with people as part of your research or monitoring and evaluation meetings that will provide the environment for you to get these answers. Sometimes informal conversations you are having with partners or decision makers may provide really helpful background information or they may make a comment that you think would make a good quote. If this happens then do not be afraid to ask them whether you can use that information in an article or case study. If they say yes, then ask them to repeat what they said and note it down accurately.

Do be careful about using quotes or information that could be construed as political comment

We have to remain neutral with issues pertaining to religion and politics therefore it is wise to be cautious if there is discussion on such matters.

Please also be aware that these are guidelines intended to make collecting information easier and to develop your skills. There will be occasions where some of the advice contained here may not be culturally or socially appropriate and in those instances you are encouraged to use your judgement on what is the best approach.

POINTS TO REMEMBER WHEN BUILDING UNDERSTANDING AND GETTING THE BEST OUT OF PEOPLE

These are some good points you can use when engaging in dialogue with others. They should assist you with gaining the information you are seeking and therefore add depth to your work.



- ➔ Put people at ease by spending some time chatting about their day to day life, their children, their job etc
- ➔ Build people's confidence when they are discussing their work by giving them prompts and showing you are listening and interested through your body language
- ➔ Make sure you are in a relaxed setting that allows for people you are with to feel confident

CAPTURE QUOTES ACCURATELY



As you will see in the Field Trip Toolkit there are templates to act as prompts for your information gathering and interviewing, with five suggested key questions for beneficiaries, partners and health workers.

A lot of this information can be recorded in note format, but it is very important that you capture what the interviewee says (quotes) accurately and in full and ensure you note down their name and, if relevant, job title, checking any spelling with them. If you are translating the interview as you go, please try to remain as accurate as you can be to the original words used. Do not be tempted to just put down the general meaning of what the person said. People often use very colourful expressions to describe their circumstances or feelings and it is great to keep these as close to the original as possible. Do not be afraid to ask an interviewee to speak slowly or repeat what they said.

The best way to capture answers accurately is to audio record them. Most mobile phones have a record function; if you look at your phone's menu function the record function is usually found under 'voice memo'. Or you can use a Dictaphone style tape recorder or digital recorder, if your team has one.

DO WRITE

Doctor Sesay said: *“We had been using the same disease testing methods for many years, which worked but were quite slow to complete. We now know about simpler techniques which now means rather than completing 10 diagnoses a day we do 50.”*

DO WRITE

Makosi Kiwanuka said: *“My children used to get sick all the time but since we received our bed nets and the health worker gave us a lesson on how to use them all my children have stayed healthy. They have not missed any school.”*



DON'T WRITE

Doctor Sesay said they were using slow testing techniques but since we trained them in the new methods they do five times more diagnoses a day.

DON'T WRITE

Makosi Kiwanuka's said that her children used to get sick but now she has a bed net and knows how to use it they are well and do not miss school.

As seen in the above examples, the information remains the same but the notes do not read as the person actually said them and so they cannot be used as quotes in a story.

HANDLING DIFFICULT SITUATIONS

There may be times when you have to handle an awkward situation; here are examples of the most common tricky situations.

A woman's husband wanting to monitor an interview

Sometimes a woman's husband will expect to be present when you are speaking to her. This can result in less open or honest answers, as she may be embarrassed to speak in front of her husband. However insisting on speaking to her on her own may be problematic, so take advice from people in the community. It may be that a woman will prefer to be interviewed by another woman rather than a man.

People getting upset in interviews

It is possible that people may get upset in an interview, especially if they are talking about a personal or traumatic event. If this happens, show empathy and let them take a few minutes to calm themselves. Don't terminate the interview as this can leave people feeling a bit awkward or as if they have failed. If you ask them if they are happy to continue, they will probably say yes but do not push them if they are not comfortable. You can always suggest you return at a later date.

People asking for money

People may ask you for money in return for taking their photograph or providing an interview. COMDIS HSD does not, as a rule, offer direct payment for any photograph/filming or interviewing. However, it may be appropriate to provide some recompense for taking up time or requiring people to travel to talk to you, or miss a day's work. Different programmes/projects have different policies on how to thank people for their time – such as providing travel costs or a meal/refreshment within the organisation's appropriate legal requirements. Please discuss this with your managers beforehand.

There is a checklist at the end of this toolkit which should allow you to incorporate all of the story gathering techniques discussed into your daily work routine. Please see page 15

CAPTURE DETAILS THAT WILL BRING YOUR STORY TO LIFE



Details such as the ages and names of children, how the family earns an income & where they live are important because they paint a more vivid picture of the people we work with and support. The project and story information form has prompts for these questions.

SECTION TWO: PHOTOGRAPHY

You might have captured a brilliant quote or story, but if there is not any good quality photography to accompany them then it can be very hard to use that information. If you can take some photos, however, here is some guidance on the sort of images we would be looking for.

TIPS ON TAKING PHOTOGRAPHS

Here are some quick tips for taking good pictures:

DO

- ➡ Take close up pictures of people and activities
- ➡ Take a series of photographs to illustrate the whole story (an individual talking to the health worker, looking at a poster, hanging a mosquito net, talking to the neighbour)
- ➡ Take relevant context shots (the surrounding area, the health centre)
- ➡ Take pictures outside or with lots of natural daylight lighting the home or office
- ➡ Make pictures of workshops and 'capacity building' as interesting as possible by taking close ups of people talking or engaged in activity such as interviewing

DON'T

- ➡ Take pictures of lots of people sitting around at workshops or community events. It is hard to spot the person in the story if they are part of a big crowd
- ➡ Take pictures in the direct sunlight or with the sun behind them as their face will become invisible. Instead put them slightly in the shade of a tree or their house
- ➡ Don't feature any backdrop that may be controversial, for example outdoor advertising featuring a political viewpoint. If this appears in our work it may look like an endorsement even when that has not been the intention

Here is some more information on the types of pictures we like to use, plus some examples of good images.



