

**POLICY PROJECT
YEAR FIVE WORKPLAN**

**JULY 1, 2004–
JUNE 30, 2005**

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANC	Antenatal care
ANE	Asia and the Near East
APLF	Asia-Pacific Leadership Forum
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARH	Adolescent reproductive health
ARV	Antiretroviral
ART	Antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
AWG	Adolescent working group
BSS	Behavior Surveillance Survey
CA	Cooperating agency
CCM	Country coordinating mechanism
CDC	Centers for Disease Control
CEDPA	Centre for Development and Population Activities
CS	Contraceptive Security
CSL	Contraceptive Security and Logistics (Division of USAID)
CSO	Civil society organization
DHS	Demographic and Health Surveys
DOL	Department of Labor
E&E	Europe and Eurasia
ESA	East and Southern Africa
FHI	Family Health International
FP	Family planning
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	(Bureau of) Global Health
GHC	Global Health Council
GIPA	Greater involvement of PLHAs
GNP+	Global Network of People Living with HIV/AIDS
GWG	Gender Working Group
HCD	Human capacity development
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
ICM	International Confederation of Midwives
ICW	International Community of Women Living with HIV/AIDS
IDU	Injecting drug user
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
IR	Intermediate result
IUD	Interuterine device
IWG	Interagency Working Group
LAC	Latin America and the Caribbean
LTA	Long-term advisor
MCH	Maternal and child health

MH	Maternal health
MNPI	Maternal and Neonatal Program Index
MOH	Ministry of Health
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
OHA	Office of HIV/AIDS
OI	Opportunistic infection
OPRH	Office of Population and Reproductive Health
OVC	Orphans and vulnerable children
PAC	Postabortion care
PEC	Policy, evaluation, and communication
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PPH	Postpartum hemorrhage
PPI	Postpartum Hemorrhage Initiative
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RHAP	Reproductive health action plans
RSH	Reproductive and sexual health
RTI	Research Triangle Institute
S/GAC	Secretariat/Global AIDS Council
SADC	Southern Africa Development Commission
SO	Strategic objective
SPARHCS	Strategic Pathway of Reproductive Health Commodity Survey
SSO	Strategic support objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
TD	Technical development
TOT	Training-of-trainers
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WHO	World Health Organization
WPB	Workplace Policy Builder
WRA	White Ribbon Alliance
YAARH	Young adult and adolescent reproductive health
YRH	Youth reproductive health

I. PROJECT OVERVIEW

The POLICY II Project began July 7, 2000 and is now entering its fifth year of operations. The project is funded by the U.S. Agency for International Development, GH/PRH/PEC under project number 936-3078.02 and contract number HRN-C-00-00-00006-00. The Futures Group implements the project in collaboration with the Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. Although the majority of POLICY's funding in the past several years is **HIV/AIDS** in origin, the project maintains a strong **emphasis and commitment to FP/RH, and maternal health (MH) policy issues**. POLICY addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

- National policies as expressed in laws and official statements and documents
- Operational policies that govern the provision of services
- Policies affecting gender, youth, and human rights
- Policies in related sectors such as education, labor, transportation, and social services

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen **political and popular support**;
- Improve **planning and financing**;
- Ensure that accurate, up-to-date, and **relevant information** informs policy decisions; and
- Enhance **in-country and regional capacity** to provide policy training.

POLICY embraces multisectoral approaches that involve partnering with and providing technical assistance (TA) to government agencies, civil society groups, private sector organizations, and research institutions to develop policies and plans that guide the implementation of responsive, sustainable programs and services.

This workplan covers the period from July 1, 2004, to June 30, 2005, which coincides with the project's fifth year of implementation. Highlights of POLICY's Year 5 workplan include:

- Continuation of work with 29 country or regional organizations.
- Implementation of new programs in two countries (China and El Salvador).
- Implementation of advocacy strategies to reposition family planning in two countries.
- Incorporation of child survival outputs in POLICY models.
- Documentation and dissemination of POLICY core package impacts.
- Increased understanding of the socioeconomic impact of HIV/AIDS in Asian countries.
- "Workplace Policy Builder" successfully applied in at least one country.
- Field testing of the RH Allocate Model.
- Increased advocacy efforts for safe motherhood through the presence of the White Ribbon Alliance in POLICY's Washington, D.C. office.

II. RESULTS FRAMEWORK

POLICY's strategic objective (SO) is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. POLICY is based on the premise that national policies, strategies, laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—are essential for promoting access to information and services by all who need and want them. Champions of broad-based, equitable FP/RH and HIV/AIDS services should be brought into the political process and strengthened so that they can function effectively in that process. In addition, the financial issues associated with the provision of services must be addressed. In that way, access to services that are acceptable to all who want and need them can eventually be sustained even in the face of changes in government and/or changes in donor participation.

The project's four intermediate results (IRs) contribute to the achievement of the SO:

- IR1: Political and popular support broadened and strengthened
- IR2: Planning and finance for FP/RH and HIV/AIDS improved
- IR3: Accurate, up-to-date, relevant information informs policy decisions
- IR4: In-country/regional capacity to provide policy training enhanced

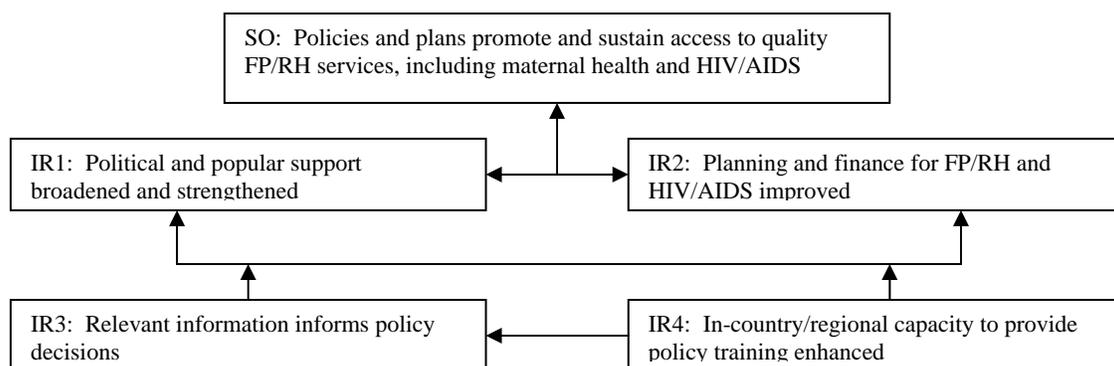
IR1 – *Political and popular support broadened and strengthened*. POLICY will provide assistance to identify and strengthen policy champions; form and strengthen non-governmental organization (NGO) coalitions; and expand participation of NGOs (including youth, gender, and human rights representatives as appropriate) in the policy process.

IR2 – *Planning and financing for FP/RH and HIV/AIDS improved*. Good planning, adequate resources, and efficient resource use are essential for sustaining access to quality FP/RH and HIV/AIDS services. POLICY will help policymakers design policies and financial mechanisms at the national and sub-national levels to increase the level of available resources and to promote the most efficient and sustainable use of those resources to provide family planning, HIV/AIDS prevention, and maternal health services.

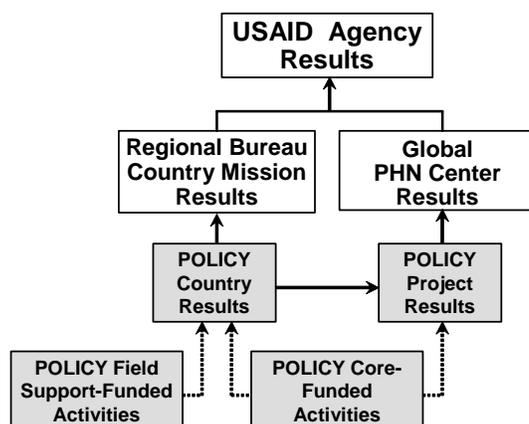
IR3 – *Accurate, up-to-date, relevant information informs policy decisions*. POLICY will expand and make more accessible the information base that supports policy decision making by commissioning or conducting country-specific, policy-relevant research to fill knowledge gaps and answer policy questions. It will develop and refine innovative, user-friendly models and other tools for data analysis and policy dialogue, and help strengthen local capacity to choose among analysis tools and use them appropriately.

IR4 – *In-country/regional capacity to provide policy training enhanced*. POLICY will enhance local capacity to provide policy assistance first and foremost by hiring, supporting, and empowering local long-term advisors (LTAs). These advisors will receive training and support from the project, enhancing their own ability to promote the policy process. The advisors will provide on-the-job training and support to policy analysts, advocates, and policymakers. The project will also develop curricula at regional universities and work toward institutionalizing local capability to train the next generation of policy analysts, advocates, and policymakers.

These IRs interact synergistically as shown in Figure 1. Moving the FP/RH and HIV/AIDS agendas forward in the face of resource constraints requires careful planning and financial analysis before setting priorities. Priorities cannot be addressed without political will but, without demonstrable results, popular support quickly evaporates. Information and training support the first two IRs and thus provide the bases for solid advocacy and decision making.

Figure 1. POLICY Results Framework

The project's performance monitoring plan is designed to measure progress toward achievement of the SO and IRs. As shown in Table 1 on the following page, indicators are listed for the SO and IRs with suggested data sources given for each indicator. Country strategies also include a country-specific results framework and performance monitoring plan. In addition to their link to the project's results framework, country strategies are linked to Mission frameworks and have an SO (usually one of the Mission IRs), their own IRs, and indicators of achievement. Figure 2 illustrates the linkages among country, Mission, project, and agency results frameworks.

Figure 2. Linkages among Results Frameworks

Finally, POLICY's diversified portfolio of country programs and core-funded activities contribute to the achievement of the following strategic support objectives (SSO) for the Bureau of Global Health (GH):

- SS01: *Advance and support voluntary family planning and reproductive health programs worldwide*
- SS02: *Increased use of key maternal health and nutrition interventions*
- SS04: *Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*

Table 1. POLICY II Performance Monitoring Plan

Results	Indicators	Illustrative Data Sources
<p>SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS</p>	<ul style="list-style-type: none"> ❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines to promote access to high-quality FP/RH services ❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines in support of HIV/AIDS prevention, care, and support services ❑ # of countries that increase resources available for FP/RH ❑ # of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use ❑ # of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated ❑ # of countries that adopt policy incentives to increase private sector participation in FP/RH service delivery 	<p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, FP, RH, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, HIV/AIDS, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Budgets, invoices, other evidence of expenditures</p> <p>Actual policy document. <i>Document Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p> <p>Legal and regulatory review; actual policy documents</p> <p>Actual policy document</p>
<p>IR1: Political and popular support broadened and strengthened</p>	<ul style="list-style-type: none"> ❑ # of countries with increased public official and/or NGO support of FP/RH ❑ # of countries with increased numbers and types of agencies involved in FP/RH policymaking ❑ # of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened ❑ # of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions 	<p>Qualitative assessments; key informant interviews; statements of public sector officials or NGO leaders</p> <p>Meeting agendas and attendance lists; ...</p> <p><i>Advocacy Network Questionnaire; Network Member Profile; Sustainability Checklist</i></p> <p><i>Network Member Profile</i></p>

<p>IR2: Planning and financing for FP/RH and HIV/AIDS improved</p>	<ul style="list-style-type: none"> ❑ # of countries with improved score on planning checklist ❑ # of countries that develop and submit for approval plans, policies, or guidelines ❑ # of countries that develop and submit for approval plans or policies that promote increased resources for FP/RH and HIV/AIDS ❑ # of countries that identify, test, or adopt new financing mechanisms ❑ # of countries that develop guidelines or mechanisms for efficient and/or equitable resource allocation 	<p><i>Planning Checklist</i></p> <p>Documents and letters of transmittal for approval Documents and letters of transmittal for approval</p> <p>Documents; pilot tests; etc.</p> <p>Documents and letters of transmittal for approval; <i>Documentation Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p>
<p>IR3: Accurate, up-to-date, relevant information informs policy decisions</p>	<ul style="list-style-type: none"> ❑ # of new tools created or adapted to address FP/RH or AIDS issues ❑ # of countries that use information produced with support from POLICY for policy dialogue, planning and/or advocacy ❑ # of national/subnational policies/plans that use information produced with support from POLICY 	<p>Project records</p> <p>Key informant interviews; documents with citations highlighted</p> <p>Documents with citations highlighted; key informant interviews</p>
<p>IR4: In-country/regional capacity to provide policy training enhanced</p>	<ul style="list-style-type: none"> ❑ # of countries in which LTAs provide TA and/or conduct training in the policy process ❑ # of countries in which counterparts trained or supported by POLICY conduct training in the policy dialogue, planning, and/or advocacy ❑ # of instances in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions ❑ # of instances in which POLICY contributes curricula and/or instructors in policy analysis, planning, finance, and advocacy to other training programs ❑ # of instances in which other cost-effective capacity-building interventions are implemented 	<p>Project records; quarterly reports</p> <p>Training course materials</p> <p>Training course materials</p> <p>Project records; training course materials</p> <p>Project records; other sources TBD</p>

III. WORKPLAN FOR CORE-FUNDED ACTIVITIES

The core-funded program for Year 5 of the POLICY Project will be organized around the project's SO and four IRs as set forth in the previous section. The IRs function to define the strategic objective in the context of the project, place focus on general subobjectives and results, and provide an organizational format for reporting activities and results as well as for budgeting and accounting for financial expenditures. The following sections of the workplan detail our objectives, approaches, planned activities, and expected results for Year 5 core-funded activities for SSO1 (FP/RH), SSO2 (Maternal Health), and SSO4 (HIV/AIDS). Core-funded work will be carried out in close coordination with country programs, and the mechanisms for ensuring this coordination are set forth below.

To facilitate reporting, we have organized the workplan around funding sources, including separate sections for FP/RH, maternal health, and HIV/AIDS core funds (Sections A, B, and C below). Within each section, we have further organized the content according to IRs, working groups, core packages, and global leadership priorities. Regional activities are described in Section IV. While we have organized the core workplan by funding source, there are a number of synergies across the IRs where there are opportunities for mutually supportive approaches and activities. We have noted these where appropriate in the text.

A. Use of SSO1 (FP/RH) Core Funds

We hope to focus most of our new initiatives for Year 5 in three critical areas that will increase our understanding of current gaps to stimulate strengthened access for FP/RH services for vulnerable groups. Furthermore, we will continue to develop and apply tools and approaches that will spark policy actions that improve access. These activities are central to USAID's objectives in FP/RH, which include scaling up efforts to reposition and reinvigorate access to FP services in POLICY countries.

The main thrust of our activities in Year 5 will be on (1) *building commitment to increasing access to FP services, including repositioning family planning*; (2) *building strategic alliances between FP and HIV/AIDS programs*; and (3) *improving contraceptive security (CS)*. We hope to build support for FP/RH programs in countries where contraceptive prevalence remains low and unmet need for FP services is high. We will develop a customized approach that varies depending on identified gaps and the status of the HIV/AIDS pandemic in a particular country.

In Year 5, POLICY will complete all remaining core packages and will take advantage of four or five targets of opportunity. Under Global Leadership Priorities, POLICY will work on key activities judged by GH/PRH/PEC and project management to be central to our emphasis areas and to achieving project objectives. The following sections describe these SSO1 (FP/RH) core-funded activities and the expected results for Year 5, including a description of activities funded as Global Leadership Priorities. A summary budget for the use of population/RH core funds appears in the Appendix (Table A-1). SSO2 core funds allocated for maternal health activities are described in Section B, and SSO4 core funds allocated for HIV/AIDS activities, are summarized in Section C below.

1. IR1: Political and Popular Support Broadened and Strengthened (FP/RH)

The objective of IR1 is to build political commitment and popular support for client-focused FP/RH policies and programs. We achieve this objective by building the advocacy and policy dialogue skills of policy champions in both the public and private sectors, by creating and strengthening sustainable advocacy networks, forging public-private partnerships, and by expanding the role of the private sector (commercial and civil society) in policy planning, formulation, and implementation.

In contributing to POLICY's overall strategic objectives, IR1 has focused efforts on building political and popular support to reposition family planning as a key reproductive health intervention. This has included legislative reform, linking family planning to HIV/AIDS programs, emphasizing the health benefits of family planning in reducing maternal and infant mortality, preventing high-risk and unwanted pregnancies, and meeting unmet need. As part of POLICY's efforts to reinvigorate family planning, IR1 staff will continue to support interventions in Africa to reposition family planning, and this year will expand these efforts in Asia and other countries where FP programs need to be strengthened. In addition, the IR1 team will support a broad approach to repositioning FP programs by supporting advocacy through faith-based groups, building advocacy efforts around FP/RH needs of HIV-positive women, promoting advocacy for contraceptive security, and building a cadre of trainers that can help scale up advocacy efforts. Contraceptive security, including improved efficiency in ensuring subsidized resources to the most disadvantaged while also increasing private sector involvement, and unmet need especially for birth spacing will be key issues in our repositioning FP work in Asia. The IR1 team will continue to collaborate with IR2 and IR3 in designing effective advocacy strategies using existing models and data.

IR1 (FP/RH) Proposed Activities for Year 5:

Repositioning Family Planning

Resources and political will for FP programs remain stagnant, particularly in countries hardest hit by HIV/AIDS. Within the context of severe resource constraints, Africa continues to experience rapid population growth, high fertility, high infant and maternal mortality, and high unmet need for family planning, particularly for spacing methods. But the need to reinvigorate family planning is also felt in other regions. In Year 5, IR1 will continue efforts to reposition family planning in Africa but extend efforts into Asia and the Near East. In Africa, repositioning efforts will include building on accomplishments to date such as legislative and regulatory reform to improve access to family planning in Francophone countries. In Ghana, district-level multisectoral networks will expand their policy dialogue and advocacy efforts to district assemblies to incorporate family planning in current and future programs of HIV/AIDS prevention. Also, IR1 will collaborate with Advance Africa to bring POLICY's lessons learned in repositioning family planning in Africa at a regional conference to be held in Accra, Ghana, in November 2004. In Asia, Cambodia is a likely candidate for new efforts in repositioning family planning; in the Near East, Jordan is a likely candidate focusing on contraceptive security. The IR1 team will work with partners and counterparts in up to three selected countries to (1) develop region/country-specific strategies using existing and new IR2 approaches to include contraceptive security, and (2) apply IR3 models such as RH Allocate in policy dialogue with key decisionmakers.

Conduct TOT in Advocacy for Repositioning Family Planning and Contraceptive Security

IR1 will collaborate with IR2 to design and conduct a Training-of-Trainers (TOT) Advocacy workshop for partners and champions from networks, civil society, and the public sector on repositioning family planning. This will build a cadre of advocacy trainers to ensure scale up of FP repositioning efforts. In May 2003, IR1 staff conducted a TOT in Advocacy in Africa to build a cadre of in-country trainers and advocates to reposition family planning as a key intervention of reproductive healthcare programs. This has proved to be a very successful model of building south-south capacity as well as a network of trained advocates in Africa. These newly trained advocates have trained others; developed advocacy implementation plans on FP/RH; raised awareness among religious, cultural, and local leaders; and formed networks to promote change in FP/RH policies and programs. To address the continued demand for local capacity, a regional TOT in Advocacy will be conducted to include participants from Africa, Asia and the Near East (ANE), and Latin America and the Caribbean (LAC). The workshop will focus on

both strengthening training and facilitation skills and building technical knowledge in advocacy efforts for contraceptive security and repositioning family planning.

Contraceptive Security (CS)

In collaboration with IR2, the IR1 team will develop a Contraceptive Security Supplement to the Advocacy Training Manual. This supplement will be pilot-tested at the country level and introduced at the TOT in Advocacy for repositioning family planning.

Advocating for New Contraceptive Methods for HIV+ Women in Two Countries

As FP programs grow, they often endeavor to broaden the method mix to provide a full range of contraceptive choices to clients. The ability to achieve this goal is influenced by many factors, including provider bias. Provider bias is also influenced by numerous variables including technical knowledge, method availability, equipment availability, financial incentives, regional practice patterns, cultural values and beliefs, and sometimes fear. For example, anecdotal evidence suggests that many physicians believe that HIV-positive women should abstain from sexual activity and that intrauterine devices (IUDs) are an inappropriate contraceptive method for HIV-positive women. Many health providers may not be willing to perform invasive procedures on HIV-positive patients, decreasing the availability of sterilization and IUD insertion. The World Health Organization (WHO) has recently changed the Medical Eligibility Criteria for the use of the IUD in HIV+ women from a Category 3 (should not use – theoretical risks usually outweigh the benefits) to a Category 2 (can use; advantages usually outweigh the risks). In many countries, the IUD has been a controversial method of family planning, primarily due to earlier versions of the device that proved harmful to women. Many countries dropped the IUD from their method mix, in favor of injectable and oral contraceptives. However, the IUD is an extremely cost-effective method compared with most modern methods, including injectables and oral contraceptives. The IR1 team will conduct situation analyses to explore the extent to which access to a full range of family planning methods is constrained secondary to (1) the patient’s HIV/AIDS status, (2) provider attitudes, and (3) socioeconomic status. Based on the situation analyses, advocacy and policy dialogue efforts will be carried out to ensure a broad range of RH choices for HIV-positive women.

Networking: What Works

IR1 has fostered the development of NGO-led as well as multisectoral advocacy networks in many parts of the world. These networks were formed to build political commitment and popular support for FP/RH policies and programs, foster public-private partnerships to ensure NGO participation in government policy development, and encourage collaboration between both sectors in implementing FP/RH programs. In Year 5, IR1 will look at “what works” in network formation and sustainability. An assessment will be prepared to address the impact these networks have had in influencing policy, their contributions to improving the policy environment, and the effectiveness of public-private partnerships. The study will look at whether and how NGO-government partnerships affected the sustainability of advocacy networks; key partners in advocacy, policy development, and implementation; and what is working and not working. IR1 will use the responses to these questions to prepare recommendations for fostering public-private partnerships, design targeted IR1 assistance to existing networks in POLICY countries to foster public-private partnerships, and encourage network sustainability.

Application of the Policy Circle in Advocacy and Policy Dialogue

Working with IR4, the IR1 team will apply training modules for “Policy Circle” in conjunction with sections of *Networking for Policy Change: Advocacy Training Manual*, particularly Section II, “Actors, Issues, and Opportunities: Assessing the Policy Environment,” and Section III, “The Advocacy Strategy:

Mobilizing for Action.” The training modules will be used in the TOT in Advocacy for repositioning family planning.

Country-Level Training and Technical Assistance

The IR1 team will continue to provide TA to multisectoral groups in their efforts to reposition family planning through advocacy efforts, work closely with the IR2 team in supporting advocacy efforts around contraceptive security, and provide ongoing support to midwives in advocating for maternal health. This will include collaborating with the International Confederation of Midwives in building the advocacy capacity of its members, particularly young leaders. Jointly with IR4, IR1 will develop advocacy curricula to become part of its Global Leadership Program. Through this country-level training and TA, the IR1 team will use the various tools and supplements to *Networking for Policy Change* and relevant IR3 models.

Materials Development and Production

Two technical supplements to *Networking for Policy Change: An Advocacy Training Manual* on human rights advocacy and young adult reproductive health will be finalized and printed. The IR1 team will work with the Human Rights Working Group on the Human Rights Advocacy Supplement. The Youth Reproductive Health Supplement will be printed and then translated into French and Spanish.

Participation in TD Week/Conferences

IR1 staff will participate in TD Weeks, facilitate sessions, and make presentations as requested.

IR1 Expected Achievements for Year 5:

- Advocacy strategies to reposition family planning and address contraceptive security developed in two additional countries.
- TOT participants initiate repositioning FP advocacy initiatives in their respective countries.
- Policy Circle tool applied in advocacy TOT.
- IR3 FP/RH models used in policy dialogue with key decisionmakers.

2. IR2: Planning and Finance Improved (FP/RH)

IR2’s goal is to *expand access to quality FP/RH services through improved planning and finance*. The strategic approach identified to achieve this goal focuses on building local capacity in the areas of planning and finance to improve resource utilization and availability in FP/RH and maternal health programs. The strategic approach is further defined by three specific objectives: to increase resources available to FP/RH and maternal health programs, to improve planning and budgeting processes at the national and subnational levels, and to achieve greater efficiency in the use of existing resources. POLICY will achieve these objectives using the following interventions:

- Build capacity among country counterparts, long-term advisors (LTAs), and other project staff to identify and address planning and finance issues in country programs.
- Advance policy approaches for addressing planning and finance issues in country programs.
- Obtain definitive and sustainable results at the country level and apply the results to other country programs where applicable.
- Develop contraceptive and RH commodity security as a key focus of IR2 activities by supporting innovative applications of the Strategic Pathway for Reproductive Health Commodity Security

(SPARHCS) framework in country settings, preparing briefs on planning and finance issues related to contraceptive security, and conducting high profile policy seminars.

- Demonstrate market leadership in such areas as targeting resources to vulnerable populations and using advocacy to achieve contraceptive security objectives at the national and subnational levels.
- Collaborate with IR1 to use advocacy to support efficient and focused financing choices, with IR3 to ensure that sound research and accurate data guide financing decisions, and with IR4 to improve country and regional capacity in the areas of planning and finance. In addition, we will incorporate gender and human rights into activities as appropriate.
- Collaborate with IR4 to support institutionalization of IR2 modules on strategic planning and budgeting into training programs.

IR2 (FP/RH) Proposed Activities for Year 5:

IR2 will develop new, and improve existing, tools and techniques as practical, user-friendly approaches that POLICY country managers can use to improve planning and finance in selected countries. The focus areas for Year 5 will include advancing policy approaches and interventions in three key areas:

- Public-private collaboration;
- Planning and resource allocation; and
- CS policy.

Public–Private Sector Collaboration

IR2 will continue to work to position POLICY as the market leader in developing and implementing contraceptive security strategies that promote equity of access by directing resources to those most in need. Effective market segmentation and resource-targeting strategies can help the public sector focus its resources on those most in need while promoting the growth of commercial sector services for those who are able to pay. Taken together, this work will provide the basis for developing resource-targeting strategies within the larger context of contraceptive security. In Year 4, the IR2 team provided TA to country teams to conduct market segmentation studies in Bangladesh, Jordan, and Peru, defining and promoting complementary roles for the public and private sectors. Building on these efforts, in Year 5, IR2 will

- Provide TA to Egypt to conduct a market segmentation study, and
- Conduct a willingness-to-pay study in Jordan to build on the market segmentation study.

Planning and Resource Allocation

The focus of IR2 is to improve planning processes, encourage efficient allocation and use of available resources, and ensure that adequate additional resources are available to finance FP/RH, HIV/AIDS, and maternal health programs. Application of the strategic planning and budgeting training modules and the RH Allocate Model will assist countries to develop comprehensive reproductive health action plans (RHAPs) and to achieve greater efficiency in the use of available funds. The RH Allocate Model aims to improve priority setting and resource allocation by clearly showing the consequences of resource allocation decisions on a variety of outcome measures. The model will calculate the consequences of policy decisions on these outcome measures as the participants in the planning process decide how much importance to give to achieving these various goals.

- Revise the strategic planning and budgeting modules based on information from the initial pilot tests in Jamaica and Viet Nam and make any final changes that are required. Published modules will be disseminated to staff and training will be conducted in the Near East region.

- Conduct regional training for the RH Allocate Model. IR2 will organize a regional workshop to present tools and strategies for improving the decisionmaking process for national resource allocation using an evidence-based, multisectoral participatory process. The workshop will include an advocacy component designed especially to be used as a complement to the RH Allocate Model so that participants will obtain the skills to use the data from the model to influence decisionmakers. The training will be conducted either in Africa to aid in repositioning family planning programs or in the LAC region to assist with the development of regional contraceptive security strategies.
- Conduct one highly visible policy seminar highlighting a recently completed activity such as advocacy in the context of contraceptive security. The seminar will target the US development community, including USAID, other donors, and cooperating agencies (CAs). Beyond increasing the visibility of POLICY IR2 work, the seminar is intended to serve as a forum for information exchange and debate about current RH planning and finance issues.
- Provide country-level training and technical assistance. The IR2 team will work with the IR1 team to continue to provide TA to countries in their efforts to move toward contraceptive security by (1) increasing popular support and political will, (2) increasing funding for family planning, (3) improving planning, and (4) eliminating operational policy barriers to contraceptive security. This will include collaborating with other CAs and donors to leverage activities and resources within countries. IR2 will work in partnership with the gender, human rights, and adolescent working groups to incorporate these concepts into country-level training and assistance. Through this country-level training and TA, the IR2 team will use the various tools and supplements developed including the strategic planning and budgeting modules, the SPARHCS framework, the CS advocacy supplements currently being produced, the Planning and Finance Policy Briefs, the new RH Allocate Model, and other relevant IR3 models.
- Disseminate presentations and briefs at TD Week and in the field through workshops and forums.

Contraceptive Security

Contraceptive security is a key focus of IR2. We will continue to contribute to this field by conducting the following activities: (1) supporting innovative applications of the SPARHCS framework in country settings, (2) preparing a series of briefs on planning and finance issues related to contraceptive security, and (3) convening a high-profile policy seminar.

- Pilot-test the CS advocacy supplement at the country level in Year 5. Involving advocacy groups is critical to enhancing CS goals at the country level. During Year 4, IR2 and IR1 began developing a supplement on CS to accompany the Advocacy Training Manual. The CS supplement will be completed in Year 5.
- Design and conduct a TOT in Advocacy workshop for Repositioning Family Planning and Contraceptive Security in conjunction with IR1. The workshop will focus on providing participants with basic training and facilitation skills, strengthening their capacity in advocacy, and expanding technical knowledge on CS. The purpose of the workshop is to build a cadre of in-country trainers who can train and guide others in repositioning family planning and advocating for contraceptive security. Sessions will be designed to raise awareness and knowledge of family planning, with an emphasis on key CS issues, target audiences for CS messages, partnerships with allies, message development, use of relevant data, and advocacy action plans. Resulting from this workshop will be a cadre of advocacy trainers who can replicate such trainings in their respective countries and initiate FP repositioning and CS activities.
- Disseminate and document outcomes of core-funded initiatives in contraceptive security conducted from 2002–2004. From January to July 2003, POLICY (in collaboration with DELIVER) supported a successful CS priority-setting initiative in Ethiopia. POLICY's work

began with an assessment of the CS environment to identify a range of CS issues, activities, and key stakeholders. Information and data collection activities were then mobilized to increase the evidence-base for further dialogue on CS issues facing the country. During the last phase of the initiative, a broadly participatory forum was conducted to distill the many CS issues to a concise set of immediate and medium-term issues that would comprise a national CS agenda. From January 2002 to October 2003, POLICY (in collaboration with DELIVER and CMS) also supported a successful CS strategy development process in Nigeria. While the initial assessment is well documented, follow-on activities that led up to the development and adoption of the CS Strategic Plan are not well described. The purpose of this activity is to document the processes that produced the outcomes, articulating lessons learned about how to motivate action toward contraceptive security in resource-poor countries where FP/RH programs perform poorly.

- Participate in the Contraceptive Security Working Group under the leadership of the Contraceptive Security and Logistics (CSL) Division of USAID.
- Participate in the CS Indicators working group to finalize work on monitoring and evaluation indicators.
- Conduct a second case study on the aftermath of the USAID phaseout. POLICY is nearing completion of its pilot case study on the USAID phaseout of support to a national FP program in Mexico. In addition to the insight gained about the impact of phaseout planning and implementation on the national FP program, valuable lessons have been learned about how to investigate post-phaseout impacts. These lessons will be used to revise the data collection and interview instruments, and the information collection process. The second study may be conducted on Tunisia. This second case study will, if possible, highlight the following issues:
 - The political economy of phaseout planning, implementation, and follow-on.
 - Inclusiveness of phaseout planning and impact on implementation support.
 - The wisdom of key dimensions of the strategy, such as regional targeting, as viewed retrospectively.
 - Inclusion of other impending key development reforms (e.g., decentralization, health sector reform) in the phaseout plan and impact of including or failing to include these dimensions
 - Behavior of the commercial sector, with particular emphasis on response to donor efforts to pass their concessionary prices for contraceptive commodities onto government agencies and NGOs.
- Prepare briefs within the *Policy Issues in Planning and Finance* series. Two policy briefs initiated in Year 4 will be finalized in Year 5. The policy briefs include “Contraceptive Security in Decentralized Settings” and “Efficient Use of Resources in Contraceptive Security.” Two additional policy briefs are proposed: “Advocacy in Contraceptive Security” and “Contraceptive Security and HIV/AIDS – The Intersection.” Depending on the selection of topics, IR2 will work in collaboration with other IRs to complete these briefs.

IR2 Expected Achievements for Year 5:

- POLICY staff and counterparts will be able to identify problems and develop strategies in the areas of resource allocation and contraceptive security.
- The RH Allocate Model will be pilot tested and introduced into SPECTRUM.
- The CS advocacy supplement will be used to train advocates in at least one country who will then advocate for increased funding for contraceptives and/or other CS activities.

3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (FP/RH)

The collection and use of data are crucial to successful policy assistance and thus, underpin all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models or policy analysis tools, to understand FP/RH and HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve FP/RH and HIV/AIDS goals.

Through IR3, POLICY undertakes models work and research. The models work centers on the SPECTRUM suite of models, such as DemProj and the AIDS Impact Model (AIM), and includes development of new models and their incorporation into SPECTRUM. The research undertaken is designed to answer policy questions that arise in POLICY work or in response to global policy issues. Much of the research comprises secondary analysis of existing information, such as Demographic and Health Survey (DHS) data. IR3 also compiles evidence of effective reproductive health, family planning, safe motherhood and STI/HIV/AIDS interventions to assist in making sound, evidence-based policy decisions in the context of scarce resources.

IR3 Proposed Activities for Year 5:

Models

After significant progress in disseminating existing models and developing new ones, and as POLICY approaches its final months, IR3 models work in Year 5 will be geared toward wider application of models and increased use of model results in RH policy work, including research, advocacy and policy dialogue, especially for contraceptive security and repositioning family planning. IR3 will thus endeavor to assess the utilization, achievements, and sustainability of specific policy models with the related objective of consolidating POLICY's modeling activities to ensure continued relevance and applicability.

Two main strategies will be pursued. First, IR3 will continue to maintain and disseminate the models, support the use of model results in policy analysis, and update existing models and related tools like the user manuals to respond to recommendations from POLICY staff, US and various global agencies, and country counterparts. Translations and reproductions of the models and their respective manuals will also continue as needed. In collaboration with other IRs, IR3 will also continue to train the staff in new and existing models and incorporate their outputs in policy analyses and research undertaken throughout the project. Continuing activities also include testing and bringing new models into the SPECTRUM system, including the RH Allocate Model (which is currently still in Excel). Secondly, as the array of POLICY models increases, demand for training, TA, and application queries and feedback from staff, country counterparts, and other users are expected to escalate. Thus, IR3 will establish Modeling Reference Groups for various POLICY models to help ensure better coordination, provide timely and appropriate responses to technical questions and problems in models application, and track country-level modeling and associated accomplishments.

- **Incorporate RH Allocate Model into SPECTRUM.** IR3 will continue to oversee the remaining programming work to resolve remaining Excel bugs in the impact and resource allocation components of the model and complete the programming to incorporate the entire model into the SPECTRUM system. IR3 will also support the preparation of the user manual.
- **Incorporate Child Survival in Modeling.** Based on demand in the field to include child survival outputs in POLICY models, POLICY will support incorporation of child survival outputs in the RH Allocate Model, which includes FamPlan, PAC, and Safe Motherhood components.

This simple model will allow users to input trends in IMR over time and will calculate lives saved by averting all high-risk births. Users would also be able to compare what would happen if a given country had the risk profile of another country, similar to what the Safe Motherhood Model provides. POLICY will prepare a simple user's manual for the child survival component and train staff in its use for advocacy and policy dialogue to reposition family planning, especially in Asia and Africa. Ultimately, POLICY will explore the feasibility of incorporating this module into the full SPECTRUM modeling system.

- **Update models in SPECTRUM.** The various models in SPECTRUM are used by POLICY staff and country counterparts, CAs, the U.S. Bureau of the Census, UNAIDS, UNFPA, and the World Bank. Models in SPECTRUM need to be expanded or revised as recommended by SPECTRUM users all over to maximize applications in policy change, research, advocacy, dialogue, capability-building, and monitoring and evaluation. Updating is also needed to take into account changing socioeconomic contexts and to facilitate better understanding of RH challenges. The following SPECTRUM updates are underway or planned:
 - Modify DemProj to act on Bureau of the Census recommendations to include changes in age-specific parameters and add displays to highlight the limited window of opportunity provided by the large segments of the population in the working ages. The latter modification represents a first step to incorporate the demographic dividend into SPECTRUM and helps ensure that the issue is included in project-supported advocacy and policy dialogue. IR3 also proposes to expound on the demographic dividend more fully in future work.
 - Continue modifications to NewGen.
 - Revise FamPlan to support the repositioning family planning initiative and highlight health impacts, which is crucial to supporting POLICY efforts to reposition family planning in Africa and Asia. FamPlan changes will incorporate key policy issues, including insufficient funding (new) and safe motherhood and child survival concerns, such as delayed first pregnancy; prevention of high-risk births through longer birth intervals, and potential impact on safe motherhood and child survival outcomes, such as infant and child deaths, maternal deaths, and abortions.
- **Orient/train POLICY staff on new or revised computer models.** Together with IR4, IR3 will continue to support orientation for POLICY staff to promote and/or support applications in various countries of the following new or updated models:
 - RH Allocate Model application—including data collection regarding the Mother-Baby package services and costs, etc. (Targeted for training are IR2 and Safe Motherhood staff)
 - RH Allocate Model within the SPECTRUM system
 - Updated DemProj
 - Demographic Dividend features in DemProj
 - Updated FamPlan
- **Document use of computer models in policy change.** Information from country reports and POLICY staff will be used to document the use of POLICY computer models in actual policy change in specific countries/regions (e.g., CERPOD). Results will be summarized in a flyer for dissemination among staff and others.

- **General models maintenance and support.** A continuing activity to fix bugs, make minor modifications per country-specific needs (e.g., adding a “help” function to SPECTRUM), respond to technical support and requests for SPECTRUM, and provide other general support for models.
- **Support development of advocacy training curricula.** Work with IR1 and IR4 to develop advocacy and policy dialogue training curricula using the results of computer models.
- **Manage and coordinate IR3 activities and updates.** Overall POLICY models oversight and coordination will be provided by IR3. To facilitate coordination and to help ensure wider country application, continued availability of TA, and dissemination of model-related accomplishments, POLICY will establish Modeling Reference Groups. This is being proposed as POLICY is now supporting about 10 different computer models that are being used in various countries. Such expansion in models work has made it difficult to continue coordinating and supporting models work. Thus, POLICY will organize its modeling work around Reference Groups for each model. Each Reference Group will be composed of three to seven people who know the model well and have been involved in applications. The Reference Groups will be responsible for reviewing the current status of model development, reviewing recent model applications, developing workplans to keep the model and manuals up-to-date and supporting field applications, responding to questions and requests for assistance regarding the model, and drafting explanatory materials, brochures, and so forth as required to promote model use. Each Reference Group is expected to meet once every three months. Meeting formats include teleconferences as some group members may come from the field. Reference Groups will discuss model improvements and uses, answering questions from users, and writing manuals. Membership in each Reference Group will change over time as the needs and interests change. Each Reference Group will have a leader responsible for organizing and running the meetings, managing budgets, and making sure that workplans are developed and responsibilities are assigned and completed. The Reference Group approach aims for greater involvement of staff in model development, update and use; improved communications on model developments and use; improved quality of the models and materials; clear lines of responsibility for developing and supporting each model; and better sustainability of model support in the future.

Support Global Policy-relevant Research

Core-funded research and policy analysis are conducted throughout the project, including through other IRs, working groups, and core packages. Most research on planning and finance is supported through IR2, for example. On these studies, IR3 staff will provide TA as required. In Year 5, IR3 will continue to support global policy-relevant research and policy analysis on topics of relevance to the project (with the exception of planning and finance); compile evidence of STI/HIV/AIDS and FP interventions that work; disseminate policy-relevant research through working papers, occasional papers, and journal articles; and strengthen research training under IR4. In addition, IR3 will continue to provide TA to field-based studies.

- Complete and disseminate the HIV/AIDS/STI module of the *What Works: Policy and Program Guide to the Evidence on Family Planning, Reproductive Health, and HIV/AIDS/STI Intervention* series and begin drafting the FP module. (The PAC module is being completed using Global Leadership Priority funds.)
- Complete the paper, “Bringing Reproductive Health Policymaking into the 21st Century,” and publish it as a POLICY occasional paper. This paper will highlight why policies matter and will highlight case studies from POLICY countries.

- Prepare and publish papers in peer-reviewed journals on POLICY research. POLICY has conducted some cutting-edge research on a variety of topics across the IRs. The IR3 team proposes to write papers on up to three topics that have emerged from the core-funded and country-level research conducted in the first four years of the POLICY Project (e.g., operational policy studies, repositioning family planning, etc.).
- Support analysis of “Causes of Stalling Fertility Transitions in Developing Countries,” (to be conducted by John Bongaarts).
- Provide TA to country programs and core-funded research activities to help develop, implement, analyze, and document research findings, as appropriate. The IR3 team is growing and can offer more inputs into the design and conduct of in-country, policy-relevant research.
- Participate in TD Week and other professional meetings.

IR3 Expected Achievements for Year 5:

- RH Allocate Model completed and programming into SPECTRUM initiated.
- Staff trained on SPECTRUM updates and new models.
- Models results incorporated in advocacy and policy dialogue in two countries.
- POLICY research results published in various forms.
- The STI/HIV/AIDS module from the *What Works?* series completed and disseminated; one additional module started.

4. IR4: Capacity Development (FP/RH)

The strategy for IR4 is based on building the capabilities of POLICY staff and supporting the development and conduct of training courses that can be institutionalized into universities and training centers. To build the capacity of POLICY staff, technical development meetings are held for current staff and associated policy champions. Support is also available for POLICY staff to receive additional training in specific areas and to increase their professional standing by disseminating results of POLICY activities at conferences. The POLICY Project is supporting the long-term development of students and professionals in the project countries through designing, delivering, and institutionalizing modules and courses, particularly at national universities.

During Year 5, IR4 activities will focus on opportunities for pre-service training, which has the potential to reach a large number of students who can use policy skills on a range of topics, including reproductive health and HIV/AIDS. The introduction of SPECTRUM into universities remains an important activity. Training modules based on the Policy Circle are also being completed and will provide the basis for courses and workshops on policy analysis. In addition, POLICY is supporting courses related to the decentralization of the health sector, health and human rights, and HIV/AIDS policy in the workplace. One of the goals in designing these modules and courses is that they become institutionalized in universities and training centers in a sustainable way, without requiring a long-term financial commitment from the POLICY Project.

IR4 Proposed Activities for Year 5:

- Introduce SPECTRUM into two additional universities, as part of POLICY’s ongoing effort to find institutional homes for the modeling software.

- Introduce planning and finance modules (Strategic Planning and Budgeting) in two university programs. Both modules have been pilot tested and modifications are being made so that the final versions can be disseminated and introduced into training programs.
- Conduct course on policy analysis based on the Policy Circle as a pilot test in one location. Training modules on policy analysis based on the Policy Circle are currently being developed. During Year 5, these modules will be pilot-tested and revised for dissemination.
- Conduct course on human rights and reproductive health, developed during Year 4, in Peru during Fall 2004 as a pilot. In addition, the course will be introduced in one additional university during Year 5.
- Collaborate with IR1 in advocacy training to build capacity of staff from the International Confederation of Midwives and the participants of its Global Leadership Program.
- Facilitate the development of in-country internship programs with three POLICY offices, with POLICY LTAs serving as supervisors.
- Continue to improve the skills of POLICY staff through TD Week.
- Conduct training on SPECTRUM for policy field staff and provide support for additional capacity-building activities.
- Document and disseminate the benefit and use of capacity-building activities achieved through IR4, such as the use of SPECTRUM and policy analysis training courses.
- Seek additional opportunities to incorporate policy development and analysis in the training activities of other CAs and to reach students from developing countries studying at U.S. universities.

IR4 Expected Achievements for Year 5:

- Four policy-related courses delivered at universities and training institutes for pre-service and in-service health and population personnel.
- Completion of up to three in-country internships for promising policy-oriented personnel.
- Policy staff, and overseas staff in particular, more effective in their performance due to training and information received during TD Week, as well as through TA related to their positions as country directors and managers.
- IR4 results documented and disseminated through bulletins, webpage, and other sources. Course materials available for dissemination through POLICY website.

5. Core-Funded Working Groups (FP/RH)

a. Adolescent Working Group (AWG)

The purpose of the Adolescent Working Group (AWG) is to create a shared understanding of critical issues in adolescent reproductive health (ARH), both globally and regionally, and to explore ARH issues in the context of reproductive health policy. A primary role of the AWG is to educate POLICY staff about ARH to promote greater integration of ARH activities into country programs and activities. In

keeping with this, another important purpose of the AWG is to create and collect relevant supporting information, resources and tools for POLICY staff in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

AWG Proposed Activities for Year 5:

- Provide follow-up to April 2004 Regional Policy and Programming Workshop in Tanzania (collaboration with YouthNet) and provide TA to Uganda country team to implement a youth advocacy plan
- Conduct an expanded country-level ARH needs assessment/workplan review for Ukraine and Jordan
- Participate in selected regional/country meetings related to ARH
- Conduct two brown bags on ARH issues
- Market, maintain, and evaluate Youth-policy.com (in collaboration with YouthNet)
- Field-test the use of the Youth-policy.com website in policy dialogue and policy formulation in one or two countries
- Present ARH-specific analyses/papers at professional and regional/country meetings
- Work with regional and country managers to document ARH policy successes

Expected Achievements for Year 5:

- Youth-policy.com updated and improved after country-level field test.
- Three country briefs on ARH policy successes printed and disseminated.

b. Gender Working Group (GWG)

The objective of the Gender Working Group (GWG) is to support the integration of gender into project activities and policy-related activities of USAID/GH/PRH. For Year 5, our overall strategy will be to facilitate technical leadership and integration of gender through POLICY's internal GWG while also continuing our participation and leadership in the USAID Interagency Gender Working Group (IGWG). The GWG will

- Leverage our technical inputs to and the resources available through the IGWG, by adapting the materials and methodologies for use in POLICY
- Build technical leadership by developing, disseminating, and building capacity to use gender tools for policy analysis
- Further mainstream gender within POLICY via information-sharing, TA, and capacity building
- Document and disseminate our gender work beyond POLICY

GWG Proposed Activities for Year 5:

- Chair the IGWG Technical Advisory Group and coordinate and provide gender training/workshops to USAID and CAs, in collaboration with IGWG counterparts
- Bring IGWG tools to bear in POLICY's portfolio, through dissemination of materials (including via the intranet) and TA to adapt tools as needed to a field setting
- Provide technical leadership through the completion of gender tools for policy analysis and disseminate guidelines within and beyond POLICY, including training staff in the use of the guidelines during TD Week
- Provide technical leadership to support efforts in one or two countries to develop or strengthen national and operational guidelines designed to support gender-equitable male involvement

- Leverage POLICY technical work in other Year 5 activities (e.g., the target of opportunity on meeting the RH needs of HIV-positive women), as well as Year 4 activities (gender-based violence and women's property rights) to identify, document, and disseminate cutting-edge approaches for integration into other country activities
- Respond to ongoing requests for TA from the field, including preparing materials and advising country teams on workplans
- Facilitate communication within POLICY on current gender issues, resources, and ongoing field work via expanded use of intranet, brown bag lunches, and maintenance of gender resources library

Expected Achievements for Year 5:

- Strengthened integration of gender into country programs and IRs by POLICY staff and partners.
- POLICY technical leadership strengthened through the dissemination and use of gender and policy analysis tools and through the dissemination of promising strategies from core-funded gender activities.

c. Human Rights Working Group (HRWG)

The purpose of the HRWG is to continue creation of a shared understanding of critical issues in human rights as applied to reproductive health and to promote a rights-based approach in core-funded and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions and laws, components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, collaboration and coordination. The objective of the HRWG is to achieve an increasing number of core and field results that incorporate a rights-based approach. The strategy is to support application of a human rights approach by increasing knowledge of human rights issues by staff and counterparts; increasing staff and counterpart collaboration and coordination of human rights activities; and promoting human rights applications in POLICY countries.

POLICY's human rights work will continue to be aimed at raising the profile of FP/RH as a basic human right, focusing especially on the legal status of women and how improvements in that status can advance access to high-quality RH care.

HRWG Proposed Activities for Year 5:

- Increase knowledge of human rights by staff and counterparts with focus on applications in POLICY countries
 - Prepare (2–3 page) technical updates for field on RH and human rights subjects, to be suggested by the HRWG membership
 - Prepare two POLICY publications on specific issues of general importance to POLICY, linking human rights and reproductive health (e.g., human rights and access to FP services for HIV-positive women, and human rights and access to services related to safe motherhood)
 - Refine, update, and continue to disseminate and train staff and counterparts to use the Human Rights Matrix and other human rights tools developed within POLICY
 - Coordinate with IR4 in the development of the course on Reproductive Health and Human Rights, and probable course application in other regions
 - Conduct dissemination events, 'pulling together' POLICY RH and human rights-based activities and country-level results by conducting a one/two-day TD Week satellite or a

one/two-day ‘standalone’ dissemination meeting. This activity is designed to show case the human rights-based activities that are conducted in POLICY country work and in three core-funded activities, for example, (a) the reproductive health and human rights course and learning package (prepared by HRWG and IR4), (b) the human rights module of the Advocacy Training Manual, and (c) the technical updates and other publications prepared on subjects linking reproductive health and human rights.

- Increase staff and counterpart collaboration and coordination of human rights activities
 - Continue collaboration and program involvement with key centers that link human rights and reproductive health (universities, U.N. agencies, and selected NGOs)
 - Strengthen collaboration and activities with White Ribbon Alliance secretariat and in-country WRA membership, based on content of and follow-up to the November 2003 workshop in Lusaka, Zambia
- Promote human rights applications in POLICY countries
 - Integrate human rights and “lessons learned” from selected countries (e.g., Peru, Ukraine) into the IR4 curriculum on RH and Human Rights to be conducted in additional country settings
 - In coordination with key academic centers, work toward the placement of selected RH and human rights course sessions (drawn from RH and human rights curriculum and other POLICY-supported activities) as teaching modules in pre-service course curricula

Expected Achievements for Year 5:

- Strengthened communication among POLICY staff on the subject of reproductive health and human rights.
- HR-related documents and briefs printed and disseminated.
- POLICY country and core activities concerning reproductive health and human rights documented and disseminated.

d. Quality Assurance and Monitoring and Evaluation

The Quality Assurance (QA) and Evaluation Team ensures adherence to the project’s reporting requirements; provides oversight for workplan development and evaluation activities; and oversees document review, production, and dissemination of project documents. The QA Team also provides guidance on the results framework, indicators, data sources, and results reporting. The QA Team has also devoted considerable efforts to providing TA to country programs in M&E issues and results reporting through participation in TD Weeks and providing TA in country workshops.

QA Proposed Activities for Year 5:

- Review inputs and produce project workplans, semi-annual reports, and quarterly reports for OPRH and OHA
- Produce information for portfolio reviews and ad hoc reporting requests
- Update the POLICY Project Results Database and the OHA PDB
- Complete the training and documentation binder on HIV/AIDS reporting requirements and update the project’s QA binder
- Provide TA to country managers for M&E activities, as countries move toward closeout
- Prepare Contractor’s Self-Assessment Report as part of the project’s performance monitoring procedures

Expected Achievements for Year 5:

- Role of LTAs in the policy process documented in all closeout countries.
- Workplans updated through end-of-project in all active POLICY countries.

6. POLICY Core Packages and Targets of Opportunity (FP/RH)

In this section, we provide an update and description of planned Year 5 activities for current core packages and approved targets of opportunity supported by population/RH funds. Updates on HIV/AIDS core packages appear in a subsequent section of the workplan. Only three population/RH core packages remain to be completed: Jamaica, Kenya, and the RH Allocate Model.

a. Core Packages

Jamaica core package. The Jamaica Core Package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration of FP/MCH and STI/HIV/AIDS services. Two parishes in the NorthEast Region have been chosen for study. A workshop was conducted with the stakeholders in the region along with national representatives to begin the process of identifying barriers to integration. Subsequent to that workshop, POLICY staff documented the current service delivery structure for FP/MCH and STI/HIV/AIDS in the two parishes and developed and finalized 22 potential interventions that could be implemented in the parishes to foster integration. The interventions were designed in collaboration with MOH staff at the NorthEast Regional Office and the two parishes. A research company is currently completing studies pertaining to the proposed interventions, including an operational policy barrier study, provider interviews, and client focus groups. The research company's report will be finalized by August 2004. POLICY staff are costing the interventions as well as completing a cost-effectiveness study on screening and treatment for STIs. The cost analysis will be finalized by August 2004. Both the research company's report and the cost analysis report will be disseminated to a small group of relevant parties at the regional and national levels before a wide dissemination of the reports scheduled for early September. It is anticipated that a number of the proposed interventions will be adopted by the NorthEast Region for implementation as preliminary results from the research company's report indicate agreement with certain interventions and agreement that they could likely be implemented. The MOH will make the final decision whether to implement the proposed interventions when they receive the final reports and are able to have a full discussion of the issues at the dissemination in September. The results of this feasibility study can be used to guide integration approaches for other parishes in Jamaica and provide information to donors and program managers in other countries as they make decisions on integration of RH/HIV/AIDS services. The activities on this core package will end in October, with a final report produced by December 2004.

Kenya core package. The overarching objective of this core package is to improve financial access to FP services for the poor and other underserved groups. The package seeks to do this by ensuring that waivers and exemptions are appropriately applied to those who need them; ensuring that revenues generated from FP-related fees are retained and used to improve the quality of FP/RH services; and generating additional revenues to move the public sector toward eventual financial sustainability in the delivery of FP services, including in their management and logistics systems. To date, the following has been accomplished:

- Collaborative planning and consensus-building activities have been conducted with key stakeholders;
- Pilot public sector sites (five hospitals) have been prepared;

- A market segmentation study has been conducted;
- A user fee study has been completed that analyzes current fee-charging practices; and
- An analysis of operational policies affecting FP fee charging, waivers, and exemptions has been completed.

In Year 5, the following work will be concluded:

- A stakeholders meeting will be held to disseminate the findings from the various studies.
- MOH and other stakeholders will prepare FP Fee, Waiver, and Exemption Guidelines to improve the quality of services.
- The new FP fees and revenue guidelines will be tested in the five pilot facilities.
- The results of the pilot testing will be disseminated and recommendations will be made regarding the potential large-scale implementation of the new fees and guidelines within other public sector facilities.

Activities are expected to be completed in April 2005, with the core package final report finished in June 2005.

RH Allocate Model. Approved at the end of Year 2, the purpose of this core package is to develop a resource allocation model for reproductive health to help countries develop comprehensive RH action plans and to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the components of RH programs. The model's application will provide opportunities for multisectoral involvement in planning and finance, policy dialogue, and the use of advocacy skills to disseminate the results.

The model includes safe motherhood, family planning, and postabortion care (PAC) components. The costs of these interventions have been included in the Excel spreadsheet version. Currently, the safe motherhood module is being programmed into SPECTRUM and the user's manual is being written. The PAC module is now in SPECTRUM and the manual is almost completed. FamPlan is already in SPECTRUM, but its user's manual needs to be updated to describe its application within the RH Allocate Model. A front page that links the three modules still needs to be completed.

The RH Allocate Model is currently being pilot-tested in Ethiopia. A second pilot test funded by field support is scheduled for fall 2004 in Mexico. In addition, REDSO/ESA has expressed interest in a regional application.

In Year 5, we expect the RH Allocate Model to be completed, pilot-tested, and fully programmed into SPECTRUM.

b. Targets of Opportunity

Haiti (FOSREF): Addressing Policy and Operational Barriers to Accessing Integrated Youth Reproductive Health Services. The POLICY Project has a unique opportunity to explore policy and operational barriers to integrated youth RH services with FOSREF, a Haitian NGO, in collaboration with the Community REACH and YouthNet projects. Community REACH has provided funding during a two-year period to FOSREF to integrate voluntary counseling and testing (VCT) and referral services into the existing RH programs in three of FOSREF's youth-friendly clinics, as well as resources to promote these new services. YouthNet will provide funding to FOSREF to examine the quality of care in the context of RH services. POLICY will complement these activities by supporting the identification of policy and operational barriers, revision of FOSREF operational guidelines and national VCT guidelines, and advocacy activities to promote recommended changes to the NGO and public sector stakeholders.

POLICY has signed a memorandum of understanding with YouthNet to formalize collaboration and ensure clarity in terms of roles, responsibilities, and expectations.

The purpose of the FOSREF activity is to identify policy and operational barriers to the provision of and access to VCT/RH services to adolescents in Haiti through exit interviews with FOSREF clients. Based on stakeholder input and documentation of barriers, POLICY will help to develop operational guidelines that address these barriers to be used in all FOSREF clinics resulting in a revised *Protocole de VCT*. This activity will also suggest revisions to the national VCT policy to include provisions for adolescents, based on a review of international and Haitian experience.

POLICY, YouthNet, and FOSREF have completed the questionnaire for client exit interviews to identify operational barriers. POLICY has also developed a position paper advocating for changes in the national VCT policy. FOSREF has shared the paper with MOH officials. Progress has been delayed due to unrest in Haiti, but counterparts have now resumed work.

Remaining activities and timeline:

- *September–December 2004*: Data collection and analysis including finalization of data entry screens and data cleaning.
- *January 2005*: Prepare working paper on policy and operational barriers to youth accessing integrated RH services at FOSREF. This paper will outline the profile of youth accessing FP/RH and VCT services, assess the effectiveness of referral mechanisms for HIV-positive and HIV-negative youth, and identify current barriers to accessing services, with a special focus on parental consent.
- *January–February 2005*: Revised operational guidelines (*Protocole de VCT*) for FOSREF clinics. These revisions to FOSREF's guidelines will be based on the findings summarized in the working paper, so that existing barriers to access can be overcome. The updated guidelines will provide detailed guidance on provision of FP/RH and VCT to young people under 18 years of age, and referral services for HIV-positive and HIV-negative youth including care and support and post-test clubs.
- *March 2005*: Revised National VCT guidelines (with explicit references to access for minors and minors' access to other STI testing and contraceptive services). The POLICY Project team will work with FOSREF to design and implement advocacy activities directed at the MOH to ensure that explicit reference to adolescent access to VCT services is included in a way that maximizes access. POLICY will support FOSREF in advocacy efforts to encourage adoption of the revised operational guidelines by other service providers as well.
- *April 2005*: POLICY brief and/or POLICY Project working paper discussing recommendations for policymakers on reducing operational barriers to youth access to integrated RH services based on FOSREF's experiences.

Exploring the Links of Family Planning Within HIV/AIDS Policies and Programs. This activity was approved as a target of opportunity because it has global significance in informing policy decisions regarding integration of services. POLICY has published a working paper analyzing how family planning is addressed within HIV/AIDS, VCT, and prevention of mother-to-child transmission (PMTCT) policies in 15 countries based on a desk review of country policies. The analysis is being complemented by in-depth research in two countries, Uganda and Zambia, that examines the need for family planning from the

perspective of FP clients, users of VCT and PMTCT programs, and service providers. In addition, the research will address the need for family planning from the perspective of antiretroviral (ARV) treatment users. The draft protocol has been revised to include ARVs and has been sent to the research organization in Uganda that was chosen to conduct the study. Discussions are underway to identify research groups in Zambia. The investigation will provide a rich source of information and guidance on the extent of and potential for integrating FP services within HIV/AIDS, VCT, and PMTCT policies and programs.

In Year 5, POLICY will complete the in-depth studies in Uganda and Zambia and disseminate the findings through various channels including reports, in-country meetings, and presentations at international meetings.

Strengthening postpartum FP programs in Bangladesh to reduce maternal mortality: Building coalitions and alliances for advocating change. The purpose of this target of opportunity is to address operational barriers that impede the provision of postpartum care and family planning through the creation of participatory groups such as the White Ribbon Alliance (WRA). The WRA can play an important role in advocating for removal of operational barriers and creation of an enabling environment in which better FP programs contribute to improved maternal health.

In Year 5, POLICY will

- Collect information documenting barriers to postpartum family planning.
- Conduct a national stakeholders meeting to discuss the role of family planning as a safe motherhood intervention and to identify potential operational barriers to implementing postpartum family planning.
- Based on stakeholder input and documentation of barriers, develop an advocacy plan to address the operational barriers.
- Create a national WRA, which can advocate for addressing the key barriers to improving postpartum FP programs.
- Outline the role of individual member organizations and their responsibilities in achieving the objectives of the advocacy plan.
- Support advocacy initiatives through POLICY minigrants; as member organizations become more versed in advocacy, they may seek funds from other donors.
- Provide TA to assist in the development of recommendations for improving postpartum family planning in Bangladesh.

Meeting RH needs of HIV-positive women in Africa. POLICY is currently conducting research in Jamaica, Kenya, South Africa, Swaziland, Uganda, Ukraine, and Zambia on needs and availability of RH services for HIV-positive women. Based on key findings from the above mentioned studies, POLICY will synthesize issues and policy changes required and implemented and will develop recommendations to address policy barriers relating to meeting RH needs of HIV-positive women. POLICY will conduct regional advocacy training for members of positive women's networks in Africa to build their capacity to ensure availability of FP and RH services. POLICY will fund in-country small grants for these networks to work with the public sector and providers to ensure incorporation of recommendations and better availability of RH services. This target of opportunity was approved in June 2004 and will make use of both Population/RH and HIV/AIDS core funds.