Shots of staff directly engaged with their work are often good as we see the direct action of our organisations efforts.



This photo captures the mood of the setting. It feels natural and gives the viewer an understanding of the context.

Portrait shots

A portrait is a photograph of the individual who is the main subject of your story. The photograph should only feature this person and it should be reasonably close up. It is helpful to have this photograph taken in a relevant environment. For example, a health worker could be at a community centre or sat at a table with medication around them. While it can be good to have them engage with the viewer, sometimes this can make the individual too self-conscious. A more natural shot can portray the subject looking at something or someone, or the subject looking slightly to one side of the camera.



A clear, well captured shot of a man in a hospital with patients behind him. This image evokes the everyday reality of dealing with poor health.



This is another example of a portrait shot where the subject is looking into the camera, but it clearly demonstrates the reference to TB, though it is not as strong a photograph as the patient to the left.

Activity shots

Activity shots help to show what actually happens as part of our work and resulting behaviour changes. Relevant activity shots might be a health worker giving a talk in a community, a mother hanging a bed net, health worker receiving training, or queues of people waiting for nets or for treatment.



Showing staff at work and the engagement of the community makes this a powerful image, giving a clear example of what our organisation does.



A similar action shot depicting a health worker testing a child for malaria. Notice how it captures a realistic moment, where neither subjects are looking at the camera.

Context shots

Context shots help the viewer to build a picture of the country or environment in which the story or activity happens. Good context shots include pictures of surrounding countryside, and streets, day-to-day life or the different parts of the hospitals.



This is a subtle shot showing a woman washing her mosquito net. This is a strong image as it conveys a strong message without being overly evocative.



This photo provides context by clearly showing the lady obtaining medication from a health centre or drug distributor.

One golden rule is to take several shots of anything you think is relevant or any individual or activity. This is standard practice among professional photographers as it allows you to find the best out of several options – different angles, different lighting, different positions/locations, and different subject activities. If you are using a digital camera, this practice is strongly encouraged.

Examples of bad photos



There is little happening in this photo, there is no action or context and the positioning of the photographer is at a bad angle.



A shot of a staff meeting often does not mean anything to the viewer. Context is needed for these to become more engaging.

COMMON MISTAKES TO LOOK OUT FOR



Crowded pictures

Photographs with lots of people standing in rows, or sitting around at a workshop or community meeting do not make interesting photos because it is hard to pick out the subject in the photograph. Try to take close up photographs of individuals looking at the camera and demonstrating the work in which they are involved, such as talking to a health worker, hanging a bed net or administering medicine.



Bad lighting

Photographs are ineffective if taken in dimly lit houses or in the glare of the sun as people's features are unclear. Try to take photographs outside in a slightly shaded area – for example under a tree or in front of a building. If you need to take a photograph inside then open the windows and doors to allow lots of natural light in and turn off your camera flash. However, if there is not enough natural light, use the camera flash.



Lack of context / activity

Photographs do not appear to have much meaning or visual impact, when they show images such as people standing aimlessly in groups, shots of audiences or participants at conferences. When taking photos try to think about the story you are telling and how to illustrate this with a photo.

Using wrong camera settings: cameras have different settings and each setting produces a different quality photograph. To be able to use the photographs in printed publications we need them to be taken at the highest setting. Check your camera setting and make sure it is set to 'large' or high resolution.

Uploading photos

When uploading photos that will be used for publication, please ensure that they are labeled appropriately. A simple label that makes this easily identifiable is very useful for future reference. Information included with photos should include:

Location / Project / Date and where relevant: A caption explaining the photos activity

SECTION THREE: PRODUCING YOUR MATERIAL

This section of the toolkit is designed to help you use the material that has been gathered in the field to develop case studies that you can use locally and that we can share with DFID as part of our reporting processes, and beyond. Across the COMDIS HSD programme we have a range of different partners and projects all of whom are requested to produce case studies on a regular basis. In order to create a consistent look and feel to our case studies we have produced the following template and recommended style, which we would like you to follow.

TEMPLATE AND GUIDELINES

All COMDIS HSD case studies should be developed in the style of a short feature. This is a simple and easy way of producing a case study because it is written in the third person and uses quotes from beneficiaries or partners to illustrate your points. You should focus on one individual in this type of case study and aim for between 500 and 750 words.

RECOMMENDED STRUCTURE

Stand first: A stand first is a short paragraph of between 50 and 60 words that summarises the story and encourages your reader to find out more.

Opening paragraph: Sum up the problem and introduce the person in your story. This may even best be done with a direct quote from that person the story is about.

Quote one: The person tells you how the problem was affecting their life.

Paragraph two and three: Describe what COMDIS HSD is doing to address the problem and how the person has been benefitting from the work.

Quote two: The person describes how their life has changed as a result of this work.

Closing paragraph: Close by ‘scaling up’ the story by explaining how this work is happening in xx communities/health facilities/organisations to reach xx people or explain how it is sustainable.

TIPS FOR USING PLAIN ENGLISH

The biggest mistake people working in development make is using too much jargon. Trying to tell people about issues they don't know about using technical language is confusing. There are some **DOs** and **DON'Ts** to remember when you are writing information up.

DO

- ➡ Keep your writing clear and to the point by being careful not to include irrelevant information
- ➡ Use your judgement to focus on the important or interesting parts of the story
- ➡ Write in short and simple sentences and avoid jargon or technical language
- ➡ Be descriptive of the community, the surroundings, a home etc. to paint a vivid picture
- ➡ Double check any facts, figures and statistics that are quoted

DON'T

- ➡ Try to overdramatise a situation by using sensationalist language – let the story tell itself
- ➡ Put words in people's mouths – it is important that the real picture of what is happening gets included in your story. It can be decided afterwards whether this is a story we will use
- ➡ Use a story without the individual's permission, no matter how good it is
- ➡ Use jargon, acronyms, or foreign words without explaining what they mean
- ➡ Dehumanise story subjects by using clinical terms, e.g. "150 of these children were rehabilitated" versus "150 of these children regained their health and..."

SECTION FOUR: BRAND GUIDELINES

A condition of our funding from DFID is that we communicate activities that come under the COMDIS HSD umbrella in an agreed and consistent way. This includes using the COMDIS HSD and DFID logos on **all printed and online materials. This is compulsory and future funding may be dependent on us adhering to this key criteria.**



The following descriptor must be used when describing COMDIS HSD: *COMDIS HSD is a multi-million pound research programme consortium led by the University of Leeds, to conduct high quality research in low-income countries. The project, which commenced in 2011 and will run for seven years, will directly contribute to the UK Government priorities of eliminating world poverty and helping maintain progress towards the Millennium Development Goals.*

The new COMDIS HSD logo has been disseminated and will be available for download on the new website in due time. Please do not distort the shape of this logo.

DFID would like to be referred to in all publications as the UK's Department for International Development. Their new logo is a UKAID logo.

SECTION FIVE: WORKING WITH THE MEDIA

The following section will help you to understand how to use the media to support your research uptake activities and gives you basic tips on writing press releases, targeting journalists and preparing for interviews.

However it is important to note that the media is subject to very different regulations and working practices (e.g. payment for coverage or lack of press freedom) so you will need to adapt your approach to the local context. It might be worth trying to find a local journalist who can act as a mentor or provide you with advice on how to engage most effectively with the press in your country.



USING THE MEDIA TO LOBBY

The media can influence the political agenda and put pressure on a government to alter the course of its policies by raising awareness of key issues.

You could use the media to reinforce your advocacy messages, to raise awareness of your research amongst health policy makers and to respond to issues and policy decisions of relevance to COMDIS HSD. Here are some hints for using the media to lobby government or promote advocacy campaigns:

- ➡ Think about establishing COMDIS HSD as a centre of expertise. Become well known to journalists with a special interest in COMDIS HSD area of research e.g. healthcare, malaria etc and be prepared to respond quickly to policy announcements by drafting a press statement
- ➡ Think about inviting journalists to advocacy related events like conferences, workshops and research launches
- ➡ Don't forget about the letters and comment pages of the newspapers as you can use these to submit your own commentary and responses

WHICH MEDIA TO ENGAGE WITH?

There are many different types of media so it's important to recognise which are most relevant and influential to COMDIS HSD's primary objective, which is to influence policy change at a national level. Things can be different between countries, but broadly speaking the following rules apply:

- ➡ National newspaper, TV and radio stations are those that are most frequently used by policy makers and coverage in these outlets are likely to have the widest reach and therefore the biggest **direct** impact. These should be your priority for media engagement
- ➡ Small local radio stations are particularly effective at promoting behaviour change messages, or encouraging local communities to get involved with a project or research programme. Coverage in these areas can also have an indirect influence on policy change as local communities become more informed about issues and add their voice to debates and advocacy activities
- ➡ International media, such as the BBC, can be used to bring COMDIS HSDs expertise and voice to global debates and to the attention of organisations such as the WHO. This can be useful but has less direct influence on your policy makers so the focus should be on your own national press. Any international media engagement should be led by the COMDIS HSD Communications Manager in London

BUILDING JOURNALIST RELATIONSHIPS

First of all you need to decide which media you want to target. Which newspapers, websites, radio stations or TV channels you want to target will depend on your target audience. Your audiences could be policymakers and parliamentarians, health workers or community members whose behaviour we are trying to influence. When you know your audience work out what media they use most frequently.

Secondly, how likely is it that this media will want to run your story? The best way of identifying which media to target is to become familiar with them and the stories they run. Think about how they present their news; do they have specialists talking about issues and trends, or do they like to attend events and launches? What sort of photographs and human interest stories do they use?

Make a note of journalists who cover the areas and issues that COMDIS HSD specialises in. Once you have identified the journalists you want to target, find out their contact details. Working with the media is all about building relationships and it is worth investing some time in establishing a dialogue with the journalists you want to run your story.

Some Golden Rules for contacting journalists:

- Make sure you read the publication, or listen to/watch the programme
- Send a short email or telephone the journalist to introduce you and COMDIS HSD
- Be prepared – you want to briefly tell the journalist about current & future activities
- Ask about their deadlines and when they would like to be contacted
- Ask how they would like to receive information – by email or phone
- Ask what kind of stories they are interested in
- Request a meeting so you can tell them more

WRITING A NEWS RELEASE

A news release is a short announcement distributed to the news media in the hope that they will run your story. News releases should be sent directly to the journalists you want to run your story.

Some golden rules for writing news releases:

- Keep it short – two pages maximum
- Avoid jargon and acronyms
- Give it an eye-catching headline
- Put key details in the first two paragraphs – the **Who, What, Where, When, Why**
- Use quotes from key people – such as the main researcher or a community partner you have worked with

Format

Type your press release in a clear font and double space it for clarity. Try and keep your entire release on one page.