7. Global Leadership Priorities

The funds for Global Leadership Priorities are allocated to provide policy support for critical issues under consideration by USAID task forces. This year POLICY applied for Global Leadership funds for contraceptive security, gender, FP-HIV integration, and postabortion care. Some of the activities to be

carried out with these funds also appear within the sections of the workplan for IR2 (FP/RH) and the GWG as noted below.

Contraceptive Security (CS)

This is the fourth year that POLICY has received funding from USAID's CSL Division to carry out activities related to contraceptive security. Funding has been earmarked for three activities. At present these include completion of the contraceptive security indicators, participation in the CS working group, and completion and piloting of the advocacy supplement on contraceptive security. Additional detail can be found in Section A.2 above for IR2 FP/RH.

Family Planning and HIV/AIDS Initiative

- **FP-HIV activities funded with FY04 funds for Global Leadership Priorities**

Develop a tool for integrating family planning into VCT and PMTCT policies. POLICY's analysis of the extent to which family planning is integrated in international and national HIV/AIDS, VCT, and PMTCT guidelines shows that family planning is unevenly addressed in these policies. To increase the inclusion of FP considerations in such guidelines, POLICY proposes to develop two tools that can be used by countries drafting or revising VCT and PMTCT policies or guidelines. These tools will serve as guides for participants in the policy development process to ensure that family planning is adequately addressed in operational guidelines. The tools will include prototype guidelines with specific suggestions on the best way to include family planning in each key area included in the policy. Phrasing suggestions will be included to assist easy inclusion of FP language in policies, and to help HIV/AIDS program and planning staff to better understand the importance of including FP considerations in these areas.

Case studies to understand family planning in the context of HIV. POLICY has conducted qualitative case studies in Kenya and Zambia on the status of FP services in the context of HIV, based on focus group discussions with HIV-positive women, antenatal clients, and service providers. POLICY will conduct one additional country study on the status of family planning in the context of HIV in a country not included within the President's Emergency Plan for AIDS Relief (e.g., Cambodia, India, or Nepal) using the same protocol as was used in Kenya and Zambia.

Support advocacy and policy dialogue to integrate family planning as a critical component of PMTCT programs. POLICY has initiated several activities that provide solid evidence of the need to integrate family planning into PMTCT programs. These include the cost effectiveness analysis of adding family planning into PMTCT programs done by John Stover, the analysis of FP content of PMTCT policies, and studies that are being conducted by POLICY and other groups like Family Health International (FHI) and Population Council. The activity will build upon the advocacy activities discussed at the recent donors meeting held in Geneva and will involve country-level advocacy and policy dialogue efforts in up to four countries to mainstream family planning into PMTCT programs. Details of this activity will be determined following further discussions with USAID.

- **Other FP-HIV activities funded by population core and HIV funds**

Development of an advocacy presentation on family planning and PMTCT. POLICY has recently developed a presentation that highlights the linkages between family planning and PMTCT that will be used at a First Ladies meeting from Southern Africa Development Commission (SADC) countries in July 2004. In this presentation, the need to invest in family planning within PMTCT programs is included as a component of a broader advocacy messages that outline the role of family planning as a crucial health and development intervention.

FP-MH Advocacy Tools

The MH team has developed a PowerPoint presentation to be used at the upcoming SADC First Ladies roundtable meeting. The presentation highlights the benefits of investing resources in family planning and birth spacing activities, especially how they can contribute significantly in reducing maternal and infant mortality and morbidity, decreasing the number of abortions, helping prevent mother-to-child transmission of HIV/AIDS, and having a positive impact on broader development goals.

The MH team is also developing a mixed-media Family Planning Advocacy Tool to be used as a resource for policymakers, planners, and NGOs to enable them to tailor their own presentations and highlight the benefits of FP activities as they relate to their particular country and culture. The tool will enable the user to create advocacy messages in support of family planning and birth spacing, especially in relation to health, development, contraceptive security, PMTCT, access to care, high-risk fertility behaviors, reduction of maternal and infant mortality, and achievement of Millennium Development Goals.

Gender-Based Violence (GBV)

Analysis guidelines and advocacy presentation template. GBV has been increasingly identified as a key determinant of women's use of FP/RH, safe motherhood, and vulnerability to HIV/AIDS. POLICY is developing and will disseminate guidelines for analysis of the DHS GBV data and an adaptable template for advocacy presentations. The activity will be completed in Year 5, building on the experiences of the Haiti field work (funded through an IGWG grant in 2004). The final product (guidelines and template) will be completed by November 2004.

GBV briefing kit. POLICY is assessing current work on GBV in the donor community, in order to identify the comparative advantages of the Bureau for Global Health in this area. The assessment will be vetted at an expert group meeting to identify a set of draft recommendations for the bureau. It will be shared with other donors to seek additional inputs. A final set of recommendations will be developed at a second expert group meeting and shared with USAID more broadly. POLICY will also prepare a briefing booklet that can be used with missions and other counterparts to raise awareness about policy opportunities and strategies for responding to GBV. The assessment will draw on the recently completed literature review of GBV activities and survey of CAs, both conducted by the Bureau for Global Health in 2003–2004. The assessment, expert group meetings, and final set of recommendations (briefing booklet) will be completed by February 2005.

Gender Technical Leadership

POLICY is given Global Leadership funds to provide technical leadership to the IGWG. Activities include chairing advisory groups and task forces and providing gender training and workshops to USAID and CAs. Additional details can be found in Section A.5.b above describing GWG activities.

Postabortion Care

POLICY will complete the "What Works" document for postabortion care, "What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, Postabortion Care and STI/HIV/AIDS Interventions." This will include incorporating feedback from external reviewers and editing the document. In addition, POLICY will receive funds to apply the PAC Model in one country, possibly Senegal. POLICY will also examine the benefits of including family planning as a key component of the PAC services and quantify the impacts to the extent possible. This activity will be outlined in detail after discussions with USAID.

B. Use of SSO2 (Maternal Health) Core Funds

POLICY's MH activities are carried out using resources from multiple sources: SSO2 from the Office of Health, Infectious Diseases, and Nutrition (HIDN); OPRH; and field-support funds. Country-specific MH activities are described in the country pages later in the workplan. A summary budget for the use of core MH funds appears in the Appendix (Table A–2).

The POLICY Project seeks to assist countries in reducing maternal mortality by raising awareness, building political commitment, increasing resources, and improving the efficiency of maternal health programs. POLICY's MH program contributes to USAID's SSO2 Results Framework as follows:

- IR2.2: *Improved policy environment for maternal health and nutrition programs*
- IR2.2.1: *Broadened public and private political commitment to maternal survival, including strategic planning for and resource allocation to maternal health and nutrition*

The project adopts a multisectoral approach to addressing the challenge of reducing maternal mortality and morbidity while focusing on three critical areas: improving the policy environment in which MH programs operate, improving efficient use of resources for maternal health, and strengthening advocacy for increasing resources.

POLICY uses tools like the Maternal and Neonatal Program Index (MNPI) to advocate for building support for maternal and neonatal health programs and evaluating progress in creating a favorable policy environment over time. Core funds are used to advance the development of approaches that can help stakeholders from various sectors to plan, set priorities, and implement effective programs. For instance, POLICY has developed the Safe Motherhood Model, which allows for multisectoral policy dialogue on interventions that can reduce maternal mortality. Identifying and reforming operational policy constraints that impede access to and use of MH services are additional ways that POLICY promotes improvements in health systems. Another focus of POLICY work has been to train stakeholders, such as midwives, in advocacy skills to make them more effective partners in policymaking and in mobilizing more resources for maternal health. POLICY helps the public sector, private sector, and civil society work cohesively to advocate for developing policies and plans that increase use of MH services. Core resources help build the information base to inform policy decisions that respond to addressing the challenge of reducing maternal mortality.

White Ribbon Alliance

In 2003, the White Ribbon Alliance for Safe Motherhood (WRA) joined the POLICY Project. This is a grassroots organization that was formed in 1999 by a group of 35 international NGOs, United Nations (U.N.) agencies, and USAID. They recognized the need for a multisectoral effort to ensure that no woman dies in childbirth from preventable causes and agreed to work together to make or keep safe motherhood a priority for international organizations and governments. Since its launch, approximately 400 organizations representing 71 countries have joined the global alliance, and 11 national country secretariats have formed to initiate their own activities in collaboration with international and local NGOs and governments.

Goals of WRA include the following:

- **Raise awareness of safe motherhood** among citizens, international NGOs, government agencies, and national/local NGOs and community-based organizations in developing countries,

with special emphasis on the need for action to make pregnancy and childbirth safe for all women.

- **Build alliances to save women’s lives** through broad-based partnerships among organizations and individuals representing a range of sectors such as health, education, human rights, religion, and government, recognizing that the strength of a large and united effort can affect change.
- **Act as a catalyst for action** to address the tragedy of maternal deaths and expand safe motherhood efforts.

MH Proposed Activities for Year 5:

We begin with a description of activities that will be undertaken by POLICY. This is followed by activities specific to the WRA.

- **Identifying Service Gaps Through Midwife Mapping.** Lack of services and provider skills in crucial areas such as preventing postpartum hemorrhage are strongly correlated with high maternal and infant mortality and morbidity. Mapping is a powerful tool to assess these problems and the results are useful in policy and planning forums for maternal health services at national, regional, or local levels. POLICY has previously developed and applied a similar mapping exercise with the Cambodian Midwives Association to attain better distribution of services. The activities will include working with the International Confederation of Midwives (ICM) and WRA to identify a country appropriate for this mapping activity and to help make contact with the local midwifery association. In addition, if there is a local WRA, they will have the opportunity to work closely with the midwives association to conduct the mapping study.
- **Report, Monitor, and Follow Up on Ongoing Safe Motherhood Activities.** POLICY has developed and used a variety of tools and approaches to improve advocacy and planning for safe motherhood, including the Safe Motherhood Model, the MNPI, advocacy presentations on the health impacts of family planning, the Maternal Health supplement to POLICY’s Advocacy Training Manual, and support to the WRA. This activity will build on those achievements and accomplishments to date. The POLICY’s MH Team will provide state-of-the-art information on emerging and evidence-based research on the relationships between safe motherhood and RH/FP/PMTCT-programs at the policy level; develop presentations addressing links between safe motherhood and family planning; and arrange for seminars on active management of the third stage of labor and postpartum care. POLICY will continue to provide training and TA, upon request, to country programs and missions in the use of these tools. Assistance will also include serving as a policy resource to WRA and the SSO2 team to share policy lessons learned, attend meetings and conferences, and respond to SSO2 team requests.
- **Support and Address the Policy Component of the Postpartum Hemorrhage Initiative (PPI).** By addressing the operational policy barriers to providing better access to quality services and best practices that can prevent and treat postpartum hemorrhage (PPH), POLICY can help develop policy recommendations for existing guidelines. The activity will take place in two phases over the next two years. In Phase 1, POLICY would select three countries with a high maternal mortality rate, where PPH accounts for approximately 30 percent of maternal deaths, and initiate a rapid assessment of the barriers in the countries through expert panel meetings and surveys conducted by POLICY on the barriers related to providing prevention and treatment skills at the national, regional, and community levels. POLICY proposes to coordinate the assessment activities through WRA’s National Secretariats. In addition to the three expert panel meetings, surveys will be sent to an additional 10–12 countries through their WRAs or other Safe Motherhood organizations to maximize data collection and contribute to a broader understanding of barriers in multiple countries. Phase 2 activities would be focused on dissemination of the findings of Phase 1 and on developing presentations for a series of policy dialogue seminars to

determine the country-specific operational policy barriers. The seminars would include participants from the ministry level to the community level. The dialogue and seminars would focus on identifying country-specific operational policy barriers, how to address the barriers through policy change, improvements in service delivery and healthcare systems, and so forth.

White Ribbon Alliance

- **Raise Awareness of Safe Motherhood.** Through the WRA National Secretariats there is increased awareness raised among citizens, international NGOs, government agencies, and national/local NGOs and community-based organizations in developing countries, with special emphasis on the need for action to make pregnancy and childbirth safe for all women. Illustrative activities include the following:
 - Participate in the Global Health Council (GHC) annual conference and assist with the global WRA contest held annually.
 - Attend steering committee meeting on the Partnership for Safe Motherhood and Newborn Health.
 - Participate in the partnership meeting for Saving Newborn Health.
 - Provide safe motherhood-specific information to GHC for their lobby days on Safe Motherhood.
 - During country visits, meet with and educate policymakers (government officials, U.N./international partners) about the WRA.
 - Recruit new members.
 - Launch the WRA national working group initiative for a countrywide awareness campaign on Mother's Day 2005.
- **Build Alliances to Save Women's and Newborn's Lives.** We need a different approach and way to reach into the communities where thousands of deaths and millions of serious disabilities afflict women every year. The WRA's response is a multisectoral grassroots movement to address the "Power of Partnerships" listed in the 10 action messages from the Safe Motherhood Technical Consultation (Sri Lanka 1997). The WRA has grown to include a fully operational global secretariat, with 11 country secretariats and two countries currently setting up new secretariats. These national alliances work in collaboration through broad-based partnerships among organizations and individuals representing a range of sectors (i.e., health, education, human rights, religion, and government). WRA will facilitate the alliance building and strategic planning regional workshop to be held in Indonesia in 2005. WRA will continue to invest in increasing and servicing the WRA membership and providing TA to in-country secretariats and Alliance groups.
- **Act as a Catalyst for Action.** There is a need to move from raising awareness into global safe motherhood actions. The global and national secretariats are engaged in addressing the tragedy of maternal and newborn deaths and in expanding current safe motherhood efforts. WRA will implement a monitoring system for each national secretariat and prepare and publish "How to Form a WRA Alliance."
- **Strengthen Organizational Capacity of the WRA at the Global Secretariat and Other Levels.** Under the present staffing (two full-time positions), it is increasingly difficult for the Global Secretariat to meet the demand for assistance and growth of the WRA, especially in expanding and improving its programs and services, both globally and nationally, and documenting the impact of the WRA within member countries. WRA needs to diversify sources of funding, increase its funding base, and implement the WRA strategic planning process and transition plan for FY04–FY05. By drawing on technical resources from a variety of sources, the Alliance's secretariats continue to work closely with members to facilitate capacity building and to ensure the Alliance's continued growth and effectiveness. WRA will:

- Finalize the WRA principles and organizational structure/secretariat structure and mechanisms for interaction.
- Ensure policy and operational direction for the WRA.
- Establish new recruitment procedures and protocols for rotation of the Decisionmaking Committee members.
- Strengthen the technical working groups of the global secretariat.

Expected Achievements for Year 5:

- Improved capacity of midwives to influence policy change in one country.
- Understanding of the relationship between family planning and maternal mortality is demonstrated in improved advocacy and policy dialogue in one country.
- Printed and finalized MNPI reports from 55 countries.
- Barriers to access to MH services in selected countries removed as a result of advocacy and policy discussion.
- Strengthened WRA networks and increased membership of WRA.
- Established WRA national secretariats in two additional countries.

C. Use of SSO4 (HIV/AIDS) Core Funds

From July 2004 to June 2005, POLICY will continue to provide global policy leadership in order to meet the goals and targets of the President's Emergency Plan for AIDS Relief. This workplan draws upon our innovative and intensive HIV/AIDS policy work since 1997. The primary strategic thrust is to support the creation of an enabling policy environment and, importantly, to demonstrate that national and operational policies must underpin the global HIV/AIDS response. POLICY's experience to date has shown the link between well-conceived policy interventions in addressing not only the shape and commitment to national responses, but also to rectifying the unforeseen operational policy barriers that are known to hinder the response. Accordingly, a comprehensively developed response to HIV/AIDS needs to include a full understanding of the policy environment at all levels. In the remaining 21 months of the project, POLICY aims to consolidate its body of work—demonstrating that practical policy analyses and evidence lead to an improved understanding of policy-program relationships, greater political commitment, and increased resource mobilization and that well-designed policy interventions can enhance opportunities for scaling up programs, especially those designed to mitigate impacts of the epidemic and expand ARV access. The Emergency Plan provides an unprecedented challenge and opportunity in which to anchor policy responses. POLICY proposes to respond to this challenge with the following program of work, which has been constructed under four strategic focus areas:

- Leadership and Policy Formulation
- Setting Targets and Effective Resource Allocation
- Improving Operational Policies
- Reducing Barriers to Access

The proposed activities are a mixture of ongoing and new work. Proposed new activities are informed by our existing body of work and/or are proposed in response to new and emerging issues of global significance. Activities are also designed in concert with field activities as there are many opportunities for the strengthening of linkages, capacity building, and shared learning.

1. IR1: Political and Popular Support Broadened and Strengthened (HIV/AIDS)

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels.

By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society policy champions in a number of strategic areas and with key target groups along the prevention to care continuum. A special emphasis in Year 5 will be placed on the policy issues related to access-to-treatment, orphans and vulnerable children (OVC), and leadership.

IRI (HIV/AIDS) Proposed Activities for Year 5:

Asia-Pacific Leadership Forum (APLF)

Poverty reduction is high on the development agendas of APLF and Association of Southeast Asian Nations (ASEAN) countries. Several of the countries have developed and are implementing poverty reduction strategy papers, and all the countries are signatories to the targets set in the Millennium Development Goals. The first, and arguably the most important, millennium development objective is poverty reduction. The analysis of the socioeconomic impact of AIDS is of particular interest within the context of the poverty reduction, and whether over time AIDS may detract from the poverty reduction achievements in the region. This study will quantify the socioeconomic impact of HIV/AIDS in the region drawing extensively on available national household surveys and small-scale studies. The countries that will be involved in the analysis are: Cambodia, China (southern provinces), Indonesia, Laos, Malaysia, Thailand, and Viet Nam.

The study's goal is to raise the awareness of political and other leaders in the region as to the socioeconomic impact of HIV/AIDS and to increase political commitment and leadership which in turn is expected to lead to increased financial, human, and institutional resources. Specific objectives include the following:

- Quantify the socioeconomic impact of HIV/AIDS in Asia focusing on populations of varying income and estimate the impact of HIV/AIDS on national aggregate indicators;
- Project the impact of HIV/AIDS on poverty reduction;
- Involve development experts in each country to facilitate the use of the methodology in countries' development projections; and
- Provide evidence for advocacy to increase political commitment and leadership for AIDS in the region.

There will be three main stages to this activity:

Analysis: Three types of information will be used in the analysis: national household surveys, household studies of persons living with HIV/AIDS (PLHAs) and their households, and the DHS. The analysis of household surveys will be used to quantify the following: (1) the relationship between catastrophic health expenditure (such as HIV/AIDS) and its impact on household welfare; and (2) the relationship between an adult death (as in the case of HIV/AIDS) and its impact on household welfare. These analyses will be complemented with an analysis looking at the impact of HIV/AIDS on households of PLHAs.

Country consensus meetings: Once the first projections have been derived for each country, consensus meetings will be conducted to get country-level agreement on the analysis, findings, and implications of the results within the development context of each country.

Regional meeting with leaders: POLICY will prepare a regional presentation for leaders in a forum where leaders will be gathered (e.g., any APLF and/or ASEAN meeting dealing with development and socioeconomic development in 2005) to increase political commitment for addressing AIDS in the region.

Approaches to Working with Vulnerable Populations: Focus on Males Who Have Sex with Males (MSM)

Despite epidemiological evidence from a number of countries (particularly in the LAC and ANE regions) demonstrating high levels of HIV infection among MSM, the HIV/STI health needs of this population remain largely ignored by governments and NGOs. Clearly, stigma and discrimination and the hidden nature of male-to-male sexual identity contribute to this situation. In this environment, it becomes even more critical that: (1) available resources are targeted to those efforts that will produce the most effective responses; and (2) the serious potential of emerging epidemics is recognized to ensure adequate in-country and international resources are available to contain them. In many countries the true “political commitment” and strong leadership needed to ensure appropriate prioritization of prevention and care services for these stigmatized populations are lacking or completely absent. Decisionmakers and gatekeepers need to more fully understand the rationale behind what many see as “controversial” programs so that can use their influence to inform their constituencies why it is necessary to implement strategies such as harm reduction, mobilization of communities infected and affected by HIV/AIDS, protection of the human rights of vulnerable communities, and behavior change.

POLICY is well-situated to build on its previous MSM work (particularly with ASICAL) in building broad-based political support, supporting community mobilization, and addressing stigma and discrimination to improve the enabling policy environment for effective HIV/AIDS advocacy on prevention, care, treatment, and mitigation. The overall objective of this activity is to work with key advocacy organizations and others to develop advocacy campaigns that will facilitate stakeholders and gatekeepers to develop a clear understanding of what is driving the HIV/AIDS epidemic in selected countries and to translate that understanding into effective national policies and appropriately targeted and resourced programs. This will enable countries and donors to move decisionmaking to a stronger, more logical, and empirically informed base, in order to strengthen political commitment and ensure that resources dedicated to HIV/AIDS truly make a difference. A particular emphasis will be placed on assisting ASICAL to expand its network to Haiti, one of the Emergency Plan countries. The resource allocation activity described under IR2 will support a GOALS application in Haiti and in which MSM issues will be considered. The information generated will be shared with ASICAL for advocacy purposes. POLICY will also assist the network with the development of advocacy plans for the two countries.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM): Strengthening PLHA Involvement

This activity responds to the need to conduct more in-depth assessments of how the Country Coordination Mechanisms (CCMs) are functioning and to provide guidance on how CCMs can be improved, especially in regard to increasing meaningful participation of PLHAs in the CCM and the Global Fund in-country process in five trial countries: Honduras, Malawi, Nepal, Nigeria, and Ukraine. Specifically, the activity will support the sharing of practices and experiences from other countries; explore advocacy and policy implications of strategies designed to increase participation of vulnerable populations, especially PLHA, and will develop strategies, recommendations, and guidelines for policymakers, CCMs, and PLHAs. POLICY will prepare a handbook providing guidelines for PLHAs and affected communities aimed at increasing and supporting more meaningful community participation in the CCMs and Global Fund process. The guidelines will address issues related to program planning, monitoring and evaluation, and policy development processes. Several international consultation meetings with participating countries will be held, including one with the Global Fund delegation at the World AIDS Conference in Bangkok in July 2004. This activity is well underway and scheduled for completion by October 2004.

GPN+ Policy Activities

To support strengthening of the global advocacy agenda of the Global Network of Persons Living with HIV/AIDS (GNP+), POLICY has provided financial and technical assistance to create a GNP+ Policy Coordinator position. The coordinator will eventually be able to provide the day-to-day leadership needed to coordinate and support implementation of advocacy strategies by GNP+. In 2004, GNP+ advertised for and filled the Policy Coordinator position. In Year 5, through the Policy Coordinator position and with TA from POLICY, GNP+ will carry out the following targeted activities to support increased advocacy coordination and participation by GNP+:

- Facilitate the implementation of the Country Coordinating Mechanism Handbook review workshop at the International AIDS Conference in Bangkok in July 2004.
- Develop policy guidance documents on GFATM, the International Treatment Access Coalition, and indicators for the UNGASS Declaration of Commitment.
- Provide TA and capacity-building training to enable HIV-positive advocates to apply this guidance in the work of the GNP+ regional secretariats.
- Prepare a report on the advances and challenges faced by each region in advocating for policy change.

Women and Inheritance: A Framework for Action

POLICY is conducting a pilot project in Kenya designed to support advocacy and policy change efforts needed to promote and protect women's inheritance and ownership rights to property. To meet this goal, this activity has focused on supporting Kenyan NGOs to strengthen advocacy skills and capacities by sharpening their strategic and analytic analysis of barriers to women's inheritance rights at the policy and grassroots levels. In particular, this activity seeks to support a participatory advocacy analysis and planning process with key stakeholders to develop an advocacy strategy focused on prioritized areas for change. Although the activity's implementation has suffered delays due to travel restrictions, a key project planning meeting among Kenyan and U.S. staff was held in April 2004. At this meeting, an initial analysis suggested that key gaps in protecting women's property rights lie in the structures designed to implement protection of inheritance rights, as well as the cultural norms that inhibit women's and communities' support for women's ability to claim inheritance and ownership rights. The meeting also identified promoting strategic networking/interaction on the issue of women and property ownership and inheritance to address these gaps as an important possible intervention. Two workshops with Kenyan NGO stakeholders are planned for July and December 2004 to conduct a participatory critical analysis of barriers to women's property rights, identify key advocacy gaps and opportunities, conduct a participatory assessment of strategies partner NGOs can undertake to address these gaps, and support the development of a strategic advocacy implementation plan. As this is a groundbreaking issue with respect to women's vulnerability to HIV/AIDS in Africa, the improved depth of understanding emanating from these activities will hopefully stimulate policy dialogue and reforms in several countries.

International Conferences

POLICY will play an active role in the XV International AIDS Conference to be held in Bangkok, July 11–16, 2004. POLICY will present four oral presentations and 30 poster sessions at the conference. Core funds supported the review and submission of more than 50 POLICY abstracts overall; a satellite session to disseminate the results of the South Africa and Mexico core packages; co-sponsorship of the International AIDS and Economics Network (IAEN) two-day pre-conference symposium; production and dissemination of a CD-ROM of POLICY's HIV/AIDS publications; sponsorship of an exhibition booth to distribute materials; and contributions to the conference's scholarship program. Following the

conference, POLICY will convene a brown bag session to discuss key topics and share lessons learned from the conference. All relevant materials produced for the conference will be made available online.

Rapid Response

While it is important to ensure that policy-focused activities meet the demands of USAID, our experience has demonstrated that unforeseen activities do arise. In order to remain both responsive and proactive, it is essential that these unplanned policy activities be accommodated (as far as possible) within the dictates of our collective goals. The resources available for this activity will enable the project to respond to ad hoc requests on HIV/AIDS policy issues from partners and IWG members. The rapid response mechanism has two clear benefits to USAID:

- It offers USAID a global, effective, and transparent management system for the provision of responsive, fast-track policy-related assistance.
- It offers our global and country HIV/AIDS portfolio access to both financial resources and high-quality technical expertise.

Allocation of activities and funding under this activity will be made in consultation with our USAID colleagues.

Strengthening the Operational Policy Environment for OVC

Under this new activity, POLICY aims to work in two Emergency Plan countries to assist stakeholders to review the current status of policies and legislation affecting OVC. Guided by experience and recommendations emerging from various regional OVC forums, POLICY will work to improve the ability of stakeholders to advocate for creation or improvement of OVC policies and legislation as well as assist them to identify operational issues key to their implementation.

Through TA from central and field staff, POLICY will assist stakeholders to achieve the following:

- Establish or strengthen a multisectoral OVC forum;
- Improve the capacity of this forum to identify gaps in policy and legislative affecting OVC;
- Disseminate lessons learned and sample policies, legislation, and strategic plans from the regional OVC forums;
- Work with OVC stakeholders to develop a strategic framework/plan to address OVC issues;
- Create action plans for continued work in advocacy or other necessary interventions; and
- Provide TA and minigrants (as appropriate) for initial implementation of action plans.

Policy Reform to Meet Access to Treatment Goals

In this activity, POLICY proposes to identify and develop the necessary policies, and related planning and implementation processes that will help to ensure that the scale-up of ARV treatment under the Emergency Plan reaches an equitable number of women and men. POLICY would develop a set of linked rapid assessment, capacity-building, and policy development activities to be piloted in two Emergency Plan countries. Activities include the following:

- Development and implementation of a rapid assessment methodology for gender equity barriers and strategic policy openings.
- Capacity building for HIV-positive women's networks and for other stakeholders to address gender equity in policies and plans.
- Establishment of advisory groups or members, with meaningful involvement of positive women, within key decisionmaking bodies on access to treatment.

- Documentation of model gender-specific policies, guidelines, plans, and related lessons learned that promote equity in treatment access. POLICY proposes to undertake this activity in partnership with country-level networks associated with the ICW and/or the regional secretariats of GNP+.

Emergency Plan Fast Track

In May 2004, POLICY facilitated two subregional meetings in Africa. The purpose of these meetings was to provide an opportunity for our field support programs to come together to:

- Expand and modify the approaches above to improve POLICY's capacity to contribute to the Emergency Plan goals;
- Undertake a collective assessment of how we can work with counterparts and partners at the country level to foster political and popular support for addressing HIV/AIDS;
- Build POLICY's capacity to identify how our strategic planning and resource allocation expertise is critically important in informing the scale-up of activities under the Emergency Plan;
- Strengthen the relationship between our existing field support programs and support POLICY's new approaches as articulated under the Emergency Plan;
- Apply lessons learned from our existing program of work in support of the Emergency Plan goals, in particular, drawing upon our work with faith-based communities, building leadership, combating HIV-related stigma and discrimination, policy formulation, planning and finance, and targeted advocacy; and
- Empower POLICY staff in Emergency Plan countries to contribute more effectively to the development of the five-year strategies and FY2005 operational plans.

As a result of these meetings, we have identified key areas where POLICY can contribute: (1) assist the Secretariat of the Global AIDS Council (S/GAC) to develop tools and systems to provide consistent and accurate information on human resources and human capacity development (HCD) needs for the purpose of Emergency Plan strategic planning; and (2) provide ongoing TA to assist in the roll out of the Emergency Plan. Ongoing TA will include policy assessments in-country, support for proposal development and review, and targeted capacity.

Leadership in the Areas of Stigma and Discrimination and Human Rights

Over the past years, POLICY has co-chaired the IWG Stigma and Discrimination Indicators Working Group, the Working Group on Human Rights, and the Gender Working Group. However, S/GAC has advised that the IWG mechanism is no longer viable. Nonetheless, POLICY aims to continue providing leadership on stigma and discrimination, human rights, and gender. Accordingly, it is proposed that we maintain a mechanism to be able to respond to requests in this area. Thus, POLICY will continue to hold brown bag presentations and prepare reports and technical briefs on the issues and approaches to addressing stigma and discrimination and human rights.

Confidentiality and Strengthening Counseling and Testing Policies and Services

International consensus guidance developed by UNAIDS and the U.N. Office of the United Nations High Commissioner for Human Rights illustrates the central importance of protecting an individual's right to privacy and confidentiality in voluntary testing and counseling. The guidance notes the potential of stigma and discrimination associated with loss of privacy and confidentiality if HIV status is disclosed; and the community interest in maintaining privacy and confidentiality, such that people will feel safe and comfortable in using public health measures, such as HIV/AIDS prevention and care services

This activity will advance achievement of three goals of the Emergency Plan and enabling legislation: (1) implementation of policies and effective legislation, particularly at the community level, supporting use of routine testing while applying the principles of confidentiality; (2) ensuring regulatory support for maintaining confidentiality; and (3) expansion of the range of settings in which confidential testing and counseling are offered.

POLICY proposes to work in three of the Emergency Plan focus countries to implement the following actions:

- Prepare a detailed report in two parts assessing current policies, legislation, regulations (and other operational policies) concerning (1) confidentiality, and (2) consent and “the regulation of information.”
- Draft or strengthen policies, legislation, regulations (and other operational policies) and associated documents useful in the implementation of policies, legislation, and regulations at the operational level in a range of settings.
- Identify advocacy groups for potential advocacy of policies, legislation, regulations (and other operational policies) concerning confidentiality as an essential element in HIV/AIDS VCT, in a range of settings to be determined.