Firstly, say what it is

At the very top of the page the title 'PRESS RELEASE' should be spelt out in capitals, centred and in bold. Insert the date.

Grab their attention

Below the title is the HEADLINE. This should be a short and catchy sentence in bold type and give a sense of the story in a very few words. Aim to capture readers' attention and encourage them to read on.

Facts and figures

The next two paragraphs should form the BODY of the release and cover all the five W's: who, what, where, when, why.

From the horse's mouth

Your news release can be given further authority and a personal touch by including a QUOTE from a COMDIS HSD spokesperson or someone involved in the project/event.

Additional paragraphs

Only use these if you have more relevant information that you have not squeezed in yet.

Get in touch

Always end with CONTACT DETAILS. A contact name and phone number is what a journalist will need if they want to follow up on the story.

Language

Translate the release into other relevant local languages used by the media.

Here is an example:

UK GOVERNMENT AWARDS £7.5M FOR RESEARCH INTO COMMUNICABLE DISEASES IN DEVELOPING COUNTRIES

Press Release 18th January 2011

The UK Government has signed an agreement to fund a £7.5 million project to help improve the health and lives of millions of people in some of the world's poorest countries, whilst ensuring that it gets full value for its investment.

The multi-million research contract has been awarded to COMDIS Health Systems Delivery (HSD), a research programme consortium led by the University of Leeds, to conduct high quality research in low-income countries. The project, which commences this month and will run for seven years, will directly contribute to the UK Government priorities of eliminating world poverty and helping maintain progress towards the Millennium Development Goals.

"We commend the UK Government through Department for International Development (DFID) for being one of the few organisations that recognizes the need for longer-term funding for research to help the poor people of the world." said COMDIS HSD Co-Director James Newell.

"We are delighted that DFID has awarded our consortium this contract."

Following an international competition, the University of Leeds Nuffield Centre for International Health & Development successfully secured the contract to lead a multi-region consortium of partners in conducting priority health research with the overarching aim of helping to eradicate poverty.

The COMDIS HSD consortium will conduct high quality research primarily in nine low-income countries - Bangladesh, China, Nepal, Pakistan, Tanzania, Ghana, Uganda, Southern Sudan and Nigeria.

"We conduct our research and health development together with the government health services. As a result the evidence of best practice influences national policy and treatment guidelines developed are used to train health workers and improve care across the countries where we work" said Professor John Walley, Co-Director of the COMDIS HSD consortium.

Research partners include research and development NGOs such as Association for Social Development in Pakistan; Malaria Consortium, which has a presence in Africa, Asia and the UK; and Universities such as Kumasi Ghana and Hong Kong China.

These and other partners will produce a coherent body of knowledge on how to deliver basic curative and preventive health programmes. In the process it will improve demand for, access to, and quality of prevention and care for common diseases, including tuberculosis, malaria, tropical diseases, HIV/AIDS and cardio-vascular and family planning.

COMDIS HSD will target underserved populations such as in rural areas, peri-urban slums and fragile states. Consequently, poor people will have increased ability to provide for themselves and their families, and reduce vulnerability to disease.

By improving quality, demand and supply of health care for millions of poor people, the work of COMDIS HSD will help to ensure every pound of UKaid is spent appropriately and effectively.

COMDIS HSD is separate to COMDIS, a very successful five year RPC led by Leeds ending in March 2011 (see www.comdis.org), which has also been funded by the UK Government.



FURTHER INFORMATION

DFID Research Agenda

UK Government health research focuses on building the evidence to deliver effective health services including the priority areas of malaria, reproductive, maternal and child health and nutrition. The UK Government has developed and supports research that contributes to a global pool of new knowledge and technologies for international development that:

- Strikes a balance between creating new knowledge and technology and getting knowledge and technology - both new and existing - into use;
- Makes the most of the UK Government's ability to influence policy to make sure research makes an impact;
- Uses different methods of funding to join up national, regional and global research efforts, so that they are more relevant to what matters most to developing countries; and to achieve a bigger impact on poverty reduction;
- Strengthens developing countries' capability to do and use research; and
- Helps the UK Government's partners predict and respond to development challenges and opportunities beyond the 2015 target date for achieving the MDGs.

Research Programme Consortia

RPCs such as COMDIS and COMDIS HSD are centres of specialisation around a particular research and policy theme. They comprise a range of institutions, including those from developing countries, with a lead institution that has overall management and financial responsibility. Institutions may include academic, civil society and commercial organisations (including operational development and communications organisations).

For more information on COMDIS HSD or to Interview spokespeople, please contact Communications Manager Lara Brehmer on 020 7549 025 or by email at L.brehmer@malariaconsortium.org

DISTRIBUTION AND FOLLOW UP

Email your news release to your media contacts and then follow up with a phone call to make sure they have received it and to see if they would like to interview your spokesperson for more information. If you are also holding a launch event you can ask them if they are planning to attend. If you would like the research uptake manager in London to support you in contacting the media, e-mail her and she will disseminate your press release to journalists more widely, or help draft the press release if needed.