IR1 Expected Achievements for Year 5:

- PLHA organizations strengthened and assume more visible roles in international policy forums.
- Advocacy campaigns in support of MSM interventions for HIV/AIDS prevention, care, and support designed and implemented in one country.
- Policies, guidelines, or legislation drafted or modified to address confidentiality issues associated with VCT in at least one country.
- Advocacy actions plans to address OVC issues implemented in at least two countries.
- Improved understanding of the central role of stigma and discrimination in prevention and care policies and programs.

2. IR2: Planning and Finance Improved (HIV/AIDS)

The strategy for IR2 HIV/AIDS activities is to assure that the resources allocated for HIV/AIDS prevention, care, and treatment will be spent cost-effectively so as achieve the 2-7-10 targets established by the Emergency Plan. This is being achieved by working directly with stakeholders in developing countries to develop relevant information (e.g., describing the epidemic and ways to mitigate it) and analyze it in such a way as to focus resources on activities that will achieve the greatest impact.

IR2 (HIV/AIDS) Proposed Activities for Year 5:

Resource Allocation and the GOALS Model

The goal of this activity is to improve the allocation of HIV/AIDS resources in the Emergency Plan countries. By focusing on selected countries, it is expected that these initial resource allocation analyses will feed into a larger analysis for all Emergency Plan countries.

GOALS modeling will be conducted in three selected countries, possibly Haiti, Mozambique, and Uganda. POLICY will provide TA in resource allocation processes by working with policymakers and stakeholders to assess and monitor the achievement of 2-7-10 targets.

Innovative Partnerships: The Role of Employers in the Emergency Plan Response

The goal of this activity is to increase the level of commitment by the private sector in HIV/AIDS programs in Emergency Plan countries. The involvement of the private sector will thus increase overall access to ARVs, as well as contributing to prevention targets.

POLICY and the Futures Group have developed a number of useful tools in order to expand the role of the private sector in the global response to HIV/AIDS. These tools include a new software package for measuring impact (AIM-B), a new software package for the design of workplace policies (Workplace Policy Builder), guidelines for human resource managers in the public sector, and assessment tools designed to evaluate the existing role of workplace in responding to HIV/AIDS. The Workplace Policy Builder (WPB) software has already been field tested in Kenya and Namibia.

In the next year, POLICY proposes a greatly expanded role in the area of HIV/AIDS and the workplace, since it's clear that the goals of the Emergency Plan will not be achieved without participation from the workplace. POLICY will finalize the WPB software and field test it in additional countries. POLICY will also work with the private sector in selected countries to design workplace policies that are conducive to the 2-7-10 goals (specifically addressing the need to increase access to ARVs and reduce the number of new HIV infections).

AIDS and Economics

As the level of resources for HIV/AIDS program increases, the need to assure that these resources are spent cost-effectively and efficiently remains a priority. Furthermore, it is increasingly important to emphasize the importance of HIV/AIDS as an issue of national economic development within developing countries. The goal of this activity is to support the development and dissemination of information regarding the social and economic impact of HIV/AIDS, so as to ensure an enabling and sustainable policy environment to achieve the 2-7-10 goals of the Emergency Plan initiative. Specifically, this activity will continue to develop and disseminate strategic information regarding the social and economic impact of HIV/AIDS through the International AIDS and Economic Network (IAEN). POLICY will conduct a face-to-face meeting in Washington, D.C., during Year 5 regarding the social and economic impact of HIV/AIDS and will contribute to information dissemination, networking, and online discussion groups through the POLICY-maintained IAEN website (www.iaen.org), which reaches approximately 8,000 members globally.

Global Estimates and UNAIDS Reference Groups

UNAIDS relies on reference groups to provide outside expert input to its work. POLICY contributes to three of these reference groups: the UNAIDS Reference Group on Estimates, Models, and Projections; the UNAIDS Monitoring and Evaluation Reference Group; and the UNAIDS Reference Group on Economics and AIDS. The Estimates Reference Group assists UNAIDS to make estimates of the extent of the epidemic by country by designing methodologies to use surveillance data to make national estimates, developing tools to implement the methodologies, and training country counterparts in the use of these tools. In particular, UNAIDS uses SPECTRUM to estimate the number of people infected, new AIDS cases, and AIDS deaths. The Reference Group on Evaluation assists UNAIDS to develop and apply indicators to measure the response to the UNGASS Declaration of Commitment. The POLICY Project contributes to this work, especially through the development and implementation of the AIDS Program Effort Index. The Reference Group on Economics and AIDS will focus much of its work in 2005 on improving estimates of current expenditure in HIV/AIDS programs and the need for additional funding for an expanded response. POLICY has played a key role in developing these estimates. In addition, the Reference Group on Economics and AIDS serves as the Governing Board of IAEN. Each of the

reference groups meets about twice a year and requires additional work between meetings. In addition, POLICY will be conducting modeling to estimate the number of AIDS deaths averted as a result of various interventions.

The goal of this activity is to increase the development of strategic information that will be used by S/GAC by working in conjunction with UNAIDS Reference groups. POLICY will

- Develop specific estimates and projections of the HIV/AIDS epidemic in every country; and
- Actively participate, in conjunction with appropriate UNAIDS reference groups, in the development of critical strategic information.

IR2 Expected Achievements for Year 5:

- GOALS Model used in three countries to improve resource allocation for HIV/AIDS.
- At least one successful application of the “Workplace Policy Builder” in one or more countries.

3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (HIV/AIDS)

IR3 (HIV/AIDS) Proposed Activities for Year 5:

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand and raise awareness about HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve HIV/AIDS goals. Much of the research on finance issues pertinent to HIV/AIDS is conducted in collaboration with IR2. IR3 is also responsible for the development of new models and the maintenance of existing models and for overseeing their incorporation into SPECTRUM. (And in this regard, there are close connections between the modeling work for FP/RH and HIV/AIDS as noted in the FP/RH IR3 workplan above.)

Coverage Survey

Understanding the extent to which coverage of HIV/AIDS services (e.g., access to ARVs, access to tuberculosis (TB) care, etc.) currently exists is an important first step in terms of monitoring progress toward the goals of the Emergency Plan. USAID, POLICY, WHO, UNAIDS, CDC, and the World Bank have jointly undertaken a study to estimate the current coverage of 11 essential HIV/AIDS services globally. There are 86 countries participating in the survey. Overall, the POLICY Project was able to manage an 85 percent response rate.

The results of the survey have been used for several purposes already. They contributed to UNAIDS updated estimates of the resources required for a global response to the HIV/AIDS epidemic; they have been used by the U.S. government to establish a baseline for several indicators for the Emergency Plan; WHO has used the results to supplement its country reports on progress towards achieving the goals of the “3 by 5” program; and UNAIDS used the results to track progress toward achieving the UNGASS goals by 2005.

A draft report with analysis of results from about 60 countries was prepared in March 2004 and circulated for comment among the major partners. The final draft of the report was delivered in June 2004. Results will be presented at the international HIV/AIDS conference in Bangkok in July, 2004, and copies of the report will be distributed soon thereafter.

In 2005, POLICY will repeat the coverage survey so that a clear baseline and initial progress to the achievement of the 2-7-10 targets can be monitored. This activity will assist the Emergency Plan by establishing a baseline and monitoring targets achieved as a result of the initiative.

Stigma Index

After participating in the February 2004 Interagency Working Group (IWG) Stigma/Discrimination workshop, it became clear that the efforts underway with the stigma index need to be linked with the working group. The workshop report is currently being finalized. After this is received, the stigma index questionnaire will be developed. The final survey/questionnaire will be vetted by the IWG for Stigma/Discrimination sometime in late summer, and then the initial field test will take place shortly thereafter. After results of the field test are collated, consultants for the full survey will be retained, and the full survey will begin to be fielded, sometime in early fall 2004.

Demonstrating the Impact of an Enabling Environment – Why Policy Matters?

An effective response to HIV requires the delivery of services, provision of commodities, biological and clinical interventions, and behavioral change among other things. Underpinning an effective response, however, must be an enabling policy environment. Over the past eight years, POLICY has assembled an impressive body of evidence responding to the question: “*Why does policy matter to HIV/AIDS?*” Providing strong evidence of why policy matters and the importance of successful policy interventions will significantly enhance program planning for the Emergency Plan and increase the chances of reaching the plan’s goals.

Drawing from our global portfolio, this activity will demonstrate the link between an enabling policy environment and positive HIV/AIDS outcomes. Activities will include preparation of an occasional paper and supporting dissemination activities to help groups and individuals who implement HIV/AIDS activities in the public sector and NGOs, project planners, donors, and policymakers recognize that an enabling policy environment is an essential element in any intervention.

IR3 Expected Achievements for Year 5:

- POLICY’s contributions to strengthened enabling environment for HIV/AIDS documented and disseminated.
- Stigma Index designed and tested.
- Results of HIV/AIDS Coverage Survey used to assess progress toward achieving HIV/AIDS program goals.

4. Human Rights Working Group

Particularly as applied to the implementation of the Emergency Plan, the HRWG will continue to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and promote a rights-based approach in core-funded and field activities. Selected activities begun in Year 4 will be continued, subject to availability of pipeline funds. In particular, work will continue on the preparation of a series of “technical updates” on human rights and HIV/AIDS, directed primarily at the implementation of rights-based activities designed to advance achievement of the President’s Emergency Plan. The HRWG will also respond to ad hoc requests—from USAID, within POLICY, and from CAs—on questions linking HIV/AIDS and human rights.

5. POLICY Core Packages and Targets of Opportunity (HIV/AIDS)

a. Core Packages

Nepal IDU core package. The purpose of this core package is to develop a model for increasing the meaningful participation of IDUs in the HIV/AIDS policymaking environment, thereby increasing the effectiveness of HIV/AIDS prevention, support, and care for IDUs. The package is expected to be completed by December 2004.

Specifically, the package aims to:

- Build the leadership and advocacy skills of members of the IDU community¹ so that they are able to participate meaningfully in the policymaking process;
- Support policymakers from selected national government departments and related bodies to improve their understanding of IDU issues related to HIV/AIDS prevention and care, reform operational policies, and build effective partnerships with the IDU community to improve the policy framework;
- Increase understanding of how HIV/AIDS and drug use-related stigma and discrimination impact on the provision of services for drug users; and
- Increase awareness of how reduction of stigma and discrimination for IDUs can improve implementation of HIV/AIDS programs.

Swaziland core package. Sexual and reproductive health information and services are also crucial to HIV-positive women's right to live as full and healthy lives as possible, independent of the goal of PMTCT. Most HIV-positive women do not receive the information, support, referrals, and related services necessary to meet their reproductive and sexual health (RSH) needs as HIV-positive women. Instead, HIV-positive women experience stigma and discrimination related to their sexuality and reproductive choices.

This core package aims to identify and address the operational policy barriers to improve the RSH rights of HIV-positive women within RSH care programs, including VCT, PMTCT, and antenatal care (ANC).

Key activities to date include:

- Identification of implementing and project partners, establishment of a task team, and project launch;
- Development of research instruments and training of the research team;
- Research conducted, including analysis of existing policies and services, survey activities and identification of existing gaps and barriers in addressing RSH rights of HIV-positive women in VCT/PMTCT programs; and
- Preparation of a report on research findings, which will guide consensus workshops and assist in planning of the advocacy phase.

Over the past months, the package has experienced some delays due to the political climate in Swaziland. A new Cabinet and ministerial positions were appointed in late 2003 and Parliament was officially opened in March 2004. Accordingly, core package activities were postponed until the appointment of the Minister of Health. As of June 2004, the activities are back on track. The following policy dialogue and advocacy activities are scheduled to take place between July 2004–December 2004:

¹ In this context, the term “IDU community” is used to describe current IDUs, ex-IDUs, HIV-positive drug users, and HIV-positive ex-drug users—both female and male.

- Facilitation of workshops and work sessions with local counterparts for the purpose of reviewing the information collected, assessing the current service availability, and determining the priority of interventions that need to be included in VCT/PMTCT/RH programs in the HIV/AIDS strategic plan.
- Production of a report of findings from the analysis and consensus workshops identifying existing policy barriers to RSH services for HIV-positive women, as well as costing additional services (if needed), for advocacy purposes to promote policy reform in Swaziland.
- Incorporation of findings from the consensus-building sessions and research and development of recommendations for input into Swazi national policies, including PMTCT Guidelines, the National Reproductive Health Strategic Plan, and the National HIV/AIDS Strategic Plan.
- Work with existing NGO/PLHA partner organizations to develop and implement a multilevel advocacy and training strategy to mobilize support for RSH rights of HIV-positive women, including the allocation of small empowerment grants to NGOs/PLHA organizations to carry out relevant issue-based advocacy and training work.

b. Targets of Opportunity

Aligning HIV policy: Addressing stigma and discrimination. This target of opportunity proposes to build on POLICY's groundbreaking efforts with regard to stigma and discrimination and contribute to the global debate about the need to address stigma and discrimination as central elements in all HIV programs. Based on POLICY's experience, this target of opportunity will support greater dissemination and utilization of our stigma and discrimination work, thereby assisting leaders, policymakers, advocates, and country programs to stimulate the policy and programmatic changes needed to break the cycle of stigma, discrimination, and denial.

The target's first main effort will be to synthesize POLICY's work from various studies/activities and highlight key issues related to supporting greater field application and sharing of experiences across the portfolio. Based on the review of the collective findings and experiences with stigma and discrimination, staff will prepare materials and recommendations for promising strategies and interventions for policy development, implementation, and monitoring. These findings and recommendations will be packaged for use in policy dialogue and advocacy activities and will form the basis of an advocacy effort targeted at key decisionmakers in various countries.

Meeting the RH needs of HIV-positive women in Africa. In this activity, POLICY, in potential collaboration with the International Community of Women Living with HIV/AIDS (ICW), seeks to synthesize the findings from different studies and activities related to the reproductive needs and rights of positive women in order to strengthen advocacy for needed policy development, implementation and monitoring. Both OHA and OPRH core funds are contributing to implementation of this target of opportunity, which is described in more detail in Section A.6.b above.

IV. WORKPLAN FOR REGIONAL ACTIVITIES

While most of the regional activities are managed as “core” activities, funds for these activities come from regional sources. Regional obligations for Africa, Southern Africa, ANE, and LAC are shown in Table A–4 with other field-support funds. The majority of POLICY’s regional funds are for HIV/AIDS activities; however, POLICY has also received regional funds for FP/RH activities in Africa and LAC.

AFRICA BUREAU (FP/RH)

Strategy
The Africa Bureau regional initiative will focus on repositioning family planning in Africa. We will use a multi-pronged approach to raise political and popular support for family planning in Africa, building on the studies on the status and trends of FP programs in countries hard hit by the HIV/AIDS epidemic. These studies were carried out in Ethiopia, Kenya, and Zambia. POLICY will complete the study in Uganda and initiate activities to advocate for strengthening FP programs through a regional meeting. POLICY will also build political support by engaging First Ladies in the east and southern African countries in advocacy for family planning and safe motherhood and by supporting champions for family planning among faith-based groups in Africa. Africa Bureau regional activities will be carried out in conjunction with the core-funded repositioning activities within IR1.
Staff
Koki Agarwal, Emily Sonneveldt, Danielle Grant, Brenda Rakama, and Michelle Prosser
Funding
Funds remaining (as of 5/31/04): \$349,345 Anticipated FY04 funds: \$200,000
Ongoing Activities
<p>Ongoing Activities:</p> <ul style="list-style-type: none"> • Continue to play the role as one of the core CAs for Africa Bureau in the effort to reposition family planning in Africa; complete the Uganda study on the status of FP programs in countries hard hit by HIV; publish and disseminate results from the four studies at meetings, workshops, and conferences; and collaborate with Advance Africa on their repositioning conference that will be held in Ghana in November. • As follow up to the studies on the status of family planning in Ethiopia, Kenya, Uganda, and Zambia, bring together regional teams from the four countries to develop an action plan for addressing the findings from the study and other data sources. • Facilitate the First Ladies workshop (Phase 1) from SADC countries (scheduled for July 2004) to engage them as champions for family planning in their countries; follow up with advocacy small grants for advocacy using POP funds. In Phase 2, POLICY will bring the SADC First Ladies together again to assess the status of the FP program in each country and evaluate the progress made toward making family planning a high priority issue in each country. <p>New Activities:</p> <ul style="list-style-type: none"> • Religious leaders have played an effective role in advocating for HIV/AIDS prevention, care, and support programs in Africa. POLICY launched a successful initiative working with faith-based groups on HIV/AIDS issues at a regional level in Africa. In the past, POLICY has engaged FBOs to be more supportive of family planning in Senegal and Nigeria. Recently, POLICY's program in Mali began a similar initiative with Islamic leaders. We would like to build on our experience in HIV/AIDS and family planning in different African countries and build a regional alliance of FBOs that can advocate for and promote FP programs in their respective countries. We will use advocacy presentations that demonstrate the health benefits of family planning, share successful faith-based initiatives across countries, support pilot advocacy programs in 1–2 countries, and provide small grants to FBOs in identified countries to support FP initiatives. • Apply the RAPID Model in 1–3 countries (based on availability of resources) to raise awareness about the impact of high fertility and unmet need on development goals. RAPID presentations are effective advocacy tools for raising policymakers' awareness of population factors in order to improve the policy environment for effective family planning programs. Potential countries include Mozambique, Rwanda, and Tanzania.

AFRICA BUREAU (HIV/AIDS)

<p>Strategy</p> <p>On a continent that is carrying a disproportionate share of the world's HIV/AIDS burden, one of the key policy responses rests in enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic. POLICY will work with a cross section of institutions and agencies to ensure appropriate responses that help stem the tide of the epidemic.</p> <p>The thrust of the African Growth and Opportunity Act (AGOA) activity is the recognition that growth opportunities are a key requirement to achieving poverty and inequality reductions. Participation in the global economy entails risks as well as rewards. Workers are at risk for STIs, including HIV/AIDS. Vigilant and effective public policies, supported by NGOs and faith-based groups, can ensure a risk-free accelerated process of growth. POLICY's strategy is to work with the AGOA leadership to stimulate the policy environment around this continental initiative.</p> <p>The OVC sector within HIV/AIDS is fast growing not only in the scale and breadth of the epidemic but also in a general recognition of the need to scale up action to minimize the plight experienced by OVC. The OVC issue has received unprecedented attention and funding under the President's Emergency Plan for AIDS Relief. As a way of strengthening the response, POLICY will be providing strategic information to guide the decisionmaking process for both resource allocation and programming.</p>
<p>Staff</p> <p>Jane Begala, William McGreevey, Brenda Rakama</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): -\$66,703 Anticipated FY04 funds: \$165,000</p>
<p>Proposed Activities</p> <p><i>OVC Desk Review.</i> POLICY is preparing OVC Desk Reviews as part of a UNAIDS/USAID/UNICEF/World Food Program "rapid assessment" initiative being conducted in 17 African countries to program OVC funds available from the Emergency Plan and other sources. Through secondary data collection, synthesis, and qualitative analysis, two-part reports are compiled to provide a "snapshot" of current OVC project activities and the overall response to date in each country. Nine desk reviews have been prepared and distributed in country, thus completing "Phase 1" of this effort: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe. POLICY will complete and distribute eight additional OVC desk reviews: Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Nigeria, Rwanda, Tanzania, and Uganda.</p> <p><i>African Growth and Opportunity Act (AGOA) Monograph.</i> POLICY is overseeing production of a monograph comprising 12 papers initially prepared and presented at the HIV/AIDS sessions of three AGOA forums in 2001 and 2003. The papers have been updated by the original authors and reviewed by an interagency working group composed of representatives of the U.S. Departments of Agriculture, Commerce, Health and Human Services, Labor, and State as well as USAID's Africa Bureau. POLICY has assembled the papers into a monograph of approximately 150 pages. Remaining steps are to complete the review process for the entire document and make arrangements for publication. The document will be disseminated in conjunction with upcoming AGOA meetings and World AIDS Day meetings.</p>

SOUTHERN AFRICA REGIONAL HIV/AIDS PROGRAM (RHAP)

<p>Strategy</p> <p>Through a coordinated strategy for dealing with HIV/AIDS, POLICY, through the Regional HIV/AIDS Program of Southern Africa (RHAP), is working with the SADC and individual countries in an effort to improve HIV/AIDS policies in the region. In particular, POLICY supports and provides assistance to regional policy activities, networking and information sharing, and improved consistency and comparability of data. Since the inception of RHAP in 2000, POLICY, in close collaboration with the U.S. embassies, has provided TA in the planning and implementation of the U.S. Ambassador's Initiative Program in Botswana, Lesotho, and Swaziland. Through a series of capacity- and skills-building workshops and the disbursement of small grants, institutions in these countries are able to advocate and/or increase their involvement in HIV/AIDS activities, develop local partnerships, and facilitate the development of HIV/AIDS activities in the three nonpresence countries. Programs carried out through the Ambassador's Initiative are determined by the U.S. Ambassador and his staff in each country and are guided by current HIV/AIDS strategic plans, activities, and/or identified priority areas in these countries.</p>
<p>Staff</p> <p>RHAP Director: Sylvia Abrahams Local Staff: Aguil Deng and René Petersen Consultants: Abigail Dreyer and Clayton Lilienfeldt Affiliated Staff: Steven Forsythe</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$506,710 Anticipated FY04 funds: \$800,000</p>
<p>Proposed Activities</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support the faith-based sector by addressing stigma and discrimination through disbursement of small grants and community training sessions • Facilitate community advocacy to address stigma and discrimination, promote care and support, and encourage VCT by using traditional and religious leaders as policy champions • Support the meaningful involvement of PLHAs by encouraging their participation in processes designed to identify, prioritize, advocate for, and develop policy solutions; in addition, provide TA and support to PLHA networks to advocate for stigma reduction • Collaborate with donors in each of the nonpresence countries to expand NGO networks and coalitions and identify synergies within our work and possible areas of partnership • Promote GIPA by building the capacity of HIV-positive women to centrally engage and assume leadership roles in all phases of the core package • Involve NGOs in the formulation of an action plan to incorporate reproductive and sexual health rights (RSHRs) into RH programs • Increase support for advocacy efforts among public and private sector stakeholders to promote policy change • Promote youth prevention and behavior change programs through work with the University of Botswana to carry out youth-targeted advocacy interventions <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA for the development of the National HIV/AIDS Policy (Swaziland) • Promote the development of a comprehensive health approach and influence policymakers to integrate life skills into their school curricula as part of the Health Promoting Schools Initiative • Provide TA to develop workplace policies and programs for business sector/industries • Assist policymakers in effectively allocating HIV/AIDS financial resources by providing training

on models and applying the GOALS Model in Swaziland to address resource allocation issues related to new HIV/AIDS proposals (e.g., GFATM) and the design of Swaziland's new HIV/AIDS strategic plan

- Conduct a review of policies that affect physical, natural, social, and human capital with regard to HIV/AIDS and address how to improve these policies to ensure food security and strengthen and support current food security programs in the three nonpresence countries

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Produce an impact assessment document that will inform policymakers (within the government, donor organizations, and private sector) about the likely impact of HIV/AIDS on the country's society and economy and provide direction on ways in which this impact can be mitigated; the assessment will include household impact, public sector impact, and private sector impact
- Assist the media in disseminating accurate and relevant HIV/AIDS information on the radio and in newspapers
- Continue development and maintenance of the RHAP website
- Develop a new RHAP brochure
- Prepare and disseminate the RHAP Best Practice Report

IR4. In-country/regional capacity to provide policy training enhanced

- Support NGO capacity-building sessions that will train NGOs to develop necessary leadership and management skills to effectively address reproductive health and HIV/AIDS in their core functions
- Enhance the skills of PLHA organizations to plan and implement advocacy activities and participate in strategic planning activities
- Enhance community understanding for accessing OVC support services through training and advocacy sessions; provide TA and conduct training in the policy process
- Provide TA to the Nurses Association of Botswana (NAB) to carry out training sessions on improving the quality of care

Crosscutting Issues:

The relationship between gender and HIV/AIDS will be incorporated through the continued implementation of the core package on the Sexual and Reproductive Health Rights of HIV-positive Women in Swaziland and through appropriate training sessions facilitated by POLICY. Youth issues are also addressed, especially in the activities that address emerging policy issues surrounding OVC, ensuring food security, and improving VCT policy, which will help to remove operational policy barriers that impede access to services by women and youth.

ANE BUREAU (HIV/AIDS)

<p>Strategy</p> <p>POLICY’s work in the ANE region supports USAID’s interim HIV/AIDS Strategy for the Greater Mekong Region. The strategy’s main objective is to increase the use of effective responses to HIV/AIDS, focusing primarily on prevention but also including care and treatment. To achieve increased use of effective responses, the strategy will</p> <ul style="list-style-type: none"> • Increase access to comprehensive prevention interventions for most at-risk populations; • Increase access to care, support, and treatment for PLHAs and their families; • Make strategic information more available and useful; and • Strengthen the enabling environment, which focuses on increasing participation of civil society, developing and implementing supportive policies and regulations, and strengthening capacity. <p>The primary target groups are most at-risk populations, especially IDUs, MSM, SWs and their clients, mobile and migrant populations, and PLHAs.</p>
<p>Staff</p> <p>Regional Manager: Felicity Young Local Staff: Gayle Martin (Thailand), David Stephens (Viet Nam), Chris Ward (Cambodia), and Tim Manchester (China) Consultants: Nicholas Cumming-Bruce, Christopher Hermann, Julio Jeldres, David Lowe, and Carol Jenkins Affiliated Staff: Anne Eckman, Steven Forsythe, and Anita Bhuyan</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$913,351 Anticipated FY04 funds: \$2,220,000 (excludes \$565,000 China funds)</p>
<p>Proposed Activities</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Civil Society and UNGASS <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • MSM in Partnership with the Thai Ministry of Public Health • Treatments: Regional Roundtable Summit to be Conducted in Viet Nam • Establishing GOALS in Asia • Increasing Access to Affordable Drugs and Test Reagents • Review and Costing of Interventions for Opiate Injecting Drug Users • Regional Policy Study on the Socioeconomic Impact of HIV/AIDS in the ASEAN Region • Capacity Building for Resource Allocation Using the GOALS Model <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Advocacy and Sex Work, including Environments that Care • Policy Assessment—Laos • Analyses for Improved Policymaking: Modeling the Spread from IDUs to the General Population With and Without Interventions in China • Violence as a Risk Factor for Poor HIV Prevention and Access to Care (Focus on Women) • Transgendered Males and HIV <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Training Workshops on Improving HIV/AIDS/STI Surveillance Systems and Behavior Surveillance Survey (BSS) (joint activity between POLICY and FHI) • Capacity Building Workshops for Treatment, Care, and Support (joint activity between POLICY and FHI)

- PLHA: APN+ Phase 1 and 2 of Organizational Capacity Building
- Monitoring and Evaluation: Increasing the Capacity of the ASEAN Secretariat
- MSM and the International AIDS Conference

Activity Descriptions

Civil Society and UNGASS. This activity would be conducted in partnership with the Asia Pacific Council of AIDS Service Organizations (APCASO). Enhancing the role of civil society (particularly HIV/AIDS community-based and nongovernmental organizations) in the response to HIV/AIDS and increasing political commitment on the part of governments have been identified as the cornerstones from which successful HIV/AIDS policies and programs are built. National responses that combine these two components enjoy significant success in preventing HIV and mitigating its effects (for example, Brazil, Thailand, and Uganda). Identifying successful strategies for greater civil and political mobilization is a complex task, which at the minimum requires meaningful engagement and partnership among key national partners, in addition to resources and TA.

In Asia, as in other regions of the world, POLICY enjoys a reputation of providing high-quality TA (policy analysis, modeling and research), which has been linked to a commitment to involve the communities most vulnerable to HIV/AIDS. This combination leads to effective HIV/AIDS policy development and implementation.

APCASO has planned a workshop aimed at strengthening civil society (with a focus on vulnerable communities) and increasing political commitment to HIV/AIDS, based on the UNGASS Declaration of Commitment. It is proposed that POLICY contribute to the running of this workshop. This activity would also build on previous work undertaken with the Asian Network of Positive People (APN+) and other vulnerable population groups (sex workers and MSM).

MSM in partnership with the Thai Ministry of Public Health. Despite epidemiological evidence from a number of countries in South East Asia to demonstrate high levels of HIV infection among MSM, the HIV/STI health needs of this population remain largely ignored by governments and NGOs. Not surprisingly, this is reflected in the lack of government policies and strategies to address needs in this area. Clearly, stigma and discrimination and the hidden nature of male-to-male sexual identity in South East Asia contribute to this situation.

POLICY has been invited by the Thai Ministry of Public Health (MOPH) to participate in the planning and organization of a two-day national consultation and planning workshop on strengthening HIV/STI prevention, care, and support responses for MSM in Thailand. The workshop will be held in May 2004. In addition to advice on workshop planning, POLICY will arrange for translation of the workshop from Thai to English to facilitate the input of external technical advisors (including POLICY) and produce of a report on the proceedings, in both Thai and English.

POLICY will continue its involvement following the workshop by participating in the ongoing task force and providing TA to the MOPH and MSM groups in the development of strategies, policies, and programs. The nature of our ongoing work will partly depend on the outcomes of the workshop. POLICY will also be working with FHI, Centers for Disease Control (CDC), and UNESCO in this work.

Treatments: Regional Roundtable Summit to be conducted in Viet Nam. While there has been considerable global and regional focus on scaling up treatments access for PLHAs, at the national and provincial levels there is an absence of an effective strategic framework and policies, including resource allocation mechanisms, to guide initiatives. POLICY will provide assistance at the strategic, policy and resource allocation levels so that the work of governments and their partners is guided through coherent national and provincial plans.

A Regional Treatments Roundtable Summit is proposed to be held in Hanoi in December 2004, jointly organized and hosted by POLICY/Viet Nam and the POLICY Asia Regional Office. This will be a follow-up meeting to previous regional roundtables and will help place treatments advocacy on the center stage in Viet Nam. The forum will bring a broad range of government and civil society partners together to review progress in treatments scale up, particularly with the Global Fund and WHO's 3 x 5 initiative, and to revise strategies in the light of lessons learned. As host, POLICY will ensure that a broader strategic focus is brought to consideration of treatments issues. This will include how treatments access is affecting the historical priority accorded to prevention in Asia, how prevention and treatments strategies interface, and debate on the relative priority that is appropriate for both areas. POLICY will also use the roundtable to provide greater focus to those strategic planning issues that are being insufficiently addressed in treatments scale-up work. This includes financial resource allocation and human resources planning, access issues for marginalized groups, and the role of PLHAs in treatments access.

Establishing GOALS in Asia. Building on the previous experience using ANE regional funding, POLICY proposes to host an Experts Meeting to explore the applicability of the GOALS Model to Asian epidemics. GOALS was developed in the context of African generalized epidemics. It is important that the model is customized to capture the unique characteristics of the region (such as the IDU/SW or IDU/MSM interactions). POLICY proposes to work with an institution in the region to adapt GOALS to the region (estimated to be a nine-month effort) and then work with that institution to implement it throughout the region.

POLICY has identified a number of potential individuals and/or institutional partners in the region that could become partners for GOALS work, including

- Viroj Tangcharoensathien, Health Services Research Institute, Thailand, has done considerable work on economics and AIDS issues, including studies for the Thai government on economics impacts of AIDS, costs of ARV programs, implementation plan for national ARV roll-out;
- Sukontha Kongsin, Mahidol University, experienced economist with experience on the costs of interventions and intervention impact;
- Indrani Gupta, Institute of Economic Growth, India, a key member of the UNAIDS Reference Group on Economics and a leading AIDS economist in the region; and
- Yuan Jianhua, Beijing Institute of Information and Control. BIIC is a consulting quasi-government organization, which was a partner on a DFID/UNICEF study of the economic impacts of AIDS. The institute is currently working with the World Bank on the application of the ABC Model.

Increasing Access to Affordable Drugs and Test Reagents. The ASEAN Work Program on HIV/AIDS has identified increasing access to affordable drugs for the treatment and prophylaxis of opportunistic infections (OIs), ARVs, and reagents as a critical issue. ASEAN leadership is well placed to further recent initiatives being supported by the Global Fund, WHO's 3 x 5, World Bank, regional PLHA advocacy, and country-level action. Additionally, ASEAN has commenced work on a Plan of Action on Joint Negotiations and Bulk Purchasing and furthering understanding of TRIPS and other issues for increasing treatment access. Under ASEAN, POLICY will support coalition building to strengthen ASEAN leadership for increasing regional and country-level negotiating capacity for treatment access and removing operational barriers for access. In parallel, POLICY will work with APN+ to increase treatments literacy to strengthen access.

Review and Costing of Interventions for Opiate Injecting Drug Users. Injecting drug use is a major mode of HIV transmission in South East Asia. With the increased production of heroin in Afghanistan

and continued production in Burma, there is no predictable end to the epidemic of heroin injecting in South East Asia. Policies on drug control that aim both at reducing supply through interdiction and imprisoning drug users have not proven effective in eliminating drug use or HIV among drug users. Estimates of spread of HIV from drug injectors to their partners and into the general population demonstrate the importance of reducing HIV prevalence among IDUs.

While needle exchange and distribution systems have been shown to have an efficient and cost-effective impact on HIV levels, some countries disapprove of the harm reduction approach. Also, many addicts themselves and their families want options with which to handle de-addiction and reintegration into family and society. No one method of managing or eliminating opiate addiction works for every person and many addicts will require multiple attempts using different methods. The cost implications of these interventions have not been studied in Asia.

A properly conducted costing study, showing the cost of averting infections and other social costs, with each type of intervention for which there is adequate evidence of effectiveness, will be very useful for policy dialogue with decisionmakers throughout South East Asia. The overall aim is to produce useful estimates of costs for each prevention option as well as estimates of their varying degrees of effectiveness at reducing new HIV infections, using Viet Nam as an example. Additional benefits, such as the reduction of crime, improved functionality, return to employment, reintegration into family and community should also be estimated.

This study will use an expert committee on drug treatment to help direct economists to the most important interventions and data on their effectiveness. POLICY will collect data in selected locations in Viet Nam on the frequency of drug-related crime and other costs of drug addiction, including HIV infections and treatment costs and adapt the GOALS Model to include the major options in preventing HIV among IDUs as well as the costs and benefits. The document will be used to engage policymakers in discussion on improved policy and HIV-related service provision for IDUs. A workshop on the results of the study will be held in Bangkok to which key persons from Mekong countries will be invited.

Regional Policy Study on the Socioeconomic Impact of HIV/AIDS in the ASEAN Region. The ASEAN Work Program on HIV/AIDS identifies the need to understand the socioeconomic impact of HIV on the region as an important advocacy tool to increase political commitment and leadership. POLICY will collaborate with the Asian Development Bank to conduct a regional policy analysis that will be used to inform scenario planning and advocacy efforts aimed at increasing resources for the region.

Capacity Building for Resource Allocation Using the GOALS Model. As Asia proceeds through the third decade of the HIV/AIDS pandemic, the amount and types of information available about what works and what doesn't has become extensive. Some countries, such as Thailand, have generated and allocated their HIV/AIDS resources in a way that has had a profound impact on the epidemic. Other countries, such as India, remain on the precipice between having a contained epidemic and an epidemic that could spread out of control. It is therefore critically important for countries in the Asia region to be fully informed about the choices they make concerning the allocation of limited HIV/AIDS resources. At the same time, it is important that decisions about resource allocation be made in the most participatory manner possible, so that decisionmaking can be made with the full knowledge, participation, and support of relevant stakeholders.

To better inform the policymaking process in Asia, POLICY is proposing the application of the GOALS Model in Cambodia and Andhra Pradesh, India. This application will address questions related to current HIV/AIDS spending, the allocation of HIV/AIDS resources, and the human capacity required to achieve specified goals using the HCD Model.

POLICY will

- Assess the resources currently available in Andhra Pradesh and Cambodia, including an analysis of resources from donors, the public sector, the private sector, and out-of-pocket expenditures.
- Conduct training on the GOALS Model with individuals from the government and civil society.
- Collect data from Cambodia and India for use in the GOALS modeling exercise.
- Reach consensus with key informed stakeholders regarding the assumptions that are included in the GOALS Model.
- Conduct resource allocation workshops with key stakeholders around the allocation of current and future HIV/AIDS resources.
- Apply the GOALS and HCD models as a part of a participatory decisionmaking process.
- Prepare reports summarizing the resource and human capacity issues and obstacles associated with scaling-up HIV/AIDS services.

Advocacy and Sex Work, including Environments that Care. Three studies are planned to address the issues of advocacy and sex work.

Cambodia. The existing work being carried out in Cambodia will document the extent of nonconsensual sex and other violence directed against the most vulnerable group of poor urban women. Evidence from elsewhere demonstrates that women subjected to violence are more likely to acquire an HIV infection than others. Cambodia has no rape services and police pay little attention to complaints levied, often against them, by street women. This research effort trains persons selected from among these highly vulnerable women to serve as interviewers for both qualitative and quantitative research methods. The data collected, with approval by the government of Cambodia, will be used in policy and advocacy sessions with authorities conducted by the women themselves. The outcome envisioned is the planning, with partners, of an appropriate HIV prevention and care program for police. The project will be completed by the end of July 2004.

Viet Nam. Injecting drug use among women in Viet Nam has been increasing. A study will be undertaken using in-depth interviews with injecting women in Ho Chi Minh City to examine the contexts and relationships involved in this risky behavior. Based on this information, an HIV prevention program, appropriate to the special needs of injecting women will be developed. Partners will be sought to pilot test the approach developed.

Environments that Care. Early 2004, POLICY in partnership with USAID produced a monograph titled *Environments that Care*, which deals with the issue of advocacy and sex work. The publication will be printed and distributed by the end of July 2004 (subject to final USAID approval).

Policy Assessment—Laos. To date, Laos has not experienced the dramatic HIV/AIDS outbreaks that have occurred in some other parts of the Mekong, and adult HIV prevalence is low (below one percent) but slowly rising. However, a number of factors could facilitate rapid spread of HIV including cross border mobility, proximity to drug trafficking routes, high STI prevalence in some populations, and the existence of a sex industry. This current epidemiological situation presents a window of opportunity for the development of an enabling policy environment in which to anchor interventions. POLICY will prepare a policy scan report outlining recommendations for further action.

Analyses for Improved Policymaking: Modeling the Spread from IDUs to the General Population With and Without Interventions in China. (Note: this activity is in addition to the activities outlined in the China workplan, as it is anticipated that this study will have broader application.) The first of two official AIDS policy issues facing the Chinese government is preventing transmission of HIV/AIDS into the general population. Experience in several countries, most clearly in Thailand, has shown that neglecting

adequate coverage of IDUs with effective interventions has a strong impact on overall numbers of infections through time. China has a serious, widespread and growing problem with opiate addiction.

A complete review and costing of effective interventions for IDUs and their partners in the Chinese context has yet to be completed. This information will enhance decisionmaking among policymakers and will help China meet its goal of preventing the spread of HIV into the general population.

The study will focus on the likely scenarios of spread of HIV from IDUs to their partners and into the general population and ways to avert infections. The study will draw on both epidemiologic and economic modeling exercises to demonstrate the spread of HIV over time and the cost of evidence-based interventions for IDUs, including social costs. The deliverable will be an analytic report that will be translated into Chinese, as well as presented to high-level officials. Follow-up discussions with key officials will be required in order to move the agenda for future policy change.

Violence as a Risk Factor for Poor HIV Prevention and Access to Care (Focus on Women). Extensive violence against women in especially vulnerable circumstances has been shown to increase vulnerability to HIV. Similarly, intimate partner violence among otherwise low-risk women and among male-male partnerships appears to have the same impact. Experience of sexual abuse as a child also appears to be especially damaging, and is a predictor of high vulnerability to HIV infection in adults, whether male or female.

The interaction of violence and HIV works in other ways as well. When women are found to have HIV at antenatal clinics or through VCT, they may also experience violence, usually at the hands of intimate partners or family members. Once found to be HIV positive, the level of stigma and discrimination is often devastating. Studies of HIV-infected males who experience partner violence have demonstrated poor compliance with ARV treatment as well as inadequate healthcare-seeking behavior.

There is a great need to review all existing data on the directions of causality with regard to violence, including sexual violence, and HIV. This study will examine effective interventions for preventing primary violence and will then focus on ways to mitigate the impact of violence, including screening, post-exposure prophylaxis, specialized counseling, and other interventions. The outcome will be a position paper on violence and HIV, to be used as an advocacy tool and dissemination activities.

Transgendered Males and HIV. For a variety of historical and cultural reasons, transgendered males have a recognized, often semi-sacred, space in many Asian and Pacific societies. Yet, in modern life, they are considerably marginalized. With the advent of HIV/AIDS and its associated gender issues, their position has become extremely vulnerable. Further, from what evidence does exist on their sexual networks, as in South East Asia, it appears that they occupy an important role in the spread of HIV from the most-at-risk groups to the general population.

This research will aim at creating an overview on transgendered males in the Asia Pacific region, with primary data gathered on those in the Mekong subregion. Participation in the newly formed TAHA (Transgenders Against HIV/AIDS) network will be supported. Specifically, the study will

- Review all secondary sources of data on transgendered males in the region;
- Collect primary data on prevention and care needs in Burma, Cambodia, Thailand, and Viet Nam; and
- Involve transgenders in the data collection process and encourage their participation in TAHA.

Training Workshops on Improving HIV/AIDS/STI Surveillance Systems and BSS (Joint activity between FHI and POLICY). The ASEAN Work Program on HIV/AIDS has identified the objective of

increasing the capacity of member countries to develop and maintain national surveillance systems for priority populations including drug users and mobile populations. FHI is currently collaborating with WHO, UNAIDS, CDC, East West Center, UNICEF, and others to develop a series of surveillance training curricula for surveillance, data collection, and its use. FHI, in partnership with these same organizations, has begun regional training workshops in Asia to enhance capacity to conduct surveillance at a national level.

POLICY has been working through national, regional, and global advocacy networks of PLHAs and other affected communities to increase their understanding of the importance of surveillance, monitoring, and evaluation to inform advocacy campaigns for the purpose of improving targeting and ensuring meaningful community engagement.

Under an ASEAN partnership, this training could be expanded to include additional training in key ASEAN countries and a regular regional forum for exchange of surveillance data; analysis and discussion of implications for policy and program managers in the ASEAN region could be organized to supplement ASEAN's current efforts in this area. Importantly, these forums can also provide an opportunity for strengthening understanding and collaboration between policymakers and communities infected and affected.

Capacity Building Workshops for Treatment, Care, and Support (Joint activity between POLICY and FHI). There are strong needs in the region to build the skills of healthcare providers to provide high-quality care, support, and treatment for PLHAs and their families. But experience on HIV clinical management is limited, and there is a high level of stigma and discrimination among healthcare workers for PLHAs. FHI has an existing collaboration with Bamrasnaradura Institute in Bangkok, which is a regional WHO training center for HIV/AIDS. Under the current collaboration, FHI and Bamrasnaradura are working together to improve a regional training curriculum for HIV/AIDS care, support, and treatment that will include HIV clinical training, but also training to improve the continuum of care and support required from the hospital to health center to community setting. POLICY has acquired considerable expertise in understanding how HIV/AIDS-related stigma and discrimination hamper efforts to prevent HIV infection and to provide appropriate care and support for those affected by the epidemic. Currently, POLICY is providing APN+ with support to work with their member organizations to address stigma and discrimination in country-specific healthcare settings. Under this activity, POLICY proposes to bring this experience to the partnership and would be responsible for including modules related to stigma and discrimination in the proposed curriculum.

Under an ASEAN partnership, this effort could be expanded to enhance the collaboration with additional regional resource organizations including the Thai Red Cross and APN+. An ASEAN-based HIV/AIDS care and treatment training network could be strengthened that would bring together the skills and expertise of ASEAN countries and provide Asian-based skills building. This would be done in partnership with ASEAN country efforts to scale up ARV access in collaboration with WHO and the efforts of Treat Asia.

PLHA: APN+ Phase 1 and 2 of Organizational Capacity Building. APN+ moved its secretariat from Singapore to Bangkok in late 2003 and employed a new regional coordinator. Support from the POLICY Project in Phase 1 (existing funding) was essential to allow this to occur. Having a presence in Bangkok has allowed APN+ to considerably raise its profile. POLICY funding has also allowed for organizational development and network strengthening by building the capacity of the steering committee and staff, through the development of the role of the secretariat and provision of (limited) support to affiliates. However, APN+ is still in a relatively early stage of organizational development and needs ongoing support.

If APN+ is to develop into an effective advocacy organization, it is necessary to support the organization for more than 12 months of initial funding. While APN+ has grown in respect to its profile and capacity since POLICY funding commenced in late 2003, the organization needs ongoing support. Funding is needed for the continued employment of the coordinator and support staff and the functioning of the secretariat. A functioning steering committee is essential and funds are needed to allow face-to-face and teleconference meetings. In addition to meeting functional costs, funding is also needed for ongoing organizational and individual capacity development. Without support for these basic needs, APN+ cannot be expected to develop into an effective advocacy organization.

Given the broad geographic mandate of APN+, it would be impossible for it to provide significant capacity building support across the region, in a comprehensive manner. A realistic option is for APN+ to make the difficult strategic decisions to select a small number of priority PLHA national networks to which it wishes to provide a high level of structured organizational capacity development. It is proposed that APN+ be provided with funds to allow this level of support for four national PLHA organizations over the next 12 months.

Monitoring and Evaluation: Increasing the Capacity of the ASEAN Secretariat. The ASEAN Secretariat has identified the need to increase its internal capacity so that it is better able to implement and monitor its program of work. POLICY proposes to support this initiative by working in collaboration with ASEAN to place a small team of professional and administrative staff within the secretariat. The staff will be answerable to ASEAN and additional TA will be provided by the POLICY Project.

MSM and the International AIDS Conference. POLICY is organizing a satellite session at the XV International AIDS Conference in Bangkok on *Male Sexual Health in the Asia-Pacific Region: A Way Forward*. Males and persons with transgendered identity at high risk from Burma, Cambodia, and Viet Nam will be supported to conduct a panel discussion on the nature of risk behaviors in their countries. A special effort will be made to discuss the needs of MSM and their epidemiological significance in Asian epidemics. Shivananda Khan, of the Naz Foundation International, will summarize and compare experiences in South East Asia with South Asia. A report will be written and widely circulated to those active in the field, donors, and partners.

CHINA

<p>Strategy</p> <p>POLICY, in partnership with Family Health International (FHI), Population Services International (PSI), and the International HIV/AIDS Alliance, has developed an integrated workplan that reflects the priorities of the USAID/China HIV/AIDS Framework and the National and Yunnan Strategic HIV/AIDS Plan. The USAID/China program will target areas that are contributing to the subregional spread of the epidemic, including border areas and/or urban or semi-urban areas in southern China, specifically, Yunnan and Guangxi. Underlying the activities of the four CAs in the integrated workplan for 2004 is an Expanded Comprehensive Integrated Response (ECIR) programming strategy that will contribute directly to three USAID intermediate results:</p> <ul style="list-style-type: none"> • <i>IR1. Increased demand and access to quality HIV/STI prevention and care services</i> • <i>IR2. Increased capacity of public and private entities to respond effectively to HIV/AIDS and indirectly to the third intermediate result</i> • <i>IR3. Improved policy and enabling environment</i> <p>General scopes of work for each of the CAs in the USAID/China framework are as follows:</p> <ul style="list-style-type: none"> • PSI – social marketing and behavior change communication among high-risk populations • International HIV/AIDS Alliance – community and home-based care, community mobilization, and NGO capacity development • POLICY Project – policy, advocacy, and planning • FHI – prevention and care programming and capacity development in surveillance, data analysis, and its use for planning <p>Within this context, POLICY will specifically be responsible for initiating activities in Yunnan, Guangxi, and at the national level. POLICY will primarily work with MOH counterparts at the provincial and prefecture levels (specifically Honghe and Dehong) to strengthen the enabling and operational policy environment in support of service provision. Additionally, POLICY will provide TA to support more efficient resource allocation and improve local-level planning and policy implementation. Finally, POLICY will work to strengthen local leadership skills as a means of reducing HIV-related stigma and discrimination. Activities are due to commence in July 2004.</p>
<p>Staff</p> <p>Country Manager: Felicity Young (acting—We are currently recruiting a local country director.) Local Staff: Liping Yuan, Program Officer; Mei Wu, Operations Manager. Additional recruitment underway. Consultants: David Lowe Affiliated Staff: Courtney Bickert and Tim Manchester (FGE)</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): N/A Anticipated FY04 funds: \$565,000 (part of ANE regional program)</p>
<p>Proposed Activities</p> <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Mobilize opinion leaders at the national and provincial levels to mitigate stigma and discrimination <ul style="list-style-type: none"> ○ Support PLHA networking and advocacy by allocation of small grants ○ Support public events to reduce stigma and discrimination (e.g., World AIDS Day) ○ Package advocacy products to inform decisionmakers • Strengthen the positioning of vulnerable populations at the provincial level

- Support a process to increase the partnership and communication between PLHAs and stakeholders
- Facilitate leadership development for HIV-positive women so that they are able to advocate for their priorities
- Facilitate policy dialogue and dissemination meetings in support of CA interventions and activities
- Develop targeted advocacy campaigns to address stigma and discrimination, drawing upon data analysis from the existing data (2001, 2003, 2004 OMIBUS and 2001 BSS)
- Implement stigma and discrimination reduction campaigns
- Provide advocacy training to support resource allocation
- Facilitate policy dialogue and dissemination meetings in support of new legislation

IR2. Planning and financing improved

- Support greater harmonization and implementation of national, provincial, and local policies
 - Support implementation of the “New Yunnan Law”
 - Jointly develop a policy agenda to support the province in implementing policy and turning policy into practice
 - Improve resource allocation
 - Support the province in effectively budgeting and ensuring resource allocation
 - Facilitate national-level training and application of the GOALS Model

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Facilitate a needs assessment to identify barriers to PLHA participation and incorporate findings into an advocacy skills-building program for PLHAs
- In partnership with the Department of Policy Research, conduct a policy analysis/mapping exercise to increase policy leadership at the national level
- Provide an analysis of China UK costing data to give the program information on the costs of programs and service delivery mechanisms (to help promote needs-based resource allocation)

IR4. In-country/regional capacity to provide policy training enhanced

- Facilitate capacity building for policymakers at the provincial level
- Support attendance at the International AIDS Conference
- Support a local institute to provide GOALS training at the provincial level
- Provide ongoing capacity building for GOALS

LAC BUREAU (FP/RH)

<p>Strategy</p> <p>POLICY, in collaboration with JSI/DELIVER, is conducting the second phase of a feasibility study on contraceptive security for the LAC region. The purpose of the study is to answer the following questions:</p> <ul style="list-style-type: none"> • What are the priority issues with respect to contraceptive security in the LAC region? Which of these are shared across countries? • Are any of these issues amenable to regional interventions that would likely improve effectiveness and efficiency? • If so, how could regional assistance efforts be structured to produce maximum benefit? • What are the national-level issues that should continue to be dealt with in-country, and why are they not appropriate for “regionalization”? <p>During the first phase of the study (April 2003–June 2004), POLICY and DELIVER conducted a regional meeting on contraceptive security to raise awareness about contraceptive security and gain support for the feasibility study. Five country-level assessments also identified key issues related to contraceptive security in the region.</p> <p>In Year 5, POLICY (with DELIVER) will prepare a final report on the study findings and disseminate findings to stakeholders in nine USAID-assisted countries. During the next two months, POLICY and DELIVER will jointly identify and implement additional workplan activities to be conducted during Phase 2 of the LAC CS Initiative.</p>
<p>Staff</p> <p>Regional Manager: Varuni Dayaratna Consultants: Cindi Cisek Affiliated Staff: Pati Mostajo and Jay Gribble</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$85,851 Anticipated FY04 funds: \$439,000</p>
<p>Proposed Activities</p> <ul style="list-style-type: none"> • Complete final report including findings and analyses from country assessments and recommendations for regional interventions. • Convene regional workshop to disseminate and discuss country assessment findings and receive feedback on possible regional and country-level assistance that stakeholders from the nine USAID-assisted countries need to address priority barriers to contraceptive security in their countries. During this workshop, participants will also be asked to provide feedback on possible regional and country-level assistance that they need to address priority barriers to contraceptive security in their countries. • Conduct several in-depth research studies/analyses in conjunction with DELIVER on the feasibility and implementation options of two or three regional recommendations. Topics will be identified in conjunction with USAID/LAC Bureau and workshop participants.

V. COUNTRY WORKPLANS

Country activities are mainly carried out with field-support funds from USAID missions and regional bureaus. POLICY is currently working in 27 countries and with two regional programs (REDSO/ESA and the West African Regional Program (WARP)). In Year 5, we will get programs underway in China (using ANE regional funds) and in El Salvador. POLICY will also close out activities in six countries: Guatemala, Honduras, India, Malawi, Nigeria, and Zambia.

Summaries of the country strategies and workplans are contained in the following pages, organized by geographic region. Table A-4 in the Appendix summarizes field-support obligations to date, including anticipated and/or received obligations for FY04. The pipeline information listed on the individual country pages is shown as of May 31, 2004.

AFRICA



ETHIOPIA

Strategy
<p>POLICY/Ethiopia will focus on supporting the MOH's efforts to formulate a national RH strategy. POLICY staff will organize meetings in all nine regions and administrative centers to collect information on barriers to delivering full coverage for FP/RH services. These two-day meetings will include participants from various sectors. POLICY will also conduct a study for the Family Health Department of the MOH focusing on FP usage in four of the most populous regions and will assist the National Office of Population (NOP) with the revision of the goals and objectives of the 1992 National Population Policy.</p> <p>The Ethiopia White Ribbon Alliance was awarded \$250,000 to assist the USAID-funded Hareg Project with training and TA in advocacy, community mobilization, and message development for PMTCT at the community level.</p>
Staff
<p>Country Manager: Elizabeth A. Neason Local Staff: Seyoum Selassie, Assefa Amenu, Eleni Seyoum, and Seble Abate Affiliated Staff: Theresa Shaver and Alicia Livinski</p>
Funding
<p>Funds remaining (as of 5/31/04): \$105,451 Anticipated FY04 funds: \$450,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Participate in the development of the FP and Safe Motherhood sections of the National RH Strategy through participation in the FP and Safe Motherhood subcommittees • Provide TA to the NOP in restructuring the goals and objectives of the National Population Policy <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Conduct nine regional meetings to gather information and data on barriers to delivering full coverage of FP/RH services and use the information in developing the implementation plan for the National Reproductive Health Strategy, being finalized this summer • Collect data to analyze and report on FP usage in four regions—Amhara, Oromia, SNNPR, and Tigray—for the Family Health Department/MOH <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide training and TA in advocacy for the regional PMTCT core teams on the Hareg Project so that they can train their community core teams in advocacy and network-strengthening to help them define advocacy issues and design and implement advocacy plans around PMTCT and safe motherhood issues • Provide training and TA in community mobilization for PMTCT in the Hareg Project

GHANA

<p>Strategy</p> <p>The goal of POLICY assistance in Ghana is to assist the government in finalizing the national HIV/AIDS and STI policy and increase the level of political and popular support for its implementation. POLICY's primary strategy is to support the efforts of the newly established Ghana AIDS Commission (GAC) in achieving public and private sector consensus on a final national policy. Additionally, POLICY is assisting the GAC in the identification of the need for additional legislation as necessary to ratify and implement the new policy. POLICY will also support efforts of the National AIDS Control Program (NACP) of the Ghana Health Service (GHS), the MOH, and GAC in disseminating the new policy. POLICY has been asked by the MOH, GAC, and GHS to apply and document the findings from the application of the updated AIM and the revised HIV/AIDS/STI Situation in Ghana booklet to raise awareness and garner political and social support among elected officials, the business community, and other audiences at national and decentralized levels. POLICY's recent TA has covered activities with key institutions, such as GHS, MOH, GAC, the Attorney General's Department, the Department of Social Welfare, and the School of Public Health at the University of Ghana. Policy-related activities with these organizations and institutions include assessment of human resources management in the GHS; preparation of an advocacy paper to broaden the cadre of health workers who can treat STIs/RTIs; review of policy issues and constraints to improved and more extensive interventions with SWs in Ghana; the development of National Policy Guidelines for OVC; and institutionalizing capacity building in data-based advocacy and policy analysis using the SPECTRUM models.</p>
<p>Staff</p> <p>Country Manager: Michelle Prosser Local Staff: David Logan, Benedicta Ababio, Kenneth Donkoh Consultants: Kate Parkes</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$265,017 Anticipated FY04 funds: \$0</p>
<p>Proposed Activities</p> <p>USAID/Ghana has indicated that FY04–05 funding for RH/HIV activities will primarily be channeled through four major RFAs. RFA awards will be announced in June–July 2004. Any new activities are TBD upon award of the RFAs.</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Conduct district and community-level advocacy for FP/RH awareness and HIV/AIDS prevention through RH networks for youth, PLHAs, and other groups—POLICY Champion Group (core funded) <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA to the GHS/MOH in developing and adopting national RTI policy guidelines • Organize stakeholders meeting on human resource assessment within the GHS <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Develop an advocacy paper to broaden the healthcare cadre that can treat STIs/RTIs <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Conduct HIV/AIDS advocacy using the updated Ghana AIM and HIV/AIDS in Ghana AIM booklet • Assist the NACP/GHS/MOH and GAC in advocacy using AIM and in developing a national dissemination strategy of the policy and strategic plan

IR2. Planning and financing improved

- Provide TA to GAC in developing national OVC policy guidelines
- Provide institutional support to GAC to review the National HIV/AIDS Strategic Plan

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Provide TA to review policy issues surrounding work with SWs
- Provide TA to undertake an AIM update and related advocacy

IR4. In-country/regional capacity to provide policy training enhanced

- Provide TOT to regional HIV/AIDS coordinators and GAC on updated Ghana AIM
- Institutionalize capacity building using SPECTRUM for RH and HIV/AIDS advocacy and health planning at School of Public Health, Legon

KENYA

<p>Strategy</p> <p>POLICY/Kenya's objectives are to increase and renew political and public support for high-quality FP/RH and HIV/AIDS services and improve planning and financing. To achieve its objectives and results, POLICY/Kenya is working with a wide range of government and nongovernmental organizations, civil society stakeholders, and interest groups in four areas, namely, policy development and implementation, advocacy and networking, capacity development and institutional strengthening, and systems management and strengthening. POLICY support is provided in three program areas (HIV/AIDS, FP/RH, and health finance and policy) and varies depending on the objectives of each component.</p> <p>In FP/RH, POLICY's assistance focuses on achieving renewed high-level commitment to FP programs in the era of HIV/AIDS, developing and improving national policies and strategies, and building support and capacity for postabortion care (PAC) services at district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacity of government and NGOs and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. Programs address HIV/AIDS education, government ministries, military and police, FBOs, PLHAs, orphans, youth, gender issues, law, and human rights. In health finance and policy, support is directed toward strengthening the cost-sharing program as a prerequisite to providing systems and structures for establishing the National Social Health Insurance. In promoting the mobilization of additional resources, POLICY's support targets the strengthening of health policies and systems at the national, provincial, district, and hospital levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary healthcare services.</p>
<p>Staff</p> <p>Country Director: Angeline Siparo Local Staff: Wasunna Owino, Deputy Country Director and Leader of the Health Finance and Policy Program; Leah Wanjama, PAC Task Leader; Esther Gatua, HIV/AIDS Coordinator; Colette Aloo-Obunga, FP/RH coordinator; Francis Kangwana, Health Finance Information and Management Systems Specialist; Salvador De La Torre, Hospital Management Specialist; Alice Wanjuu, Office Manager; Saleh Chebii, Finance Officer; Grace Akengo, Administrator; Nancy Ombega, Administrative Assistant; and Juweiriya Yunis, Secretary/Receptionist Consultants: Catherine Mumma, Mary Okumu, Benjamin Nganda, Julius Korir, Urbanus Kioko, Paul Krystal, Helen Ajode, Atsango Chesoni, Germano Mwabu, and George Rae Affiliated Staff: John Stover, Barbara Kennedy, Shawn Aldridge, Steve Forsythe, and Carol Shepherd</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$337,473 Anticipated FY04 funds: \$2,675,000</p>
<p>Proposed Activities</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Sensitize leaders on FP repositioning at regional and national levels • Disseminate and conduct advocacy for the National Contraceptives Policy and Strategy (2003–2006) • Develop dissemination plan for the ARH policy <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Implement recommendations on price policy under the core package on increasing FP services to poor/under-served population segments—dissemination and intervention programs • Convene stakeholders meetings to review and revise the FP/RH Policy Guidelines and Standards for Service Providers

- Initiate the development of a comprehensive national RH policy

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Disseminate study findings on Unit Costing for Safe Motherhood, Family Planning Access Study (core package), and Maternal User Fee Study (core package)
- Develop tools for monitoring policy implementation

IR4. In-country/regional capacity to provide policy training enhanced

- Train Division of Reproductive Health (DRH) and National Council for Population and Development staff on policy dialogue and advocacy
- Strengthen DRH in its new role as secretariat to the RH Interagency Coordinating Committee
- Produce two editions of a population and health newsletter under the internship program

Health Finance and Policy

IR1. Political and popular support broadened and strengthened

- Facilitate consultations with a range of stakeholders to assist the MOH in developing the National Health Sector Strategic Plan (2005–2010)
- Support National Social Health Insurance (NSHI) consultative meetings with stakeholders to achieve improved dialogue and policy discussions around the creation of the new scheme
- Host a national conference to determine a health sector financing strategy for the next five years