GIVING A MEDIA INTERVIEW

If a newspaper or broadcast channel is interested in your news release or a journalist attends an event, you may be asked to give a media interview. This is your chance to get your messages across with maximum impact. Many people feel nervous about giving an interview but it need not be a daunting experience. Here are some golden rules for giving a media interview:

Before the interview

- ➡ Find out as much as possible about the publication/programme you are being interviewed for and what the interview will involve. For example, find out how long the interview will be, whether the journalist interviewing anyone else and (if it is broadcast) whether it will be live interview or pre-recorded
- ➡ Try to find out as much as possible about the questions you will be asked. A journalist will rarely give you a list of questions prior to the interview but they will generally be happy to give you a general idea of what they will want to ask you. Prepare a list of likely Q&As and think about how you will answer difficult questions

During the interview

- ➡ Don't be intimidated! Remember you are the expert and know more about the issue than the journalist does
- ➡ Formulate two to three key messages that you want to get across in the interview and keep on coming back to them
- ➡ Paint pictures and use anecdotes – human interest stories help to bring your issue to life
- ➡ If you are giving a broadcast interview talk slowly and clearly
- ➡ Avoid using jargon

Dealing with difficult questions

Even the most experienced interviewee can be daunted by the prospect of being asked a tricky or unwanted question. If you are faced with a difficult question use the **ABC** technique to take control of the interview:

- ➡ **A**cknowledge the questions - e.g. "I'm unable to answer that..." or "I don't know the answer to that..."
- ➡ **B**ridge the points you want to make - e.g. "but what I can tell you is..." or "however let's be clear the main issue is..."
- ➡ **C**ontrol the interview by going back to your key messages

Media briefing

You might want to hold a media briefing which is an event that happens either at your offices or a central location like a hotel or business centre. This means you can invite a lot of media to attend a launch, brief them all at the same time by giving a speech or a presentation and then take a series of questions.

Correcting mistakes

If you think that the media has misquoted you or written a factual inaccuracy about COMDIS HSD or your organisation then you can write a letter to the editor pointing out the error and providing the correct data or information. Follow up with a phone and ask if they are going to print the letter or a correction.

SECTION SIX: MONITORING AND EVALUATION AND FEEDBACK

As with all our work it is important to review its value and impact on an ongoing basis and to feedback to all stakeholders.

JUDGING WHETHER YOUR STORIES & PHOTOGRAPHS HAVE HAD AN IMPACT

We will review whether there has been an increase in the number and quality of stories and photographs coming from across the COMDIS HSD partnership.

You may also want to assess whether the stories and photographs you gather, the materials you produce and your media activity is having an impact. Questions you can ask to evaluate success include:

- ➡ Has there been an increase in the amount of media coverage you have received as a result of sharing and using this material? How many items of press coverage did you secure compared to previous years?
- ➡ Has the time you spend producing communications materials been reduced because the material is now more readily available and your skills are enhanced? If so, how much time are you saving?
- ➡ Has there been an increase in your policy briefs and recommendations being referenced in parliamentary debates or used in policy-making?
- ➡ Have you received any feedback from stakeholders, such as partners, community leaders, journalists or policy makers about the improved quality of materials you are producing?

FEEDBACK TO COMMUNITIES AND PARTNERS

When an individual shared their story and experiences with you and agreed to you taking their photograph they invested their trust in you to retell their story honestly and respectfully. Many community members express concerns that they are portrayed in a negative way for the sake of NGO fundraising and publicity or they are upset because they never see the results.

We know COMDIS HSD partners enjoy a good reputation at community level and we want to maintain that. As a way of saying thank you to the people who have shared their story with you we suggest you to do the following two things:

- ➡ Make copies of the photographs you take and next time you visit the community give them to the individuals who helped you or ask the community leader to display them in a communal area.
- ➡ When a story and photograph is used in COMDIS HSD publications or the media take a copy to show the community

FEEDBACK TO US

**Has this guide been useful to you?
Are the tips and hints genuinely helpful
and can you apply them to your work?
It would be great to hear a little anecdote
or story from you about how this guide
has helped you work differently.**

Also, is there anything missing or any questions you still have unanswered?

We will review and update this toolkit so if you have any ideas for what you would like to see in future versions please email Lara Brehmer on L.brehmer@malariaconsortium.org

SECTION SEVEN: WRITING POLICY BRIEFS

This section will provide you with guidelines to help you design an effective policy brief. A policy brief should present the results and recommendations of a research project in a way which is comprehensive to a non-specialist (i.e. policy-makers). It is important that the overview contains a neutral description of the issue at hand and that it uses both factual evidence and internal research to validate its claims and arguments.

ROLE OF POLICY BRIEFS IN RESEARCH UPTAKE

Policy briefs play a key role in research uptake as policy-makers rarely have time to sit down and read long or extensive reports on the issues in development. They can be seen as a tool to communicate main issues and research-based evidence to policymakers in a clear and concise way. According to research carried out by the Overseas Development Institute, it is important to recognize that policy-makers work in complex environments in which various concerns compete and overlap in different ways and therefore, presenting research is not the only ingredient in policy-uptake. Translation of the research and newly acquired knowledge into a comprehensive report is vital as well as the acknowledgement of the complexities is key.

EXAMPLES OF STRONG POLICY BRIEFS

www.evidence4action.org/images/stories/documents/zambiaintegrationpolicybrief.pdf

www.safaid.net/files/PolicyBrief1_AddressingHIV_TB_infection.pdf

WRITING A POLICY BRIEF

A policy brief should be no more than four pages long and ideally two pages only for our purposes.