IR2. Planning and financing improved (most of these activities are ongoing, and due to delays in MOH, start-up has been slow)

- Assist the MOH in enhancing cost-sharing systems for the establishment of the NSHI
- Assist the Health Sector Reform Secretariat in developing training manuals for the establishment of the new District Stakeholder Forums
- Assist the MOH in integrating the financial information system (FIS) with other systems, notably, hospital management information systems (HMIS) and financial management systems (FMS)
- Develop the healthcare financing component of the new Health Sector Strategic Plan
- Develop guidelines for enhancing access to health services in the NSHI
- Develop policy guidelines on efficient and effective use of NSHI/cost-sharing revenues
- Strengthen the FIS and HMIS to improve planning and management at the center and provincial levels and in selected hospitals
- Develop a new “guided hospital autonomy” guideline to reform provincial and district hospitals

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Produce information and conduct analyses for the performance of the cost-sharing/NSHI programs

IR4. In-country/regional capacity to provide policy training enhanced

- Support two courses in health policy, planning, and budgeting at the U.S. International University
- Train the provincial medical officer staff on FIS and HMIS to provide first-level systems support and use the resulting information for planning and programming

HIV/AIDS

IR1. Political and popular support broadened and strengthened

- Strengthen FBOs and PLHA networks (Kenya Network of Religious Leaders Infected and Affected by HIV/AIDS, Network of People Living with HIV/AIDS in Kenya, Positive Teachers)
- Enhance HIV/AIDS dialogue in private and public institutions targeting AIDS Control Units and business groups
- Advocate for the passage of the HIV/AIDS bill into law
- Carry out an anti-stigma campaign in the Muslim community under a new initiative, “Behind the Veil”

IR2. Planning and financing improved

- Assist the Ministry of Home Affairs in developing an OVC policy
- Support the government and other partners in developing an ARV policy and guidelines
- Support selected business sector organizations and government sectors/ACUs in developing HIV/AIDS policies
- Facilitate the development of the National HIV/AIDS Strategic Plan (2006–2010)
- Finalize development of the OVC legislative agenda and advocate for its passage into law
- Review condom policy and develop an operational plan for its implementation

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Produce and disseminate the “AIDS in Kenya” booklet on situation, projections, interventions, and policy
- Carry out operational research on barriers to policy implementation and disseminate the report
- Produce gender toolkit and training curriculum
- With the Ministry of Planning and National Development, initiate production of the second edition of “AIDS in Kenya: Socio-Economic Impact and Policy Implications”

IR4. In-country/regional capacity to provide policy training enhanced

- Conduct TOT on the gender training curriculum
- Train NEPHAK and its partners using the stigma toolkit
- Enhance the gender and HIV/AIDS knowledge of key policymakers using the gender toolkit

MADAGASCAR

Strategy
<p>The aim of the POLICY Project in Madagascar is to strengthen contraceptive and RH commodity security and to build capacities to expand efforts for addressing broader health issues, such as essential drugs and vaccines security. The project was designed to maintain significant momentum established in these arenas under the previous USAID bilateral program (Phase II) and to put in place national and decentralized health commodity security systems, setting the stage for the next USAID/Madagascar bilateral health program beginning mid-2004. The POLICY Project workplan is the extension of a one-year bridging project started by the mission in May 2003 and is implemented by POLICY and JSI/DELIVER to avoid any loss of gains made by USAID/Madagascar, consolidate those gains, and conduct activities designed to ensure eventual national health commodity security, especially for contraceptive and RH commodities. In June 2003, in partnership with the MOH and selected partners, an assessment of the situation was conducted using the SPARHCS framework to examine the policy environment, capacity, demand, service delivery, roles of public and private sectors, financing, and logistics and to identify key opportunities and challenges as they relate to progressing toward contraceptive security. The workplan that was adopted by the participants of the restitution workshop constituted the backbone of the POLICY Project scope of work in Madagascar. The short remaining period (first four month of Year 5) will be dedicated to the implementation and finalization of studies that will serve the dialogue established in June 2003. As a result, output of the studies will be presented in a national workshop on contraceptive security to be held in October 2004, which should contribute to the adoption of a national strategy on contraceptive security.</p>
Staff
<p>Country Director: Nicolas de Metz Local Staff: Nirina Ranaivoson, Celestine Emma, and Marie-Léa Rakotoarivelo Consultants: Serge Raharison and Eric Gaillard</p>
Funding
<p>Funds remaining (as of 5/31/04): \$315,160 Anticipated FY04 funds: \$0</p>
Proposed Activities
<p>FP/RH</p> <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Use results from the contraceptive stock survey, willingness-to-pay survey, and the market segmentation analysis to strengthen the quality of the dialogue on contraceptive security by providing critical information for the establishment of the commodities financing strategy in Madagascar • Hold a national workshop on contraceptive security to help define the national strategy on contraceptive security <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Disseminate the results of the contraceptive stock status survey to help to better estimate quantities available in the pipeline by level, update the contraceptive procurement and financing plan, and evaluate the need for logistics skills improvement at the service delivery point (SDP) level and district managing level • Disseminate results from the willingness to pay survey • Conduct a market segmentation analysis as soon as DHS preliminary results on family planning are available. The output will permit the analysis to be made with the MOH and the National Institute of Statistics. <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Assist the MOH/FP in finalizing its service providers training strategy on FP logistics

MALAWI

Strategy
<p>In Malawi, POLICY's objective is to promote human rights and multisectoral participation, including participation of PLHAs in the review, development, adoption, and implementation of national and sector-specific HIV/AIDS-related policies and legislation and in the development and implementation of plans that improve access to quality HIV/AIDS/FP/RH programs.</p> <p>POLICY is completing its current workplan activities, which run through September 2004. These include providing TA, training, and other support to the National AIDS Commission (NAC), the Malawi Network of People Living with HIV/AIDS (MANET), the Ministry of Gender and Community Services (MOGCS), and stakeholder groups to disseminate the recently launched National HIV/AIDS Policy, improve the understanding and reduce the impacts of HIV/AIDS-related stigma and discrimination in Malawi, finalize an assessment of the policy environment for OVC to strengthen the national OVC response, and produce a jointly-sponsored NAC and MOH position paper on equitable access to ARV treatment. Through USAID REDSO/ESA funding, POLICY is also providing capacity-building support to NAC and MOH staff in the use of the GOALS Model for program planning, resource allocation, and advocacy purposes.</p> <p>In June and July 2004, POLICY will be holding discussions with USAID/Malawi, other projects and implementing agencies in Malawi, including Save the Children/U.S. and FHI/Impact, as well as with key Malawi counterpart organizations, such as NAC and MANET, to identify possible areas that may require POLICY's expertise. These discussions will determine whether the POLICY/Malawi program will continue beyond September or be phased out. Areas of possible assistance likely to be discussed include sectoral HIV/AIDS policy review and development, PLHA advocacy capacity building, stigma and discrimination reduction, and OVC policy environment strengthening. Post-September activities will be determined based on follow-up discussions with USAID/Malawi.</p>
Staff
<p>Country Manager: Shawn Aldridge Local Staff: Rita Chilongozi, Resident Advisor, and Charity Mauluka, Administration and Finance Officer Consultants: Leah Wanjama, Rose Smart, and Godfrey Banda Affiliated Staff: Danielle Grant and Philippa Lawson</p>
Funding
<p>Funds remaining (as of 5/31/04): -\$152,339 Anticipated FY04 funds: \$328,170</p>
Proposed Activities (Listed by IR)
<p>FP/RH and HIV/AIDS activities will be dependant on discussions with the mission in July.</p>

MALI

Strategy
In support of the mission's new Country Strategic Plan (CSP), 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate for an improved policy environment for HIV/AIDS, FP/RH, and nutrition. POLICY's strategy is to channel its assistance primarily through public sector "lead agencies" for each area, which helps these agencies provide the leadership and direction necessary for advocacy to succeed. Thus, POLICY collaborates with the following MOH agencies: the National AIDS Program (PNLS), Division of Reproductive Health (DSR), Nutrition Unit (DSAN) within the Planning Office (CPS), Nutrition Division (DN) of the Health Services Department, and National Unit for Coordination of Population Programs (CENACOPP) of the Ministry of Plan within the Prime Minister's Office. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. In addition to the lead government agencies, POLICY supports Groupe Pivot, an NGO representing more than 150 NGOs, which has a close working relationship with government agencies and has received POLICY advocacy training and TA. Tools used to generate and update the necessary data to support the activities are stakeholder analyses, policy environment assessments, AIM, RAPID, FamPlan, and PROFILES. Assistance has been in the form of (1) information generation, analysis, and updates, using SPECTRUM and the latest DHS; (2) training and TA in using presentations for policy analysis and advocacy; and (3) institutional strengthening of MOH agencies.
Staff
Country Director: Modibo Maiga Local Staff: Yacouba Simbe, Noumouke Diarra, and Mamadou Mangara Affiliated Staff: Norine Jewell
Funding
Funds remaining (as of 5/31/04): \$432,277 Anticipated FY04 funds: \$650,000
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Adapt advocacy activities using the RAPID Model to the religious leaders at national and regional levels targeting national and regional leaders as well as civil society Organize a national advocacy campaign for family planning in collaboration with USAID-funded projects and the ministries of Health and Women's Affairs, focusing on the role of family planning in the reduction of maternal mortality Conduct an advocacy campaign with parliamentarians to disseminate and educate the population about the newly adopted RH law
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> Develop a "RAPID for Religious Leaders" based on similar experience in Senegal Develop a film based on the RAPID Model for use at the community level (based on similar experience with AIM)
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> Train partner groups (in government and civil society) in advocacy, leadership, team building, and models presentation
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Conduct advocacy using AIM in specific regions and targeting specific groups (religious leaders, women's groups, PLHA groups, etc.) Provide TA to the National High Council of AIDS Control to encourage decentralization of

advocacy activities

- Provide TA to religious leaders in developing functional thematic groups to carry out HIV/AIDS advocacy among members
- Conduct advocacy activities using the RAPID Model at national and regional levels targeting national and regional leaders as well as civil society
- Collaborate with civil society and religious groups to reach specific target groups (youth, parents, religious leaders, etc.)

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Update AIM and HIV/AIDS film in collaboration with the High Council of AIDS Control

IR4. In-country/regional capacity to provide policy training enhanced

- Train partner groups (in government and civil society) in advocacy, leadership, and team building
- Provide intensive assistance in collaboration with High Council of AIDS Control to PLHA groups (at national and regional levels) in management, advocacy, HIV and development, etc.

MOZAMBIQUE

Strategy
<p>POLICY objectives in Mozambique are to facilitate intersectoral collaboration and strengthen local ability to analyze policy on HIV/AIDS and to strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date, technically sound information. POLICY facilitates collaboration of health and non-health sectors in strengthening HIV sentinel surveillance, data analysis, and HIV/AIDS projections and impact analyses. The second focus is use of that information in program design, implementation, and evaluation.</p> <p>During Year 5, POLICY will continue to strengthen local capacity to generate and use new surveillance data and HIV/AIDS projections for program decisionmaking, outreach, and advocacy, with increased attention to strengthening and expanding the newly created provincial technical groups. POLICY will look for ways to provide TA in budgeting and resource allocation and collaborate in efforts to address the HIV/AIDS epidemic in the workplace. The country office will seek out any strategic targets of opportunity to support the President's Emergency Plan for AIDS Relief in information needs.</p>
Staff
<p>Country Director: Henriqueta Tojais Local Staff: Carlos Arnaldo, Isabel Nhatave, Pedro Duce, Matchecane Cossa, and Benedito Marino Consultants: Amâncio Oliveira Affiliated Staff: Karen Foreit</p>
Funding
<p>Funds remaining (as of 5/31/04): \$471,959 Anticipated FY04 funds: \$250,000</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA to three established provincial technical groups, which will conduct outreach to civil society organizations, including PLHAs and the public sector, to raise awareness of HIV/AIDS prevalence and impacts • Establish new provincial technical groups (subject to increased funding) <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Assist the national program in use of information for program planning, resource allocation, and monitoring and evaluation <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Collaborate with the technical group and the MOH to plan and analyze the 2004 sentinel surveillance round and update official statistics on the epidemic's progress and national response • Provide TA to the technical group on new prevalence projections and publications • Develop a dissemination strategy with the technical group to promulgate the new projections and incorporate the findings into programs and advocacy • Participate in planning and implementation meetings of the National AIDS Council (NAC) as requested by USAID/Mozambique and the NAC <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Strengthen the intersectoral technical group with refresher training in EPP, AIM, PMTCT, GOALS, and other analytic tools • Assist the technical group and the Eduardo Mondlane University in incorporating policy analysis into existing curricula • Fund student internships to serve as research assistants for the technical group

NIGERIA

Strategy
The POLICY Project is working to increase political support for high-quality HIV/AIDS, FP/RH, and child survival services in Nigeria and to improve the planning and financing of such services. Activities include development of HIV/AIDS policies in the civilian, uniformed services, and military populations; development of a national population policy; development of strategic plans for HIV/AIDS and young adult and adolescent reproductive health (YAARH); support for the development of Nigeria's Nutrition Plan of Action; advocacy for HIV/AIDS, FP/RH, and child survival services; research on the effects of HIV/AIDS on vulnerable segments of the population; and use of accurate information for advocacy and planning. The project is also working with FBOs to develop policies on HIV/AIDS and reproductive health and to increase FBO support for such policies. Activities in Nigeria will be closed out as of the end of calendar year 2004.
Staff
Country Manager: Scott Moreland Local Staff: Dr. Jerome Mafeni, Country Director; Charity Ibeawuchi, Senior Program Officer (Reproductive Health); Dr. Ochiawunma Ibe, Senior Advisor (Reproductive Health and Child Survival); Dr. Oluwole Fajemisin, Research Advisor; Theresa Effa, NGO and Advocacy Advisor; Ejiro Joyce Otive-Igbuzor, Senior Program Officer (HIV/AIDS); Godwin Etim Asuquo, Senior Program Officer (HIV/AIDS); and Babatunde Afuwape, Senior Administrative Officer Consultants: Dr. Sylvia Adebajo, Dr. Kris Peterson, Olatubosun Obileye, Stella Iwuagwu, Martins Ovberedjo, Prof. Alfred Adewuyi, Prof. Dosu Ojemgbede, Dr. Samuel Akpovi, Dr. Segun Fatusi, and Dr. Ejembi Affiliated Staff: Nancy Murray
Funding
Funds remaining (as of 5/31/04): \$1,923,235 Anticipated FY04 funds: \$0
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Assist in the launch of the Revised National Population Policy • Provide TA for the finalization and adoption of an Islamic handbook on reproductive health • Provide TA to increase awareness and sensitization on population/FP/RH issues on World Population Day
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Provide TA for an update of the RAPID Model based on 2003 NDHS data • Assist the National Population Council in developing the policy and program implications of the 2003 NDHS
HIV/AIDS
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Provide TA to the Federal Ministry of Labor and Productivity to revise and produce a workplace policy • Support workshops for development and adoption of a national ARV policy • Provide TA in producing an education support strategy for OVC • Assist the Federal Ministry of Education in preparing an education sector HIV/AIDS policy
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Update AIM based on the 2003 ANC Prevalence Survey • Develop and produce advocacy materials for dissemination of the Benue State study on impacts of HIV/AIDS

- Prepare advocacy materials based on the 2003 ANC Prevalence Survey

Child Survival**IR1. Political and popular support broadened and strengthened**

- Prepare advocacy materials for child survival
- Provide TA to the Roll Back Malaria (RBM) program for a drug policy review

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Provide TA in developing and applying a child survival model to Nigeria

REDSO/ESA

Strategy
POLICY activities support REDSO's regional program to build the capacity of institutions working on FP/RH, maternal and child health, nutrition, HIV/AIDS, infectious diseases, nutrition and food security, and health financing and reform. As a principal player in Africa, REDSO has partnered with the Commonwealth Regional Health Community Secretariat (CRHCS). The ministers of health in these countries have charged CRHCS with the task of promoting efficiency and relevance in the provision of health-related services in the region. POLICY works to enhance the capabilities of CRHCS staff in order to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and, by extension, across the 14 member countries. POLICY's objectives are, therefore, to assist CRHCS in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.
Staff
Country Manager: Joseph Deering Consultants: Leah Wanjama and Eric Gaillard Affiliated Staff: Steven Forsythe, Arnab Acharya, Anne Eckman, Ben Clark
Funding
Funds remaining (as of 5/31/04): \$602,985 Anticipated FY04 funds: \$100,000
Proposed Activities
<p>FP/RH</p> <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> Apply the RH Allocate Model in selected countries in the region <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Prepare one or more policy briefs with senior CRHCS staff in accord with REDSO directives and focused on repositioning family planning in healthcare delivery across the region <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Provide follow-up support to persons in Ethiopia, Malawi, and Rwanda who completed the GOALS training in Bagamoyo so that they can validate the data and conclusions and disseminate findings <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> Provide follow-up TA and monitoring for GOALS applications in Ethiopia, Malawi, and Rwanda so that each country produces findings and results germane to dialogue and decisionmaking among the top authorities and experts on HIV/AIDS programs <p>IR3: Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Prepare one or more policy briefs with senior CRHCS staff in accord with REDSO directives and focusing on policy recommendations ensuing from applications of the GOALS Model in three countries in the region <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Monitor applications of the GOALS Model in respective countries and provide advice as needed to assure quality applications <p>Other activities to be determined through further consultation and discussions with REDSO/ESA staff.</p>

SOUTH AFRICA

Strategy
The goal of POLICY Project assistance in South Africa is to continue to strengthen key responses to the HIV/AIDS epidemic. Working in collaboration with the National Department of Health, selected sectors, and other partners, POLICY works to build capacity to plan, implement, and evaluate effective, sustainable policies and programs. Assistance focuses on support to the delivery of the South African Government's HIV/AIDS and STD Strategic Plan for South Africa, 2000–2005. POLICY works to improve multisectoral capacity and involvement by assisting different role players in developing HIV/AIDS policies and guidelines and effective operational plans for HIV/AIDS programs. Furthermore, POLICY creates HIV/AIDS materials used to develop policies and programs as well as strengthen capacity and collaboration between government and CSOs and institutions working in HIV/AIDS. The focus of our current work is targeted toward FBOs, traditional leaders, PLHAs, and the public service. Interventions are designed for each sector to respond appropriately to the HIV/AIDS epidemic.
Staff
Country Director: Caroline Wills (Acting) Local Staff: Melanie Judge, Yoliswa Notshe, Puleng Phooko, Mogale Mashipata, Olympia Vumisa, Craig Dumont, Fundiswa Moyo, and Grace Mchunu Consultants: Catherine Barrett-Grant, Lindy Briginshaw, Peter Busse, Janine Clayton, Susan Cleary, Abigail Dreyer, Karena du Plessis, Brian Eley, Derrick Fine, Ashraf Grimwood, Luann Hatane, Saadiq Kariem, Njabulo Maseko, Malikhang Masia, Jo Ann McLoughlin, Shaun Mellors, Penny Morrell, Melanie Pleaner, Edna Rooth, Nikki Schaay, Rose Smart, Ann Strode, Janine Simon-Meyer, Angela Tuck, and Andile Xonti Affiliated staff: John Stover
Funding
Funds remaining (as of 5/31/04): \$508,331 Anticipated FY04 funds: \$980,000
Proposed Activities
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Mobilize sectors by providing targeted HIV/AIDS training, which will include the provision of HIV/AIDS information to assist in strategic and operational planning, policymaking, and program development for various sectors, including FBOs • Build advocacy skills of traditional leaders and leaders of FBOs and national government departments to help them initiate and guide appropriate community programs and public sector responses, which will focus on addressing stigma and discrimination to enable better access to HIV/AIDS services, including VCT and treatment, care, and support programs
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Use existing planning and resource allocation models to assist the Department of Health and other key stakeholders in strategic HIV/AIDS planning and monitoring and evaluation • Provide TA to national government departments and other key stakeholders in developing strategic and operational plans as well as workplace programs
IR3: Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Conduct research on the impact of HIV/AIDS and sector responses to HIV/AIDS to guide the development of national and operational policy guidelines • Conduct research in key areas where critical information to guide HIV/AIDS policy is lacking, focusing on stigma and discrimination and men's sexual health, and disseminate the information to key stakeholders so that it is used to inform critical policy decisions • Develop a model for mentoring NGOs who receive government funding for providing effective TB

services

IR4. In-country/regional capacity to provide policy training enhanced

- Provide TA in developing specific curricula, such as the postgraduate HIV/AIDS management course run by the University of MEDUNSA/Stellenbosch, and in developing capacity-building sessions for key stakeholders, especially PLHAs
- Provide mentoring and training support to four NGOs, focusing on the provision of support to local communities on the issue of TB

TANZANIA

Strategy
POLICY's strategy in Tanzania combines building on successes of current activities with local partners in the HIV/AIDS field and directing information development, analysis, and advocacy efforts in support of the President's Emergency Plan for AIDS Relief and achievement of 2/7/10 objectives while strengthening the local national response. Efforts to improve the HIV/AIDS policy environment include leadership development in the FBO and PLHA communities and Parliament, and developing GOALS and AIM applications and analysis with key stakeholders. Activities with the Ministry of Justice, civil society, and Parliament will support the passing of Tanzania's first AIDS bill. POLICY continues to build on its strengths of analysis and information development and existing partnerships, as well as expanding its partnership base to include more key players in Tanzania's national response. POLICY is also working to develop the leadership capacity of its local staff. POLICY remains flexible to respond to discrete requests from the mission for studies that will enhance collective efforts to improve the HIV/AIDS and reproductive and child health (RCH)/FP policy environment in Tanzania.
Staff
Country Manager: Elizabeth Neason Local Staff: Maria Tungaraza, LTA; John Ndoje, Accountant; and Safina Sevuma, Secretary Consultants: Dr. Nimrod Mandara, Pooven Moodley, Stephen Talugende, B.J. Humplick, and others Affiliated Staff: Tom Goliber, Lane Porter, Michelle Prosser, Steven Forsythe, Arnab Acharya, and Charles Pill
Funding
Funds remaining (as of 5/31/04): \$479,813 Anticipated FY04 funds: \$500,000
Proposed Activities
FP/RH RH/POP activities pending discussions with the mission and completion of the mission's RH/POP ten-year strategy.
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Support the Tanzanian Parliamentary AIDS Coalition (TAPAC) in training on HIV/AIDS budgeting at national and district levels • Support the FBO community in advocacy training, strategy development, and implementation • Support the National PLHA Council in leadership training and advocacy, strategic planning, and identification of member groups • Continue liaison with the Association of Journalists Against AIDS in Tanzania (AJAAT)
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Continue assistance to the Ministry of Justice and Constitutional Affairs on development of the AIDS bill
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Assist the Tanzania AIDS Commission (TACAIDS) and the National AIDS Control Program with development of GOALS and AIM applications and analysis, including engagement of key stakeholders at all stages • Assist TAPAC and TACAIDS in developing policy briefs to inform key stakeholders and the general public on critical issues (ARV treatment, OVC, PMTCT, etc.) • Assist TAPAC in providing information and training on resource allocation and disbursement of funds at national and district levels • Establish a database of PLHA organizations for information dissemination, exchange, and mobilization • Prepare district AIDS response indicator report cards

UGANDA

Strategy
<p>USAID/Uganda is providing field support for POLICY to continue certain activities through September 2005, when POLICY/Uganda closes. POLICY's strategy is to build on the foundation laid by the dissemination of RAPID- and CSPro-based information to promote a vigorous nationwide dialogue on FP/RH. POLICY's program will reinforce the leadership of the Population Secretariat (POPSEC) at the national and district levels through support to District Population Officers, assist the MOH in strengthening its RH strategy at the national and district levels through support to planning and budgeting for FP/RH district activities, support POPSEC dialogue with district policy leaders, and support the alliance of CSOs that have undertaken adolescent RH advocacy efforts at both the national and district levels.</p> <p>POLICY core funds will complement the support to the MOH by financing an application of the Safe Motherhood (SM) Model, including a costing component to facilitate the drafting of the MOH RH Division budget.</p> <p>POLICY/Uganda has been provided with funds from the President's Emergency Plan for AIDS Relief to carry out activities relating to enabling PLHAs to know the laws affecting them and their rights and how to protect their property through writing wills. The PLHA network leaders of the 40 PLHA NGOs will also be provided with advocacy skills to in turn promote advocacy skills to their members.</p>
Staff
<p>Country Director: John Kabera Local Staff: Grace Nagendi, Program Assistant, and John Kyakulaga, District Program Assistant Consultants: Dr. Paul Kizito Kiwanuka-Mukiibi, Deo Rubumba Nkuzingoma (OVC), Dr. Robert Kanyarutokye Basaza (SM Model), and Chris Mugasha-Mugarura (SM Model) Affiliated Staff: Norine Jewell, Tom Goliber, Danielle Grant-Krahe, Leanne Dougherty, and Lori Bollinger</p>
Funding
<p>Funds remaining (as of 5/31/04): \$123,588 Anticipated FY04 funds: \$1,291,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA and financial support to the Ministry of Gender through Community Development Officers at district and subcounty levels to strengthen their role in community mobilization for increased accessibility to FP services • Provide TA and financial support to POPSEC to expand advocacy and dialogue with district leaders so as to increase support for family planning and resources for RH strategic actions at district and lower levels • Provide TA and minigrants to the Uganda Reproductive Health Advocacy Network (URHAN) to conduct national and district-level advocacy and expand active membership • Provide TA and financial support to the office of the First Lady and traditional leaders to help advocate for FP/RH programs using appropriately compiled messages <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA and financial support to the MOH to discuss the inclusion of FP/RH activities and increases in FP/RH budgets in district annual 2004–2005 plans <p>IR3: Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Support POPSEC technical meetings to update the "Uganda: Population, RH, and Development" briefing book given the new information from the Uganda census • Support the MOH in introducing the SM Model costing component to selected districts to assist with planning and budgeting from a more informed position

HIV/AIDS**IR1. Political and popular support broadened and strengthened**

- Provide TA and financial support to local national network for PLHAs to provide legal and rights information to their PLHA constituency in collaboration with the Uganda Association of Women Lawyers (FIDA), Ministry of Justice, the Uganda AIDS Commission (UAC), and human rights groups
- Provide TA and financial support to local national network for PLHAs with information and guidelines to write wills in collaboration with FIDA, Ministry of Justice, UAC, and human rights groups
- Support translation and dissemination of the information to PLHA network NGOs
- Provide TA and financial support to local national network for PLHAs with information and guidelines on how to access services in collaboration with FIDA, UAC, POPSEC, URHAN, MOH, and human rights groups
- Provide TA and financial support to local national network for PLHAs with advocacy skills to reduce stigma and discrimination in collaboration with UAC, POPSEC, URHAN, and MOH

WARP (WEST AFRICA REGIONAL PROGRAM)

Strategy
POLICY Project assistance to the West Africa Regional Program (WARP) began in October 2003 with the launch of WARP's RH project (AWARE RH). POLICY received \$100,000 in field support for the purpose of strengthening political commitment to FP/RH programs in close coordination with the AWARE RH contractor consortia. POLICY's assistance will include organizing information to assess and monitor the policy environment for FP/RH, participating on a task force of AWARE RH to help set the regional policy agenda, and providing input into strategies for strengthening the policy and advocacy roles of parliamentarians, NGOs, journalists, and other significant groups.
Staff
Country Manager: Norine C. Jewell Consultants: Dr. Kadidiatou Maikibi Affiliated Staff: Justin Tossou, Alle Diop
Funding
Funds remaining (as of 5/31/04): \$48,088 Anticipated FY04 funds: \$200,000
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Serve on AWARE RH policy and advocacy advisory committee to help develop a regional policy and advocacy agenda
IR3: Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Prepare an assessment of the WARP policy environment as a resource document for the advisory committee and WARP partners

ZAMBIA**Strategy**

Zambia is among the countries in the sub-Saharan region most heavily affected by the AIDS epidemic. For more than a decade, the country's HIV prevalence rate has been more than 10 percent. It appears that HIV prevalence has been stabilizing over the past five years but at a very high level. Current national prevalence is estimated to be 16 percent.

Since the first AIDS case was diagnosed in Zambia, the MOH has been the lead agent in combating the epidemic. In the 1990s, Zambia adopted the multisectoral response as the national strategy and has worked consistently to decentralize this strategy to provincial, district, and community levels and involve CSOs, the private sector, and other government ministries. The National HIV/AIDS/STI and TB Council, which is administered by the MOH, coordinates the national response.

Zambia has been designated as a rapid scale-up country in Africa by USAID and a number of other bilateral and multilateral donors. This has provided an opportunity for significant additional amounts of funding for HIV/AIDS prevention and control. The large and rapid input of funds requires recipient institutions to have administrative and management capacity to effectively plan, implement, and monitor activities for which they are funded. Building on achievements of the past two years, POLICY will work with civil society, FBOs, political and traditional leaders, the National AIDS Council (NAC), Central Statistical Office (CSO), USAID CAs, and other donors supporting HIV/AIDS interventions. The four thematic areas of information for policy dialogue and planning, multisectoral response, HIV/AIDS and human rights, and the President's Emergency Plan for AIDS Relief will continue to be the focus of POLICY/Zambia. The Southern Province model of capacity-building for district-level HIV/AIDS coordination will be scaled up to other areas of the country. Thematic issues targeting improved policy formulation, planning, and financing for HIV/AIDS require further strengthening, as the foundation has been laid. The development and dissemination of the AIM book will need supportive activities, such as advocacy for endorsement and encouragement of planning systems to apply the model and information. Promotion of human rights, particularly elimination of stigma and discrimination, and strengthening the relationship between the Human Rights Referral Center and its network partners will continue. Efforts to promote readiness for ART will continue and will include training of health personnel in HIV/AIDS communications and clinical management.

Staff

Country Director: Robie Siamwiza

Local Staff: Chisala Kilembe, Edna Kalaluka, Muriel Syacumpi, Vesper Chisumpa, Kennedy Mweene, Coreen Madondo, George Chigali, Charles Hakoma, Chanda Phiri, William Nkausu, Eda Lifuka, Caroline Chikopela, Kaseba Kabwe, Ivy Mhende, Bartholomew Mulenga, Roy Njapu, Juma Mwale, Paul Chisaka, Richard Siloka, Sidney Kambatika, Onollette Chileshe-Mwanza, and Mwiya Wamulume

Consultants: Giovanna Brennan, Towela Jere, Reuben Lifuka, Joost Hoppenbrouwer, Mwiya Mundia, Tehebo Yubai, and Jemima Nakanyika.