According to the Overseas Development Institute (ODI), these key elements affect the positive uptake of project brief:

Table 1: Key ingredients of effective policy briefs

Evidence	Persuasive argument	<ul style="list-style-type: none"> • Clear purpose • Cohesive argument • Quality of evidence • Transparency of evidence underpinning policy recommendations (e.g. a single study, a synthesis of available evidence, etc.)
	Authority	<ul style="list-style-type: none"> • Messenger (individual or organisation) has credibility in eyes of policy-maker
Policy context	Audience context specificity	<ul style="list-style-type: none"> • Addresses specific context <ul style="list-style-type: none"> › national and sub-national • Addresses needs of target audience <ul style="list-style-type: none"> › social vs economic policy
	Actionable recommendations	<ul style="list-style-type: none"> • Information linked to specific policy processes • Clear and feasible recommendations on policy steps to be taken
Engagement	Presentation of evidence-informed opinions	<ul style="list-style-type: none"> • Presentation of author's own views about policy implications of research findings • But clear identification of argument components that are opinion-based
	Clear language/writing style	<ul style="list-style-type: none"> • Easily understood by educated, non-specialist
	Appearance/design	<ul style="list-style-type: none"> • Visually engaging • Presentation of information through charts, graphs, photos

When writing policy briefs:

DO


- ➔ Write in a concise and focused style
- ➔ Write in a professional style rather than an academic one (i.e. do not focus on the methodology as policy-makers will not have time for that)
- ➔ Divide the project brief into sections in order to make it more approachable
- ➔ Use bullet points for key phrases
- ➔ Use colours and an interesting format to make a good and lasting impression

DON'T

- ➔ Use dramatic language to convince the reader
- ➔ Repeat yourself as this uses unnecessary space in such a compact document
- ➔ Assume the reader will understand health or development jargon

¹ ODI Publication: *Policy briefs as a communication tool for development research*. Overseas Development Institute, 2008. ISSN 1756-7610

POLICY BRIEF TEMPLATES



February 2012 / Issue 01

**COMDIS HSD
BRIEFING PAPER**

**(SAMPLE) INTEGRATING HIV SERVICES IN ZAMBIA:
EFFECTIVENESS, EFFICIENCY AND EQUITY?**

Divya Rajaraman, Nathaniel Chishinga, Annabelle South & Joseph Banda

**(TOPIC ONE) TRANSITION FROM
HORIZONTAL TO VERTICAL**

Like many low and middle-income countries, Zambia initially adopted a vertical ART programme structure to respond to the urgent need to provide treatment to the large number of people living with HIV/AIDS. The vertical approach was also partly driven by the growth of disease-specific funding, such as that offered by the Global Fund to Fight AIDS, tuberculosis and malaria (GFATM) and the US President's Emergency Plan for AIDS Relief (PEPFAR). Now that 2 million people in Africa are on a critical health systems issue is how best to move ART from the phase of emergency scale-up to a long-term chronic care programme. There is a wide consensus that these efforts will only be sustainable if ART is integrated into the existing health system. However, the most appropriate forms of integration will depend on the epidemiology of the health issue in question, the structure of the underlying health system, and the resources available.

Conceptualizing and planning the integration of vertical programmes is complicated by the fact that integration can be defined in different ways, and there are different domains and levels in which programmes can be integrated (see box 1). Moreover, given the newness of ART in low and middle income settings, there is limited evidence of the effects of the structure of ART delivery on a health system or on how the underlying health system affects the organisation of ART services. This policy brief draws on research assessing the current status of integration of ART across the health system in Zambia, and identifies priority areas for integration in the domains of health information, health workforce, and health service delivery.

**(TOPIC TWO) HIV TREATMENT
SCALE-UP IN ZAMBIA**

According to the 2007 Zambian Demographic and Health Survey, the HIV prevalence amongst adults in Zambia is around 14.3%. ART became available in the private sector in 1995, and the government started an ART programme in 2003. By the end of 2008, almost 220,000 people living with HIV were receiving treatment. ART is now available at government health care facilities in all of Zambia's 72 districts, and there is ongoing expansion to smaller clinics and health posts to increase accessibility. The Ministry of Health has worked with several donors to achieve this remarkable accomplishment. The World Bank and GFATM have contributed considerable resources through the Ministry of Health and Ministry of Finance. PEPFAR, currently the largest funder, channels most of its funding through partners who provide technical assistance and infrastructure for ART scale-up. These include Family Health International, the University of Alabama, Johns Hopkins University, Medicines sans Frontières, and several Faith Based Organizations.

Zambia's 2006-7 report on the multi-sectoral AIDS response identified three major priorities for strengthening the AIDS response:

- Better coordination of the national response (including the actions of development partners and civil society)
- Improved vertical coordination between national, provincial and district levels
- A harmonised and well functioning monitoring and evaluation system

All of the above relate to integration of ART within the wider health system.

KEY POINTS

- The establishment of a vertical system for delivering ART in Zambia enabled the rapid scale-up of antiretroviral therapy (ART)
- The ART programme has strengthened some aspects of the health system, while also drawing attention to weaknesses which need to be addressed
- Significant progress has been made towards integrating ART into the health system. However, long-term sustainability of chronic care for people living with HIV in Zambia will require further integration. Priority areas include:
 - **Health information** - increase efficiency of information system and strengthen quality assurance
 - **Health workforce** - harmonise incentives, and improve coordination of training
 - **Health service delivery** - strengthen linkages with other services and assess strengths and weaknesses of different delivery models

COMDIS HSD Briefing Paper Issue 02, July 2009



POLICY RECOMMENDATIONS

- There is need for a plan and timeline for integrating ART data collection into the health information system, in conjunction with a standardised protocol for quality assurance.
- Efforts need to be made to address the pluralistic and unregulated human resource incentive structure for health care workers in the short term to improve equity amongst health care workers.
- The coordination of ART training should be improved to increase efficiency
- The possibility of integrating quality assurance of ART with other specific disease programmes should be explored.
- In the medium term, possibilities for integrating continuing medical education with ART training should be explored.
- Further research on the effectiveness, cost-effectiveness, and acceptability of different models of delivery will be invaluable to help inform national strategies for ART delivery.

CONCLUSION

The ART programme in Zambia has helped to strengthen some aspects of the health system. The reduction in HIV-related morbidity has eased the workload in outpatient and inpatient clinics that were formerly overwhelmed with patients seeking treatment for opportunistic infections and palliative care for terminal illness. Nevertheless, to increase the benefits of ART and reduce negative impacts on the rest of the health system, further integration of the ART programme is necessary.

- **Effectiveness** could be improved by strengthening integrated information systems and Ministry of Health standardised quality assurance procedures.
- **Efficiency** could be improved by streamlining health workers' incentive structures across HIV and non-HIV care provision, and strengthening the coordination and implementation of ART training.
- **Equity** could be improved by addressing concerns about incentives for working in HIV care, and regular review of the quality of care in different ART sites. Strategies should be put in place for supporting poorer performing sites.
- Finally, the integration of ART clinics with general outpatient care might have benefits for efficiency, equity and acceptability. However, further research is needed in order to make policy decisions on this subject.

RECOMMENDED READINGS

1. Carr, B., V. de Brum, and S. Dugas. *Integration of vertical programmes in multi-function health services*. Studies in Health Services Organisation & Policy, 1997, 3, p. 1-47.
2. World Health Organization (2008). *Integrated health services - what and why?* Technical Brief No. 2. Making Health Systems Work. Geneva, World Health Organization
3. World Health Organization. *Report on the expert consultation on positive synergies between health systems and Global Health Initiatives*. WHO, Geneva, 29-30 May 2008. 2008, WHO, Geneva.
4. Government of Zambia. *Zambia Country Report. Multi-sectoral AIDS Response Monitoring and Evaluation Biennial Report 2006-2009*. 2008, National AIDS Council, Ministry of Health, Lusaka.
5. Oman, N., M. Bernstein, and S. Ramanzwari. *Seizing the opportunities on HIV/AIDS and health systems*. 2008, Center for Global Development: Washington D.C.
6. Central Statistical Office, et al. *2007 Zambia Demographic and Health Survey Final Report*. MHI International, Editor: 2007, Central Statistics Office & Macro International: Lusaka.

ABOUT COMDIS HSD

COMDIS HSD is a multi-million pound research programme consortium led by the University of Leeds, to conduct high quality research in low-income countries. The project, which commenced in 2011 and will run for seven years, will directly contribute to the UK Government priorities of eliminating world poverty and helping maintain progress towards the Millennium Development Goals.

The research is organised in seven key themes:

1. Primary care services
2. Community interventions
3. Urban healthcare
4. Avoidance of drug-resistance
5. Demand for services
6. Accessible and user-friendly services
7. Quality of care and performance management

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PARTNERS

Nuffield Centre for International Health & Development, UK (Lead)
Malaria Consortium, UK & Uganda (MO)
Association for Social Development (ASD), Pakistan
Health Research and Social Development Forum (HRSDF), Nepal
Bangladesh Rural Advancement Committee (BRAC), Bangladesh
Chinese University of Hong Kong (CUHK), China
Ifakara Health Institute (IHI), Tanzania

COMDIS HSD Briefing Paper Issue 02, July 2009

The Research Uptake Manager in London will be able to insert your word document text into this type of a template for you. Please only focus on getting the text down and not the design as this will be done for you in London.

Please supply copy for the following sections:

- **Headline**
- **Topic 1 (max 250)**
- **Topic 2 (max 250)**
- **Key Points (max 5-6 bullets)**
- **Policy Recommendations**
- **Conclusion**
- **Recommended Readings**

DISSEMINATING A POLICY BRIEF

Once a research project has been completed and results are available, use opportunities such as World TB Day or World Malaria Day, key stakeholder meetings or workshops, events, conferences, or one on one meetings with policy makers to disseminate it. Also ensure WHO and DFID receive copies. The research uptake manager in London will take your text and develop this into a designed policy brief. Please send her the text in draft form.

COMDIS HSD TOOLKIT TEMPLATES



SECTION EIGHT: SECURING CONSENT

Included in this toolkit is a photography permission form. A signed form is proof that we have the permission of individuals to use their image and words in our publicity.

It is designed to protect their rights and fulfil COMDIS HSDs legal obligations. We realise this can be overwhelming to some people because they may not understand what they are being asked to sign.

We recommend using the following point to explain what the form is:

- ➡ We would like to speak to you about how our work in your community/with your organisation is helping to improve your life/the health of women and children in your country. We would also like to take your photograph
- ➡ We will use your words and pictures in magazines and brochures like this (show them example PDF pages from newsletters/case studies written up)

- ➡ Your story will help us to educate people around the world about life in other countries. Your story may also be used to help us show other people in your own country how they might be able to improve their lives
- ➡ By signing/marketing this form you are confirming that you spoke to us of your own free will and are happy for us to use your/your child's story in the ways we describe
- ➡ We will never share your contact information outside COMDIS HSD without your permission

If you plan on taking pictures around a community or at a workshop where a number of people may appear in the image then you should make them aware that photography is taking place, that they may appear in the images and ask them to alert you if they do not wish to appear in the images. If you are at a workshop you could put up a poster or make an announcement at the beginning of the day and if you are in a community setting you could ask the village leader or person of authority to explain what is happening.

VERBAL PERMISSION

If they do not want to sign and you have a recording device (such as a mobile phone) you can use that to record verbal permission.