Affiliated Staff: Tom Goliber, Lane Porter, and Courtney Bickert

Funding

Funds remaining (as of 5/31/04): \$494,690

Anticipated FY04 funds: \$ 1,320,000

Proposed Activities**HIV/AIDS****IR1. Political and popular support broadened and strengthened**

- Provide technical support to the district task forces (DTFs) for improving coordination and communication with members
- Orient civic leaders in the policies that govern the implementation of HIV/AIDS-related services

such as access to ART, VCT, and food supplements for PLHAs

- Support a human rights advocacy campaign for PLHAs
- Support an advocacy campaign based on AIM products
- Facilitate development of a media committee to monitor the reporting of HIV/AIDS and to advocate for fair and balance media coverage
- Support traditional leaders in mobilizing community support for HIV/AIDS interventions, including access to treatment, care, and support
- Sensitize members of Parliament and district commissioners on various aspects of HIV/AIDS prevention, care, support, and impact mitigation

IR2. Planning and financing improved

- Assist Southern Province DTFs in mobilizing resources to finance their strategic plans
- Develop partnerships with other CAs and donors to support and strengthen DTF resource centers in the Southern Province
- Assist DTFs in other provinces to develop a strategic plan
- Assist district FBO consortiums in developing strategic plans
- Assist district FBO consortiums in mobilizing resources for their action plans

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Assist the Police Services in establishing a database to document and report sexual offenses and in using the data to refine the Police Guidelines for dealing with such cases
- Disseminate research findings on “Targeting Assistance to Households and Individuals Affected by HIV/AIDS”
- Disseminate the 2004 revised AIM
- Facilitate development of guidelines for improved targeting of food aid to HIV/AIDS-affected households

IR4. In-country/regional capacity to provide policy training enhanced

- Conduct training in the GOALS Model for select policymakers
- Provide technical support to the institutions that want to use the GOALS Model
- Provide capacity building for members of district development coordinating committees (DDCCs) and FBO district consortiums to strengthen district-level coordination of the HIV/AIDS multisectoral response
- Train and support advocates to conduct advocacy campaigns
- Build capacities of the Human Rights Referral Center and network partners
- Build the capacity of FBO managers in district referral centers
- Build capacity of PLHAs to advocate for their human rights
- Build capacity of DTFs to monitor and evaluate their programs and provide assistance to members to establish monitoring plans

ZIMBABWE**Strategy**

Zimbabwe is undergoing one of the worst HIV/AIDS epidemics in the world. The Ministry of Health and Child Welfare officially estimates adult prevalence at 24.6 percent. Along with the extremely grave HIV/AIDS epidemic, the country is in a state of political and economic crisis. Zimbabwe is now suffering from hyperinflation, massive unemployment, crisis-level food shortages, a severe lack of transport, disappearing gasoline supplies, and violent political suppression. In this difficult environment, the major goal of POLICY and the Zimbabwe AIDS Policy and Advocacy Project (ZAPA), a bilateral project implemented by Futures Group, is to promote HIV/AIDS policy dialogue and planning initiatives as best as possible. The results achieved by these projects are intended to serve as building blocks when the situation starts to improve.

(Because of the political situation, USAID/Zimbabwe is working with a curtailed budget and will not be adding FY04 funding to POLICY Project.)

Staff

Country Manager: Thomas Goliber
Consultants: Ityai Muvandi

Funding

Funds remaining (as of 5/31/04): \$120,615
Anticipated FY04 funds: \$0

Proposed Activities**HIV/AIDS****IR3: Accurate, up-to-date, relevant information informs policy decisions**

Most USAID/Zimbabwe support for policy and advocacy activities goes through the ZAPA Project. USAID/Zimbabwe has given POLICY Project discrete, activity-specific assignments to update and disseminate AIM and to prepare a series of policy briefs on key aspects of the epidemic. These activities are nearly complete and will be finished during the 2004 workplan period.

- AIM has been completed and the book printed and widely disseminated at a national conference. Staff prepared training materials sufficient for two, one-week training sessions, and they are now in discussion with the National AIDS Control Program to complete training arrangements. The actual training sessions will take place in July 2004.
- One of the three policy briefs will be printed in June 2004. Zimbabwean counterparts will have reviewed and approved the other two, and they will be printed and disseminated July/August 2004.

ASIA AND THE NEAR EAST



BANGLADESH

Strategy
The POLICY Project is focusing on the mission's IR5, <i>Sustainability of family health services and support systems improved</i> . Thus, POLICY's SO for Bangladesh is <i>Policies and plans that promote and sustain access to quality FP/RH services</i> . To achieve this goal, the mission-supported activities include establishing proper communication channels between the new NGO Service Delivery Project and the government; promoting HIV/AIDS awareness and establishing an HIV/AIDS Advocacy Campaign committee; assisting the Ministry of Health and Family Welfare (MOHFW) in formulating policies for promoting private sector participation; building consensus to increase the amount of resources for the FP/RH program; building the capacity of government planners and NGO managers to conduct rational and effective planning; providing policy-related technical support to the mission, CAs, and counterparts as necessary; and promoting information-based decisionmaking.
Staff
Country Director: Syed Shamim Ahsan Local Staff and Consultants: Areba Panni Alam, Alif Alauddin, Syeda Samira Sharmin, and M.A. Borhan
Funding
Funds remaining (as of 5/31/04): \$250,162 Anticipated FY04 funds: \$1,050,000
Proposed Activities
<p>FP/RH</p> <p>SO. Policies and plans promote and sustain access to quality FP/RH services</p> <ul style="list-style-type: none"> • Extend the National Integrated Population and Health Program (NIPHP) • Negotiate with the government on its contribution to USAID programs • Promote public-private partnership • Revise commodity regulations <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Prepare a policy presentation for population fortnight activities • Privatize BCC activities • Support the NGO advocacy network • Conduct an HIV/AIDS advocacy campaign • Establish a White Ribbon Alliance in Bangladesh (primarily core-funded) to provide policy and financial support to expand MH interventions • Assist the MOHFW in formulating policies for private sector participation • Write a book on Health, Nutrition, and Population Services Delivery in Bangladesh <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support the Health Sector Reform Agenda • Implement the Contraceptive Security Program • Develop media resources for NIPHP • Hold discussions with the government and the Social Marketing Corporation (SMC) on flexible pricing for SMC contraceptives <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Disseminate the contraceptive security program within the government

CAMBODIA

Strategy
The POLICY Project, Cambodia will support USAID/Cambodia in creating an improved and enabling policy environment for family health (FH) and HIV/AIDS programs and services through USAID's SO of <i>Increased use of high impact HIV/AIDS and family health services and appropriate health-seeking behaviors</i> . POLICY will undertake policy and advocacy activities within an integrated FH and HIV/AIDS framework and work to strengthen collaboration within and between government and civil society sectors. Specifically, POLICY will (1) promote and protect human rights to support the greater uptake of services; (2) mobilize faith-based leadership to reduce stigma and discrimination; (3) facilitate meaningful PLHA participation to reduce barriers to prevention, treatment, and care; (4) strengthen the advocacy capacity of affected communities to support the greater uptake of services; and (5) champion family planning and reproductive health.
Staff
Country Director: Dr. Ty Chettra Local Staff: Uy Chanton, Ung Sophea, Meach Phakan, Candice Sainsbury, Chris Ward, Seineada Muth, Eang Nath, and Se Sovann Consultants: Susan Paxton, Dave Burrows, and Brad Otto Affiliated Staff: Steven Forsythe, Sarah Alkenbrack, David Stephens, and Anne Jorgensen
Funding
Funds remaining (as of 5/31/04): \$982,873 Anticipated FY04 funds: \$900,000
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Improve human and legal rights and their enforcement, particularly among vulnerable populations, such as SWs, MSM, women, and vulnerable children, with an emphasis on supporting increased access and uptake of services <ul style="list-style-type: none"> ○ Continue to support the Cambodian Human Rights and HIV/AIDS Network (CHRHAN) ○ Advocate for the acceptance of HIV/AIDS-related violations as a human rights issue through the provision of training for mainstream human rights agencies ○ Provide TA to the National AIDS Authority Legal Policy Working Group for the dissemination of the HIV/AIDS Law and the Complementary Code of Conduct to key stakeholders in government and civil society ○ Provide TA to the Ministry of Justice to develop and disseminate operational guidelines in relation to the HIV/AIDS law ○ Provide TA to develop draft law reform proposals and strategy, identified and developed through consultations with relevant stakeholders • Mobilize faith-based leadership to reduce HIV-related stigma and discrimination <ul style="list-style-type: none"> ○ Expand and extend the Wat Norea program model, including integration of Islamic leaders and targeted dissemination of the revised version of the Chhbab Srey, or "women's code" ○ Target Islamic leaders for community mobilization ○ Facilitate discussions within the Ministry of Cults and Religion (MOCR) at provincial and district levels to operationalize the religious response to HIV/AIDS policy and mobilize support for faith-based interventions • Continue to support the Cambodian Red Cross stigma and discrimination pilot program <ul style="list-style-type: none"> ○ Facilitate peer education in schools with Red Cross Youth ○ Facilitate community education with Red Cross Volunteers • Implement the GIPA principle

- Develop and disseminate the media resource guide and journalists' training
- Provide support for the Cambodian Positive People's Network (CPN+) to improve the representation of provincial PLHA members
- Facilitate capacity building and training of the CPN+ PLHA rights working group
- Conduct grassroots PLHA advocacy to facilitate improved access to treatment for PLHAs with linkages to Vithey Chivit, CPN+, and CHRHAN
- Continue to mobilize support in affected communities
 - Provide TA to the Ministry of Women's Affairs to influence policy change on gender and HIV/AIDS
 - Facilitate the establishment of a multisectoral OVC task force
- Develop policies and guidelines that facilitate improved FP/RH
 - Facilitate a multisectoral approach for the development of an ARH policy
 - Provide TA for the RH working group to advocate for increased male involvement in reproductive health
 - Facilitate and mobilize resources and support for RH priorities through advocacy

IR2. Planning and financing improved

- Collaborate with the NAA to review the 2001–2005 multisectoral response to HIV/AIDS
- Develop a comprehensive strategy for harm reduction for IDU and HIV-vulnerability
 - Adapt the WHO/UNAIDS/U.N. Office on Drugs and Crime (UNODC) guide to advocacy on effective approaches to HIV/AIDS and injecting drug use
 - Coordinate the development of a comprehensive strategy framework for harm reduction and HIV vulnerability
 - Strengthen capabilities to implement harm reduction projects in relation to HIV vulnerability

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Disseminate the results of the study on the "Social and Economic Impact of HIV/AIDS on Families and Children in Cambodia"
- Analyze and document lessons learned from faith-based intervention models in Cambodia, with dissemination of results and policy dialogue in collaboration with the MOCR and UNICEF
- Provide TA to finalize and conduct the survey to assess the impact of faith-based interventions in Cambodia to inform policy and programs
- Conduct an extensive programmatic, legal, and regulatory policy analysis on OVC in Cambodia
- Provide TA to publish and disseminate the country report on human rights and HIV/AIDS in Cambodia following the human rights expert meeting in Bangkok

IR4. In-country/regional capacity to provide policy training enhanced

- Support capacity building to promote the meaningful involvement of illicit drug users, MSM, and SWs in policy formulation and program design, delivery, and evaluation
- Continue to work on improving VCT policies through capacity building and the application of the GOALS Model human resources module
- Strengthen the capacity of the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) to use and present HIV/AIDS-related research findings to policymakers
- Conduct training for HIV/AIDS resource allocation to NAA and NCHADS using the GOALS application
- Train and build capacity of selected PLHA networks, groups, and NGOs in practical advocacy techniques, thematic issues, and development of advocacy strategies
- Provide further support to set up a PLHA women's group within existing PLHA networks and provide training and mentoring
- Continue to build the capacity of POLICY/Cambodia field staff

EGYPT

<p>Strategy</p> <p>In Egypt, POLICY is a partner in the implementation of the TAHSEEN Project, which is the fifth USAID population project in Egypt. The major thrust of USAID's current FP/RH program (TAHSEEN) is to ensure that a high-quality and sustainable FP program remains once USAID has phased out in 2009. The stated goal of TAHSEEN is to provide the kind of assistance that will solidify USAID's family planning/reproductive health investments of the last three decades, leave a sustainable FP/RH program that provides quality services to all who want and need them, and help Egypt take its final steps in reaching replacement level fertility by 2015. To achieve this goal, TAHSEEN has been designed around four interlocking themes: focused attention to priority groups, improved quality for the customer, stronger institutional capacity and systems, and sustainable sectoral shares (expanded roles for both the NGO and commercial sectors).</p> <p>In general, POLICY's primary role in supporting the TAHSEEN strategy is to help bring about specific policy reforms that will help the program achieve its goals. Specifically, POLICY/Egypt focuses in three primary areas: working with counterparts to develop and advocate for the adoption of strategies and policies that will bring about contraceptive security; continuing work with youth to strengthen their capacity to advocate for FP/RH issues; and mobilizing religious institutions (specifically Al-Ahzar University) to train advocates for FP/RH issues. In addition, as necessary, POLICY assists in the initiation, development, and adoption of policy reforms related to the achievement of national goals (e.g., age at first marriage) that will directly affect the achievement of TAHSEEN's goal.</p>
<p>Staff</p> <p>Country Director: Dr. Hussein Abdel-Aziz Sayed Local Staff: Manal El-Fiki (Deputy Country Director), Mahassen Hassanin, Fatma El-Geel, Hesham Abdalla, Soha Hassan, Mohamed Emam, Engy Fekry, and Nadia Ahmed</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): -\$106,884 Anticipated FY04 funds: \$1,000,056</p>
<p>Proposed Activities</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Expand policy dialogue at various levels to ensure high-level attention to the population situation and sustain its priority on the government agenda • Maintain links with important decisionmaking and political bodies, such as the Parliament, the National Democratic Party, the National Population Council, the National Council for Women, and other relevant organizations • Develop and use advocacy tools highlighting updated policy implications and relevant policy options to advance the formulation of relevant policies to cope with the population situation • Expand the adoption of the youth-to-youth advocacy approach through POLICY champions activities and work toward establishing and activating the Youth National Task Force for POP/FP/RH issues The full and effective implementation of the POLICY/Egypt-Ministry of Youth agreement would strengthen POLICY champions' roles as advocates among their peers (youth, newly married, and those who intend to marry) to convince them to adopt the concept of small family size <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Formulate, support, and provide TA for the implementation of the contraceptive security initiative as one of the critical issues in Egypt • Support the Contraceptive Security Working Group (CSWG) <ul style="list-style-type: none"> ○ Create an enabling environment by developing and carrying out awareness-raising activities to educate stakeholders ○ Outline key issues by identifying key issues

- Develop and implement an advocacy strategy to promote policy change
- Develop, cost, and adopt a CS strategic plan
- Create an enabling environment for the CSWG to support the implementation of the CS strategic framework
- Support the adoption of the strategic planning approach by the Ministry of Health and Population(MOHP)/Population Sector (PS) to strengthen and ensure the sustainability of various activities at the central level

IR3: Accurate, up-to-date, relevant information informs policy decisions

- Disseminate up-to-date information to policymakers and stakeholders through policy dialogue and using the POLICY/Egypt website
- Produce policy briefs/brochures to support policy changes
- Develop a user-friendly information kit for various activities, such as youth and contraceptive security
- Review laws and policies to ensure consistency with national goals, especially laws highlighting child privileges and age at first marriage
- Finalize and disseminate the findings of the Family Planning Cost Study for the years 2000–2001 and 2001–2002
- Update and disseminate the BenCost analysis of the Egyptian Family Planning Program

IR4. In-country/regional capacity to provide policy training enhanced

- Build capacity of the MOHP/PS, National Population Council, and NGOs in selected areas, such as policy analysis and formulation, partnership, and advocacy

INDIA

Strategy
The mission's SO2 strategy in India is to improve access, demand, and quality aspects of RH services in north Indian states, particularly Uttar Pradesh (UP), Uttaranchal, and Jharkhand. The mission-funded Innovations in Family Planning Services (IFPS) Project in UP focuses on development and implementation of district action plans (DAPs), expanding successful interventions, and reviewing current RH strategies. In Uttaranchal and Jharkhand states, the mission-supported activities include formulation of health and population policies, manpower planning policies, and policy studies to help these states make informed decisions. POLICY is assisting the mission in preparing operational plans for DAPs, evaluating of projects to identify successful interventions, tracking progress on SO2 Indicators, formulating health and population policies, policy studies to encourage states to make informed decisions, and human resource policies. POLICY also assists the mission with state-level HIV/AIDS strategy development, conducts special studies of strategic importance, and develops policies for FBOs.
Staff
Country Director: Dr. Gadde Narayana Local Staff: K.M. Sathyanarayana, Sherry Joseph, Ananta Rao, Nilesh Deshpande, Dipankar Dutta, Ashok Singh, P. Goswami, Nidhi Kaul, and Anju Malhotra
Funding
Funds remaining (as of 5/31/04): \$1,778,094 Anticipated FY04 funds: \$275,000
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Foster political support for implementation of RH strategies and DAPs
IR2. Planning and financing improved
<ul style="list-style-type: none"> Develop a state-specific, five-year RH strategy for Uttaranchal and prepare a plan and log frame for its implementation Prepare DAPs and implementation plans to assist SIFPSA in UP with DAP launches Prepare three DAPs for the state of Uttaranchal
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> Conduct ten benchmark evaluations for USAID to determine achievement of benchmark indicators in UP as part of IFPS Project Publish and distribute the health policy, population and reproductive and child health policy, and essential medicines policy in Jharkhand Conduct policy studies for the Uttaranchal government to make informed decisions on policy implementation
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> Assist the Jharkhand government in developing curriculum for the State Institute of Health and Family Welfare
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Prepare an HIV/AIDS policy for the Catholic Bishop Conference of India and mobilize support for its implementation
IR2. Planning and financing improved
<ul style="list-style-type: none"> Develop a state-specific HIV/AIDS strategy for UP and plan for its implementation Conduct a study on HIV/AIDS resource allocation, resource availability, resource gaps, and requirements for NACO

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Share the findings of resource gaps with the Ministry of Health and Family Welfare and donor agencies
- Publish and distribute the proceedings of the workshop on prevention of HIV/AIDS in UP
- Conduct a study on convergence of HIV/AIDS with RH programs and disseminate the findings

IR4. In-country/regional capacity to provide policy training enhanced

- Train master and lead trainers drawn from church-related agencies to disseminate contents of the Church HIV/AIDS Policy and monitor policy implementation

JORDAN

Strategy
Under the Improved Social Sector Development and Governance SO, the POLICY Project will focus on providing support to USAID/Jordan in achieving IR 1.0, <i>Improved Health Status for All Jordanians</i> . POLICY will assist USAID by implementing subresult 1.2, <i>Improved Health Policies, Strategies, and Systems</i> . The POLICY Project in Jordan is designed to assist in strengthening the policy environment for, and improving the policies and plans of the family planning/reproductive health (FP/RH) program. To accomplish this, POLICY is focusing on four initiatives for FP/RH activities in Jordan during the coming year: assist the GoJ with the implementation of the Reproductive Health Action Plan (RHAP) in support of the National Population Strategy (NPS); assist the government of Jordan in developing a long-term contraceptive security plan and financial plan; strengthen local capacity to influence FP/RH policy reform and conduct advocacy activities for the adoption of contraceptive plan; and provide analytic support to the mission, cooperating agencies and counterparts as necessary.
Staff
Country Director: Basma Ishaqat Local Staff: Issa Almasarweh, Senior Researcher, and Noura Omar I, Administrative Assistant Consultants: William Emmet, Anne Jorgenson, Carol Shepherd, and Suneeta Sharma
Funds
Funds remaining (as of 5/31/04): \$507,419 Anticipated FY04 funds: \$1,200,000
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Conduct advocacy activities in support of the NPS and the RHAP • Conduct awareness-raising activities to strengthen support for FP/RH issues • Conduct specific RHAP-oriented advocacy activities • Strengthen the capacity of the Jordanian Network for Reproductive Health (JNRH) to advocate for FP/RH issues specified in the RHAP • Undertake advocacy efforts to support the acceptance and funding of the contraceptive security plan
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Assist the government with the adoption and implementation of the RHAP in support of the NPS • Assist the Higher Population Council (HPC) in developing mechanisms to implement the RHAP • Provide support to the first phase of Jordan's long-term contraceptive security plan
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Provide policy-related technical support (analytic and/or prioritization of policy issues) to the mission, CAs, and counterparts as necessary
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> • Strengthen local capacity (National Council for Family Affairs, HPC, JNRH) to influence FP/RH policy reform • Strengthen population/RH curricula in universities and other training institutions (Note: funded with core support) • Strengthen technical capacity of local institutions to undertake policy analysis and advocacy activities

NEPAL

Strategy
<p>The goal of the POLICY Project in Nepal is to implement activities in support of the government's efforts in creating an improved and enabling policy environment for HIV/AIDS. The POLICY Project provides support in developing and strengthening the National Centre for AIDS and STD Control's (NCASC's) work in policy, advocacy, and legal reform to guide and facilitate policy dialogue and development, effective advocacy, and monitoring these activities.</p> <p>Specifically, POLICY will support the NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan within the public sector, at the district level, and in the private sector. In collaboration with the NCASC, POLICY will also focus on addressing the complex challenges of strengthening the multisectoral policy response to the HIV/AIDS epidemic in Nepal. POLICY activities are also aimed at facilitating the greater involvement of people living with HIV/AIDS in the formation of HIV/AIDS policies and programs. POLICY will help to establish improved and effective planning and finance mechanisms for HIV/AIDS policies and programs and increased understanding of the impact of stigma and discrimination on prevention, care, and support policies and programs.</p>
Staff
<p>Country Director: Bhojraj Pokharel Local Staff: Sumi Devkota, Ivana Lohar, and Sreejana Ranjitkar Affiliated Staff: Chris Ward, Philippa Lawson, Anne Eckman, David Stephens, and Steven Forsythe</p>
Funding
<p>Funds remaining (as of 5/31/04): \$515,079 Anticipated FY04 funds: \$375,000</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Continue to support targeted advocacy interventions for key stakeholders to adopt the amendment proposals from the review on legal and policy reform • Continue to strengthen civil society mobilization • Continue to work with the Nepal Police to ensure rights of vulnerable groups • Conduct advocacy for policymakers • Provide ongoing support to the multisectoral partnership between government and civil society • Assist in strengthening the National NGO Advocacy Network • Continue to support PLHA groups • Continue to support ongoing policy dialogue regarding GIPA <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Promote and facilitate development of human rights guidelines in the context of HIV/AIDS • Continue to assist the District AIDS Coordination Committee (DACC) in formulating the District HIV/AIDS Plan <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Apply the GOALS Model • Continue the update of the database of organizations working with HIV/AIDS and collaboration with other CAs to transfer it into the Geographical Information System • Continue support in updating the NCASC website and compile key HIV/AIDS policy and advocacy resources • Apply the HIV Political Assessment Tool, AIDS Coverage Survey, and the AIDS Program Effort Index

IR4. In-country/regional capacity to provide policy training enhanced

- Continue to support organizational development, policy, and advocacy capacity of NCASC
- Organize national and international exposure trips for key stakeholders
- Build the leadership and advocacy skills of vulnerable groups (SWs, IDUs, PLHAs, and MSM)
- Work with the media to improve the HIV/AIDS coverage
- Train healthcare providers in stigma and discrimination reduction

VIET NAM

Strategy
The goal of POLICY assistance in Viet Nam is to improve the HIV/AIDS policy environment to fully embrace a rights-based approach and GIPA principles. POLICY activities aim to assist the Viet Nam government with follow-up activities on dissemination and implementation of the National Ordinance, the National Strategy on HIV/AIDS, and to strengthen the capacity of PLHAs to enable them to participate in the HIV/AIDS policy domain. The proposed activities are designed to improve the policymaking and advocacy skills of key government and NGO stakeholders; raise the awareness of government actors regarding the value of PLHA involvement; improve national and provincial HIV/AIDS strategic planning; provide information about the impact of HIV/AIDS; and strengthen health policy training in national institutions.
Staff
Country Director: Tran Tien Duc Local Staff: David Stephens, Resident Advisor; Nguyen Thi Minh Ngoc and Luu Nguyen Hung, Program Officers; Dong Duc Thanh and Troung Jeanne D'Arc, Junior Program Officers; Nguyen Nam Phuong, Officer Manager; and Tran Anh Nguyet, Administrative Assistant Consultants: Nguyen Quynh Trang Affiliated Staff: Anne Eckman and Gayle Martin
Funding
Funds remaining (as of 5/31/04): \$812,759 Anticipated FY04 funds: \$1,250,000
Proposed Activities
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Strengthen the national HIV/AIDS legal framework through support for advocacy and dissemination of the new HIV/AIDS ordinance, promulgation of the government decree on implementation of the ordinance, and review of the provincial HIV/AIDS legal framework • Support PLHA self help, advocacy, and organizational development • Strengthen awareness and support for GIPA principles among policymakers, MOH staff, and national and international stakeholders
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Support the development and implementation of the national policy on harm reduction to reduce HIV infection among vulnerable and marginalized populations • Support the development of a gender-sensitive and responsive sexual and reproductive health (SRH) policy for HIV-positive women • Support the development and implementation of an enabling policy framework for increased access to affordable ARV treatment • Develop and implement a multisectoral approach to HIV/AIDS planning at the sectoral and provincial levels
IR3. Accurate, up-to-date, relevant information informs policy decisions.
<ul style="list-style-type: none"> • Update the GOALS Model for national and provincial levels to improve resource allocation in HIV/AIDS programs • Improve data collection and data analysis for planning through integrated data analysis • Improve the use of data in HIV/AIDS advocacy activities • Conduct policy research on drug prevention and rehabilitation and HIV/AIDS with a focus on the 05/06 centers (methadone operational research and cost-effectiveness of various modalities of drug rehabilitation and HIV/AIDS prevention in closed settings and in communities)
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> • Strengthen the capacity of the media to report on HIV/AIDS

- Strengthen the capacity of HIV public policy training in Ho Chi Minh Political Academy through the development and implementation of a national HIV/AIDS public policy course
- Strengthen training capacity in SPECTRUM and other software in the Hanoi School of Public Health

EUROPE AND EURASIA



UKRAINE

<p>Strategy</p> <p>POLICY's strategy in Ukraine is to improve the policy environment for reproductive health and HIV/AIDS. Adhering to its core principle that building local capacity is essential for sustainability, POLICY will engage a range of local partners, including national and local governments and leaders in the private sector and civil society. POLICY will build human and institutional capacity through training, workshops, individual and group TA, and mentoring to CBOs/NGOs, PLHAs, and government sectors.</p> <p>POLICY's work will support the following key RH issues: (1) the need to develop a new National Reproductive Health Program (NRHP) 2006–2010 using up-to-date information; (2) lack of awareness of reproductive health among providers and the population, including adolescents; (3) weak operational policies for access to quality RH care, particularly for NGO and government collaboration; and (4) the need to understand the impacts of HIV/AIDS on overall reproductive health.</p> <p>POLICY's activities will focus on strengthening the advocacy capacity of key stakeholders, creating information for advocacy and policy dialogue, building capacity for strategic planning, and fostering collaboration both among and between RH and HIV stakeholders to improve policies, particularly operational policies.</p> <p>In support of USAID/Ukraine's SO for 2003–2008, <i>HIV transmission among high-risk groups is reduced and impact on those affected is lessened</i>, POLICY will help strengthen Ukraine's national response by focusing its TA on improved policymaking, planning, and management, as well as the assessment and monitoring and evaluation that are essential for the strategic and effective delivery of HIV/AIDS information and services.</p>
<p>Staff</p> <p>Country Manager: Philippa Lawson Local Staff: Andriy Huk, Resident Advisor; Olena Truhan, RH Deputy Director; Oleg Semerik, HIV Deputy Director; Olga Balakireva, Part-time Senior HIV M&E Advisor; Volodya Khai and Olya Tsviliy Administrative Assistants; Lena Sirotina, Part-time Accountant; Alex Cherniak and Oleksiy Grushchenko Translators and Interpreters; and Alyosha Kochenov, Driver Consultants: Olena Suslova, Volodymyr Myroslavovych Rudiy, Oleg Golyanovskiy, and Victor Galadya Affiliated Staff: Michelle Prosser, Anne Jorgensen, Lane Porter, and Anne Eckman</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$15,213 Anticipated FY04 funds: \$1,100,000</p>
<p>Proposed Activities</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Continue to support Ukrainian Reproductive Health Network (URHN) with TA and several small grants to ensure full implementation of the NRHP • Provide TA and small grant support to select NGOs to advocate for better access to quality FP/RH services—especially for HIV-positive pregnant women—and conduct a skills workshop on developing advocacy campaign(s) to reform relevant laws, regulations, and operational policies, or creating implementation plans needed to close the gap between official statements and practices <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support the multisectoral NRHP M&E Board in reviewing indicators and targets and evaluating the NRHP's progress and assist the PDG in using the board's recommendations to develop the next NRHP 2006–2010 • Facilitate and guide the PDG through a strategic planning process, which will also build the capacity of the MOH and PDG to develop strategic plans in the future and will provide the PDG with a basis to seek funding from the MOH and other donors for their work

- Assist the PDG in developing a new NRHP, which will include more specific and strengthened components for adolescent and men's reproductive health to become a National Family Reproductive Health Program
- Support the MOH, PDG, and URHN in conducting a new RH legal and regulatory analysis and a roundtable on the findings to identify gaps in the current RH legislation and the ways to address them

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Collect costing information to support a strategic planning tool, the Reproductive Health Resource Allocation Model (RH RAM), which will be used to develop the new NRHP
- Collect additional cost information as needed to prepare a Budget Requirement Analysis (BRA) for the NRHP 2006–2010, which will be essential to the program's adoption by the Verkhovna Rada and President of Ukraine

IR4. In-country/regional capacity to provide policy training enhanced

- Provide TA and training to the URHN and POLICY staff working on RH activities

HIV/AIDS

IR1. Political and popular support broadened and strengthened

- Assist selected oblasts to implement their own oblast HIV plan and to develop operational policies based on the National HIV/AIDS Plan on a local level and promote policy dialogue among local government and key stakeholders with broad and meaningful participation of civil society and high-risk groups to make sure that the needs of the latter are adequately reflected in the local HIV/AIDS policies, plans, and programs
- Assist the MOH in developing a new PMTCT strategic plan for 2004–2008 by providing TA to the MOH, as well as jointly conducting meetings of the multisectoral experts' group to develop the plan
- Assist the MOH and the recently-formed VCT Policy Working Group in developing national VCT standards/protocols and guidelines

IR2. Planning and financing improved

- Provide strategic planning and management TA to local government, Oblast AIDS Coordinating Committees (OACCs), PLHAs, and NGO representatives of vulnerable groups in two to three selected oblasts to establish multisectoral oblast-level planning and coordination bodies; develop capacity building with the planning and coordination bodies in strategic planning and management; and assist in the development of oblast-level multisectoral action plans that use prioritization, targeting, and results-based approaches