Record yourself reading out the following statement and ask them to say 'YES, I DO' afterwards:

"Do you confirm that you are happy to speak to COMDIS HSD about the work we have done in your community and agree to have your photograph taken? By agreeing to this you are also agreeing that we can use your photographs and words in publications such as the ones I just showed you. Do you agree?"

You may need to record your own voice spelling out someone's name, their location and the date, as required for the written permission form, or you could fill out a form on their behalf.

Once you are back in the office, you can transcribe the verbal approval and attach it to the image taken for filing (as for the permission slips) but please also remember to reference where the audio file is saved and label the audio file as you would a photograph.

REMEMBER! It is important that we secure the signature, mark or verbal permission of every person who you speak to or photograph. Without this COMDIS HSD cannot use their story.

COMDIS HSD: PHOTOGRAPHY/INTERVIEW PERMISSION FORM

As part of its on-going communications activity, COMDIS HSD occasionally uses photography/film for publicity purposes. We would like your permission to photograph you/your relative and record your/their voice for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of COMDIS HSD and will be used for the designated purpose of widening awareness of and support COMDIS HSDs work. Images may also be included in the central COMDIS HSD flickr image library or through Sharepoint for use by other COMDIS HSD partners. You/your relative's contact details will remain strictly confidential.

By signing this release form, I hereby grant to COMDIS HSD the right to reproduce, display and disseminate worldwide and in perpetuity, in any traditional or electronic media format, my likeness as shown in the photographs/films captured at this time, which are owned by COMDIS HSD, for the purposes given above.

Name: | Title:

Address/Location:

Phone (or that of alternative family member/guardian):

Details (why they are being photographed/filmed e.g. pregnant woman with malaria):

Description (clothes, hair, etc):

Signature/Mark: | Date:

IF SUBJECT IS A CHILD UNDER 16 YEARS OF AGE

I confirm that I am the legal guardian of the child named above and therefore may grant permission for this subject release on behalf of the child

Name of Guardian:

Relationship to Child:

Child Age: | Signature of Guardian:

INTERNAL USE

Name of COMDIS HSD staff member:

Date: | Location:

Subject:

Project:

SECTION NINE: FIELD TRIP TOOLKIT

COMDIS HSD: PROJECT AND STORY INFORMATION FORM

Take this sheet with you on your visits to research sites so you can use it as a prompt to make sure you have captured all the important information. You may know a lot of the basic information from proposals or previous visits.

Name of person completing this form:

Date this form was completed:

PROJECT BACKGROUND INFORMATION (please complete all of these sections)

1) Project name:

2) Project location(s) – include names of communities, districts, regions or countries:

3) Project start and end date:

4) Project beneficiaries (e.g. pregnant women, children in rural communities etc):

5) What problems is the project trying to address (the objectives):

6) How many beneficiaries has this project reached so far and how many does it plan to reach?



7) Local partners and their locations (do not use acronyms):

8) Relevant websites/documents for further information:

9) Donor(s):

STORY INFORMATION (please complete as much of this information as possible/relevant)

1) What is the name of the community where this story was captured?

2) Describe the community (rural/urban, population size, type of housing, industry/agriculture):

3) Is there any notable demographic information that is relevant to this story or COMDIS HSD's work in this community? (e.g. significant youth population, large ethnic minority)

4) Names, ages and description of the person/people involved in this story:

5) What is their situation? Briefly describe their home, how they earn a living, how many people live in the household, number of children etc. (for beneficiaries only)



6) What access to healthcare and education does the community have?

7) Describe their job (for partners, health workers, community volunteers etc):

8) What has COMDIS HSD (and/or the village health workers) been doing in the community?

9) How has COMDIS HSD been working with/supporting the organisation? (partners only)

10) Are there any facts or figures to show what change has occurred in this community?

11) Please add some physical descriptions of where you were – such as the physical terrain, the interviewee's home, the weather – that will help the reader visualise the situation:

12) Can you describe any emotion you felt as a result of your visit that would be relevant to the story? For example, did you feel inspired by the progress made or upset by the challenges people are facing in the community? (Including this information can help us to prompt the same emotional response in a reader).

COMDIS HSD : INTERVIEW FORM

Hearing from beneficiaries, health workers and partner organisations in their own words gives our stories more impact and credibility. Depending on who you are speaking to, please capture the answers to the following questions as accurately and in as much detail as possible. It may help you to record these answers on your mobile phone/Blackberry.

These questions are a guide and if you follow them you should gather all the information you need to write your case study. While it is important to ask these questions please do not feel that these are the only questions you can ask. You can add in questions that are relevant to your specific project or if during the interview another question occurs to you, do ask it.

BENEFICIARY QUOTES

Name of person interviewed/quoted:

1) How does COMDIS HSD/the health worker help you?

2) What used to happen before they came to your community?

3) How has your life/your children's lives changed now?

4) How does this make you feel?

5) How will you use what you know now to help other people in your community?

HEALTH WORKER QUOTES

Name of person interviewed/quoted:

1) Describe a typical day at work? (you could prompt for best bits, worst bits)

2) How has the COMDIS HSD helped you in your work?

3) What have been the changes or benefits to you personally?

4) What have been the changes or benefits to the communities you support?

5) How will this change been sustained in the future?

NOTES:

PARTNER QUOTES (E.G. OFFICIAL, CSO PARTNER, ETC)

Name of person interviewed/quoted:

1) Describe how COMDIS HSD has worked with or supported your organisation/work.

2) What organisational improvements have happened as a result of this partnership?

3) How do these improvements benefit the communities you work with/support?

4) How have you ensured these improvements are sustainable?

5) Describe any personal benefits to you or your colleagues/staff.

NOTES:



COMDIS HSD

For more information please contact:

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