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Work with USAID/Ukraine, the government of Ukraine, UNAIDS, WHO, International HIV/AIDS Alliance, and others to support improved annual reporting and to attempt to achieve a consensus on baseline data, especially on populations that practice high-risk behaviors in the selected oblasts where USAID programs are implemented
 - Work with USAID/Ukraine to develop a more detailed plan of activities, based on the current situation and resources available
 - Collaborate with UNAIDS to help the MOH co-facilitate further policy dialogue meetings with the Monitoring and Evaluation Working Group (MEWG) to finalize the national M&E plan
 - Coordinate efforts with the International HIV/AIDS Alliance to ensure that the USAID indicators for high-risk populations are collected in at least two to three of the priority oblasts by providing tools and training to strengthen data collection, analysis, and dissemination
 - Share lessons learned on indicators that could be used for USAID's IR1 and IR3 stigma and discrimination efforts
- Provide TA and training to CBOs, NGOs, and OACCs to build the capacity and knowledge of multisectoral stakeholders in selected oblasts surrounding the importance of the national M&E plan and the practice and principles of assessment, M&E, data collection, and indicators for stigma and discrimination

LATIN AMERICA AND THE CARIBBEAN



EL SALVADOR

Strategy
The primary objective of POLICY's work in El Salvador is to ensure that data from the 2002/2003 demographic and reproductive health survey (FESAL) is widely disseminated, understood, and used by different stakeholders to inform policy decisions and better respond to national needs in the area of FP/RH. In order to achieve this objective, POLICY will train and work with journalists, universities, decisionmakers, and NGOs (namely, the Asociación Demográfica Salvadoreña (ADS)). Activities with these stakeholders will take the form of training and awareness-raising workshops, contests for data use, one-on-one training, and ongoing TA. POLICY will also conduct secondary analysis on topics that are particularly relevant to El Salvador's RH situation. Findings from these analyses, which will include topics such as contraceptive use and market segmentation, birth spacing, and adolescents and women's health, will be widely disseminated among decisionmakers for use in policy formulation and program planning.
Staff
Country Manager: Nancy Murray Local Staff: Verónica Siman de Betancourt and Patricia Pena de Hernandez
Funding
Funds remaining (as of 5/31/04): \$346,940 Anticipated FY04 funds: \$423,240
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support ADS in developing an organizational advocacy plan <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Conduct workshops for journalists and heads of media organizations to raise awareness on FP/RH issues and train them on accurate and responsible reporting of data • Hold breakfast meetings with journalists to provide follow-up TA and introduce/discuss different topics on FP/RH that can be used for articles and so forth • Sponsor a contest for journalists to encourage accurate and innovative use of FESAL and other data in their reporting • Produce informational materials related to FESAL, such as pamphlets, brochures, and reports • Sponsor a contest for researchers to encourage use of FESAL data in independent secondary analysis on topics relevant to POLICY and programmatic issues in the country • Conduct a secondary analysis of FESAL data on four or five topics that have been identified as priorities by USAID and local counterparts; disseminate the findings, and conduct follow-up activities to ensure use of the information in policy decisions • Conduct a workshop on Data for Decisionmakers, directed at high-level policymakers within the MOH, Social Security Institute, key NGOs, and others • Conduct a study to determine the extent and severity of hospital-based infections during the maternal and neonatal period <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Hold meetings and provide TA for university representatives to develop a strategy for using FESAL data and SPECTRUM analysis in courses and student theses

GUATEMALA

<p>Strategy</p> <p>Year 5 poses special challenges for POLICY in Guatemala because it coincides with the installation of a new national government, the end of the mission's current strategy, and the beginning of the new USAID strategy for Central America and Mexico (CAM). This is especially relevant since all field support projects will end on September 30, 2004. Nevertheless, POLICY has received a no-cost extension through December 31, during which time the mission has requested that TA be focused on civil society, due to the unfavorable changes that could potentially occur in the political climate for FP/RH in the near future.</p> <p>Between July–December 2004, POLICY will focus its technical and financial assistance on supporting the participation of private and public sector organizations in public information, advocacy, and civic surveillance activities for RH policy formulation and financing with new government officials. A particular focus of these efforts will be to maintain the National Reproductive Health Program (NRHP), including attention to family planning. POLICY will also work with civil society organizations to ensure that the Social Development Law (SDL), the Social Development and Population Policy (SDPP), and technical proposals on integrated RH care, financing, and resource allocation are accepted, well-positioned, and implemented under the new government's agenda.</p> <p>POLICY will continue to collaborate with SEGEPLAN in developing an overall strategy for implementing the SDL, the SDPP, and the Poverty Reduction Strategy through planning units that the new government is reactivating in different ministries. POLICY will also support a National Congress organized by SEGEPLAN as part of the government strategy, "Frente contra el Hambre" (fight against hunger), which will involve multisectoral partners and set priorities for health and other social sectors. In addition, POLICY will respond to specific requests for TA from the mission as they arise under the new political climate, make efforts to involve new MOH authorities in the medical barriers studies process, and work with the Congressional Health Commission to develop a monitoring plan for FP/RH. POLICY will also continue to provide training in data analysis and develop information and communication tools for educating decisionmakers and representatives from professional associations, NGOs, and other groups in FP/RH, population, and development policy issues, as well as providing assistance to transfer policy tools and relevant information to inform policy decisions on FP/RH.</p>
<p>Staff</p> <p>Country Director: Lucía Merino Local Staff: Marisela De La Cruz, Mirna Montenegro, Claudia Quinto, and Lucrecia Monahan</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$571,604 Anticipated FY04 funds: \$0</p>
<p>Proposed Activities</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide technical and financial assistance to NGOs and professional associations for advocacy and public information campaigns with the new government through short-term subcontracts and agreements • Provide technical and financial assistance to carry out forums, press conferences, policy meetings, and presentations on FP/RH, safe motherhood, health policy and rights, and health financing to raise awareness among decisionmakers and opinion leaders <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Assist the Congressional Health Commission in developing and implementing a monitoring program on FP/RH and health financing to ensure the adherence and implementation of the NRHP • Assist NGOs and the legislative branch in establishing a mechanism for auditing and holding the MOH accountable for RH activities/progress • Assist SEGEPLAN in developing a program for strengthening and implementing planning units at

various ministries

- Carry out work sessions with the Medical Barriers Committee, particularly new authorities at the MOH, to reduce medical barriers to family planning
- Assist civil society groups in developing a proposal on RH financing policy to be used in advocacy with the MOH and Congress

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Disseminate the 2003 Medical Barriers to Family Planning Study and selected 2002 results from the National Survey of Maternal and Infant Health (ENSMI)
- Provide updated information to MOH officials in contraceptive security trends and policies
- Hold a work meeting with NGOs to analyze and interpret the most up-to-date results from SPECTRUM and Safe Motherhood Model applications that use the most recent data from the CDC health survey, census, and medical barriers study

IR4. In-country/regional capacity to provide policy training enhanced

- Conduct a training workshop on SPECTRUM for new officials of MOH, SEGEPLAN, and the Social Security Institute for using data in planning and policy formulation
- Provide a refresher program on FP/RH interventions, programs, policies, and sources of information for civil society organizations so they can be effective and informed advocates for RH with the new government
- Co-sponsor a refresher workshop on Population, Social Development, and Poverty with the National Institute for Public Administration and SEGEPLAN for participants from the 2002 and 2003 diplomas to evaluate progress on proposals developed during the course and identify areas in which SEGEPLAN can provide support within the context of government change

HAITI**Strategy**

During Year 5, POLICY's work in Haiti will respond to both the mission's "sustainable social and community response" HIV/AIDS framework as well as priorities identified in the President's Emergency Plan for AIDS Relief. Specifically, POLICY will conduct a series of HIV-related surveys/situation analyses on stigma and discrimination in the health, education, legal, and commercial/corporate sectors and the needs of OVC and people living with and affected by HIV/AIDS. The findings of these surveys and studies will be used to inform policy dialogue and advocacy. As part of its social mobilization strategy, POLICY will also train different groups—church groups and FBOs, Boy Scouts, and labor unions—to help them develop strategies to respond to HIV/AIDS in the community.

At the mission's request, POLICY is also assisting in several short-term surveys to assist in Haiti's post-crisis period, specifically, mapping and assessing the level of coverage of humanitarian assistance and mapping VCT sites financed by USAID. POLICY is also helping to address other RH issues, such as gender-based violence, with support from POLICY core funds.

Haiti is currently in a period of political transition. The formation of a new government, including all of its policies, strategies, and programs, is currently underway. Elections for all levels of government are planned for 2005, which will lead to the emergence of new leaders and decisionmakers in all parts of the executive and legislative branches of government. Within this context, POLICY's Year 5 strategy will also include activities that respond to the needs and demands of the new government such as advocacy and policy dialogue to revive attention to reproductive health, specifically family planning; support the Ministry of Health to strengthen management capacity; and raise awareness of the need to strengthen the focus on human rights in the Haitian AIDS program.

Staff

Country Director: Dr. Laurent Eustache
 Local Staff: Mireille Barlotte
 Consultants: Eric Gaillard, Jessie Devieus, and Jasmin Jacques
 Affiliated Staff: Emily Sonneveldt and Norine Jewell

Funding

Funds remaining (as of 5/31/04): \$102,075
 Anticipated FY04 funds: \$630,000

Proposed Activities**FP/RH****IR1. Political and popular support broadened and strengthened**

- Conduct political dialogue and advocacy for the revival of the Haitian FP/RH programs, targeting new representatives for the health sector, members of government, and political parties
- Assist NGOs and community organizations in organizing events that support and raise the profile of FP/RH (celebrations, conferences, seminars, workshops)
- Support efforts of NGOs and government partners to advocate and develop strategies for reduction of gender-based violence

IR2. Planning and financing improved

- Support the Ministry of Health in developing strategic policies and national plans for FP/RH
- Assist NGOs and CSOs in participating in planning processes and securing funding for FP/RH (FODES-5, FENM SOLEY LEVER, labor unions)

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Apply DemProj to update demographic projections using the 2003 census
- Apply an updated RAPID
- Determine FP/RH targets by geographic departments

HIV/AIDS**IR1. Political and popular support broadened and strengthened**

- Hold conferences and debates and produce publications to support the human rights of people infected and affected by HIV/AIDS and AIDS orphans

IR2. Planning and financing improved

- Provide TA to develop strategies and plans for the Christian churches of Haiti, FODES-5, the Boy Scouts, labor unions, and women's organizations (FENM SOLEY LEVER) to respond to the needs of people infected and affected by HIV/AIDS
- Train relevant officials in the Ministry of Health in planning and strategic management

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Make epidemiological projections of HIV/AIDS using data from 2003 seroprevalence survey
- Conduct a survey (mapping) on availability, accessibility, and utilization of emergency humanitarian aide in the health sector
- Conduct a survey to assess the situation of stigma and discrimination in the health, education, commercial, and legal sectors
- Conduct a survey on the needs of PLHAs and AIDS orphans
- Map VCT centers and their clients
- Apply AIM in collaboration with UNAIDS/Haiti
- Disseminate data from surveys and computer models

IR4. In-country/regional capacity to provide policy training enhanced

- Train 80 labor unions in peer education techniques for HIV/AIDS
- Train and provide TA for the Boy Scouts, labor unions, FENM SOLEY LEVER, and FODES-5 to raise awareness about HIV/AIDS in Haiti and help them develop strategies to respond to HIV/AIDS in the community

HONDURAS

Strategy
<p>POLICY's HIV/AIDS program in Honduras will close out activities on September 30, 2004, to coincide with the end of the mission's current strategy. POLICY's strategy focuses on specific regions and vulnerable groups that are highly affected by the epidemic—namely, PLHAs, Garifuna, MSM, and other vulnerable groups in La Ceiba, San Pedro Sula, and Tegucigalpa. POLICY provides training and TA to these groups to strengthen advocacy, communication, and leadership skills and thereby enable them to improve their access to prevention, care, and treatment services; reduce HIV/AIDS-related stigma and discrimination; and participate effectively in policy processes.</p> <p>At the national level, POLICY supports the Ministry of Health and the mission in strengthening coordination and planning among stakeholders by developing and disseminating decisionmaking models and tools such as the stakeholder database, AIM, and the GOALS Model, and building stakeholder capacity to advocate for, plan, coordinate, and manage effective HIV/AIDS programs.</p> <p>POLICY is finalizing work on updating the RAPID Model and other projection and advocacy tools for continued use in policy dialogue and advocacy.</p>
Staff
<p>Country Manager: Pablo M. Magaz Local Staff: Miguel Aragon and Joselina Paz Consultants: Eric Gaillard Affiliated Staff: Omar Perez</p>
Funding
<p>Funds remaining (as of 5/31/04): \$230,465 Anticipated FY04 funds: \$26,700</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Complete all TA and training activities for PLHAs and MSM communities and groups in policy dialogue and advocacy, implementation of GIPA principles, reduction of stigma and discrimination, and use of media, among other things; complete and publish all training curricula and other training and workshop materials developed • Train journalists and other media representatives to reduce HIV-related stigma and discrimination; complete and publish all training curricula and other training and workshop materials developed for this workshop and the media training for PLHAs <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Complete and provide final stakeholder database software to USAID/Honduras to assist the mission, CAs, and other donors to better plan and coordinate TA, funding, and resource development provided to NGOs at the national and regional levels <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Disseminate through a series of different spaces/forums the findings of AIM, GOALS, and other decisionmaking tools developed by POLICY to facilitate multisectoral coordination and advocacy activities

JAMAICA

Strategy
<p>POLICY's strategy in Jamaica supports the mission's goal of improving the reproductive health of Jamaica's youth and assists the Jamaican government in its decisionmaking about health and RH programs to clients in general, and Jamaican youth in particular. POLICY recognizes the multisectoral nature of youth development and therefore addresses the reproductive health of youth within a broad, holistic context.</p> <p>Using a multisectoral approach to youth development, POLICY is providing TA to the National Centre for Youth Development (NCYD) and the Youth Division of the Ministry of Education, Youth and Culture, which has responsibility for coordination of youth activities in Jamaica, including research and policy advice. POLICY will support the NCYD in developing a strategy to disseminate the key elements of the National Youth Policy (NYP), which takes a multisectoral and assets-based approach to youth development. TA to NCYD will focus on development of a five-year National Strategic Plan for Youth Development (NSPYD), focusing on six significant areas key to youth development, including health, as identified within the policy.</p> <p>With core support, POLICY has been assisting the North East Region to determine the feasibility of integrating FP/MCH services with STI/HIV/AIDS services within a primary care setting. The findings will be used to help the MOH and the other health regions to determine the potential scope for integrating these services while identifying the operational barriers that will need to be addressed. POLICY will support the development of an implementation plan based on the MOH decision concerning integration of RH services.</p>
Staff
<p>Country Director: Kathy McClure Consultants: Beryl Chevannes and James Rosen Affiliated Staff: Nancy Murray, Karen Hardee, Margaret Rowan, and Carol Shepherd</p>
Funding
<p>Funds remaining (as of 5/31/04): \$71,479 Anticipated FY04 funds: \$200,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support the activities of the Policy Advocates Team, policy champions in youth development • Provide TA to develop a communication strategy to support the NYP • Provide TA to finalize and gain Cabinet approval of the NSPYD <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA in developing the NSPYD • Provide TA to NCYD in enlisting the support of international donors in youth development • Provide TA in designing an implementation plan for integrating FP and STI/HIV services <p>IR3: Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Provide TA in supporting a cost/benefit analysis of elements of the NSPYD to identify the economic cost of each activity versus the cost to the country if that activity is not undertaken • Finalize the feasibility study on integrating FP and STI/HIV services using core funds and conduct a workshop to disseminate findings and reach agreement on action steps <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Provide materials to support public sector training in policy analysis and development

MEXICO

<p>Strategy</p> <p>The strategy for POLICY/Mexico in Year 5 focuses on (1) translating research findings into action through the implementation of several pilot projects on HIV/AIDS-related stigma and discrimination, particularly as related to MSM and with a special focus on the private sector; (2) continuing and expanding the dialogue on gender, masculinity, and HIV/AIDS in Mexico, following the successful expert group meeting held in May 2004 and gender and advocacy training for positive women in March 2004; (3) adapting the multisectoral planning group (MCG) model to the northern border states, with a multi-institutional, cross-border collaboration at the municipal level that takes the project to a new level of multisectoral response to HIV/AIDS; (4) implementing a communication strategy and tools for the MCG national network and consolidation of that entity; and (5) adding a resource allocation planning component with the application of the GOALS Model at the state and national levels through CENSIDA's Department of Research.</p> <p>The pilot projects planned as part of the stigma and discrimination work include a distance-learning course on stigma and discrimination for healthcare providers, which will count toward their in-service training annual requirements; building the capacity of PLHA networks to reduce internal stigma through peer support groups; launching a dialogue with FBOs to explore their role in both promoting and reducing HIV-related stigma and discrimination; an awareness campaign to reduce HIV-related internal stigma in the gay community; journalist training on stigma and discrimination; and collaboration with the Ford Foundation to address legal and regulatory changes. Additionally, through a subcontract to the AIDS Responsibility Project (ARP), POLICY is supporting a survey of the top 25 U.S. businesses in Mexico to gather a baseline on their practices in the workplace related to HIV/AIDS. The survey will be used in part to identify companies that are interested in further collaboration to reduce stigma in the workplace. POLICY plans to work with ARP to provide TA to two U.S. companies on these issues. POLICY will be working with the National AIDS Program in all of its activities, but in particular, it will collaborate with them to support a follow-up expert group meeting on gender and HIV and apply GOALS at the state level. POLICY's cross-border work is focused on Tamaulipas and Baja California Sur in Year 5, and counts as its U.S. partners the National Alliance of State and Territorial AIDS Directors (NASTAD), the Institute for Policy Strategies (IPS), and the Health Resources Services Administration.</p>
<p>Staff</p> <p>Country Manager: Mary Kincaid Local Staff: Francisco Hernandez, Ken Morrison, and Yuria Rojas Consultants: Arturo Diaz, Silvia Panebianco, Edgar Gonzalez, Sonia Morales, and Carlos Garcia de Leon Affiliated Staff: Pablo Magaz, Lori Bollinger</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$66,842 Anticipated FY04 funds: \$700,000</p>
<p>Proposed Activities</p> <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Implement pilot projects on stigma reduction in the workplace, in the gay community, among PLHAs, among healthcare workers, and with FBOs • Facilitate policy dialogue activities around gender and HIV to continue defining a gender-integrated program in the context of an MSM-led epidemic • Develop private sector outreach activities (e.g., working with "policy champions" within the business community and sensitization events with organizations like the Rotary Club and American Chamber of Commerce around HIV, the workplace, and social responsibility) <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Launch the MCG process in Oaxaca at the municipal level and the cross-border MCG process in Tamaulipas and Baja California Sur

IR3: Accurate, up-to-date, relevant information informs policy decisions

- Apply the GOALS Model at the state level and train state program coordinators
- Support a survey of U.S. businesses for the ARP stigma reduction project
- Support data analysis in the Federal District HIV/AIDS Program to identify correlations between social and economic factors and HIV prevalence by geographic location
- Conduct a situation and response analysis on HIV/AIDS in three key municipalities in Oaxaca

PERU

<p>Strategy</p> <p>The POLICY Project in Peru contributes to the mission's SO11 through IR 11.1, <i>Quality services accessible and responsive to client needs and rights</i>, and IR 11.3, <i>Policies and programs are more responsive to health needs</i>. Within this context, POLICY's strategy in Peru is to strengthen CSOs to advocate for sexual and reproductive health and rights, including those related to HIV/AIDS, and to participate in the design and monitoring of FP/RH/HIV/AIDS policies and programs to ensure that they respond to the needs of women, men, and vulnerable populations. Project assistance focuses on training and TA for local partners in the areas of advocacy and policy dialogue in the context of Peru's changing political climate and conducting analyses and disseminating information on RH and HIV/AIDS issues.</p> <p>POLICY provides TA and support to NGOs and networks to promote legislative changes in policies and norms that could pose a barrier to access to FP/RH services. Such legislative changes include promoting specific laws that protect women's FP/RH rights and the institutionalization of mechanisms at the government level designed to respond to abuses or malpractices reported by clients. In the context of government policy reform that could affect health services quality, coverage, and sustainability, POLICY will work in coordination with other stakeholders to help make the reform process as objective and data-driven as possible and to contribute to resource mobilization for FP/RH.</p> <p>A key component of POLICY's HIV/AIDS approach in Peru is providing training and technical assistance to help empower and protect the rights of PLHAs. POLICY will also work closely with the coordinating mechanism (CONAMUSA) to analyze the current status of policies, laws, and regulations in the area of HIV/AIDS, as well as the roles of stakeholders who are active in this area.</p>
<p>Staff</p> <p>Country Director: Patricia Mostajo Local Staff: Marcela Huaita, María Rosa Gárate, Edita Herrera, Lidia Reyes, Rosa Ines Béjar, Pedro Marchena, Gracia Subrira, and Eugenia de Arias Consultants: Maritza Acosta, Victor Alcazar, Nancy Fuk, Marisol Cordero, and Francisco Diez Canseco</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/04): \$545,792 Anticipated FY04 funds: \$1,840,000</p>
<p>Proposed Activities</p> <p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen NGOs/networks working on advocacy, policy dialogue, and social vigilance for FP/RH • Contribute to decentralized health policy dialogue, providing technical and financial support to local health coalitions being promoted by the National Foro Salud • Provide TA to NGOs, networks, and coalitions in designing and implementing a strategy to raise awareness on FP/RH issues among legislators • Support the institutionalization of mechanisms within CSOs and the MOH for protecting the rights of clients at different levels of the health system; support the implementation of two new CEPRECS and the institutionalization of those already formed • Provide TA to the RNPM in designing and implementing a strategy for the sustainability of citizen surveillance committees (CSC) formed to date; continue expansion of CSCs in USAID's geographical emphasis areas <p>IR2. Improved planning and financing</p> <ul style="list-style-type: none"> • Provide TA to different health coalitions in developing proposals to modify norms, policies, laws, and administrative regulations that pose barriers to health service access; using small grants, support them in organizing meetings and public hearings with legislators to present and discuss these proposals

- Contribute to the participation of civil society—local coalitions and networks—in decentralized policy processes and planning being conducted by the regional governments
- Systematize and disseminate at the decentralized level the designed system for management of external cooperation projects with the MOH Office of Investment and External Cooperation
- Disseminate findings from the core package on operational policy barriers to maternal health services access and promote changes in the Integrated Health Insurance (SIS) norms to reduce barriers identified at the central level
- Promote policy dialogue and decisionmaking on contraceptive security issues, supporting the formation of a CS committee with multisectoral stakeholders

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Support decentralized branches of the RNPM in monitoring adherence to Tiahr and FP norms through a survey of both health providers and users in a sample of health centers and hospitals
- Systematize and disseminate information on the FP/RH policy context and issues at the national level and in specific regions
- Maintain and update a specialized database on legal norms and regulations in health; promote the institutionalization of this database at the MOH
- Contribute to the formation of a task force that will participate in assessing the DHS results, disseminating DHS data for decisionmaking, and raising awareness at the decentralized level

IR4. In-country/regional capacity to provide policy training enhanced

- Implement the training program in public health management (PROGRESA) in six regional universities in coordination with other USAID-funded projects (Catalyst and PHR+)
- Provide TA for implementing the module on population projections from the long-distance course on demography and population given by Cayetano Heredia University
- Develop and implement a course on human rights at San Marcos University (core activity)
- Provide TA in implementing the module on RH rights for a course on human rights given by Cayetano Heredia University

HIV/AIDS

IR1. Political and popular support broadened and strengthened

- Strengthen NGOs and networks working on HIV/AIDS advocacy, policy dialogue, and social vigilance
- Provide TA to NGOs, networks, and coalitions in designing and implementing a strategy to raise awareness about HIV/AIDS issues among legislators in FP/RH
- Provide training and TA to improve advocacy and leadership skills among PLHA groups organized in the Coordinadora Peruanos Positivos and increase their involvement in the HIV/AIDS policy process

IR2. Improved planning and financing

- Provide TA to different coalitions and groups in developing proposals to modify policies, laws, and administrative regulations that pose barriers to health service access; using small grants, support them in organizing meetings and public hearings with legislators to discuss these proposals
- Conduct legal and regulatory analysis to evaluate existing norms and laws related to HIV/AIDS, identify policy barriers for the protection of PLHA rights, and promote the use of findings within CONAMUSA (CCM) to propose policy changes

IR3. Accurate, up-to-date, relevant information informs policy decisions

- Systematize and disseminate information on the HIV/AIDS policy context and issues at the national level and in specific regions
- Update the existing HIV/AIDS stakeholder database and mapping at the decentralized level

VI. OPERATIONAL PLAN

POLICY is proud of its organizational structure that places emphasis on using our highly-skilled, experienced in-country staff, and on building the capacity of our local counterparts. Our U.S.-based staff of approximately 75 persons works closely with our 190+ local professionals and 200 partner organizations in countries across Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean.

A. Management Structure

This section provides a description and an organizational chart showing how the project is managed. As evidenced in Figure 3 on the following page, the project is structured along technical and operational lines as follows:

- Management Group (Project Director, Deputy Directors (RH/MH, HIV/AIDS, and Program Operations), and Quality Assurance/Evaluation Advisor)
- IR Group (IR Directors and technical staff, including working groups on ARH, Gender, and Human Rights)
- Country Group (Regional Managers, Country Managers, and country technical staff)

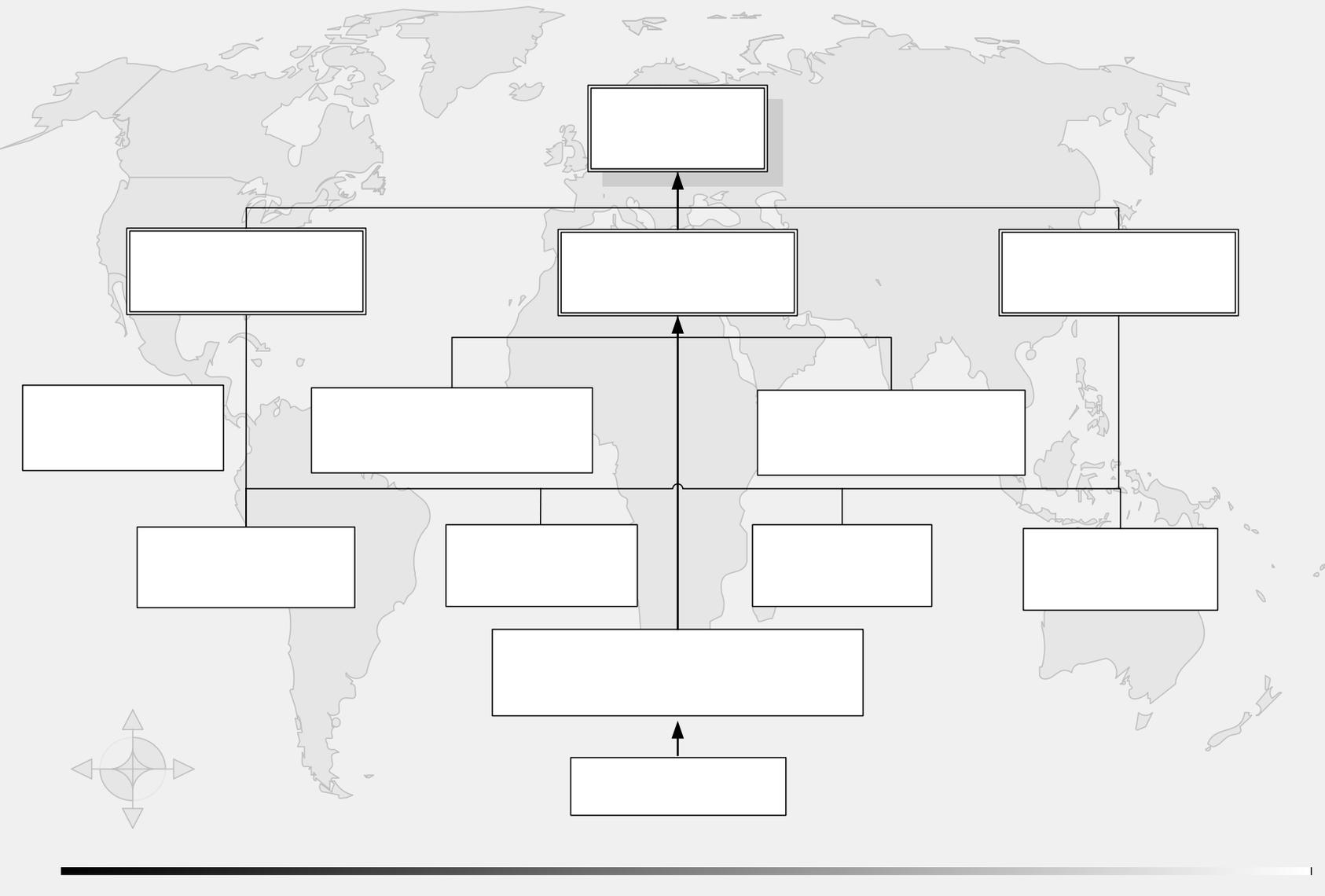
1. Management Group

The Management Group is responsible for the overall technical and operational direction of the project. The Management Group consists of the Project Director and the three deputies. As a group, these people provide overall technical direction, set project policies and strategies, and deal with specific project issues ranging from core packages to operational procedures. The management group coordinates formal communications and decision making involving the IRs and country programs. Requests for core-funded work at the country level flow through the Management Group and are mediated at that level to ensure that limited core funds are applied taking into account overall project goals as well as specific country goals in an effort to maximize impact. Within this structure, Regional Managers report to the Deputy for Program Operations, and the IR Directors report directly to the deputies for RH/MH and HIV/AIDS depending on the technical issues they are working on. The Project's Quality Assurance and Evaluation Advisor serves as an adjunct member of the management team.

Technical management specifically flows through the Project Director and the deputies for RH/MH and HIV/AIDS. These three people are responsible for coordinating the integration of work, where appropriate and warranted. Examples of this integration include issues such as dual protection, contraceptive security, family planning in high-prevalence HIV/AIDS countries, and the crosscutting issues of adolescents, gender, and human rights. They are also responsible for seeing that special areas of focus receive the emphasis warranted. Examples include work with different groups in civil society such as PLHAs, technical issues such as OVC, and the like. Integration is also achieved by having the Management Group represented in the project's three crosscutting issues working groups and on all teams developing proposals for targets of opportunity or global leadership priorities.

The Project Director, along with the Deputy for Program Operations, is responsible for overall program operations, including oversight of the Operations Team. Field and core activities are, therefore, managed and mediated through the Deputy for Program Operations and the Project Director.

Figure 3. Project Management Structure



2. IR Group

The IR Directors and IR technical staff (the IR group) have the responsibility of addressing the project's global concerns in their technical areas, and for providing assistance to country and regional programs. In this group, there are IR1 and IR2 Directors for both FP/RH/MH and HIV/AIDS (four directors in total for Advocacy and Planning/Finance). This division of responsibility was created to recognize the differentiated needs to achieve IR goals related to the SSO1, SS02, and SSO4 within the Bureau for Global Health.

The IR1 and IR2 Directors report to the deputies for FP/RH/MH and HIV/AIDS. That is, the IR2 planning and finance director for FP/RH/MH reports to the Deputy for FP/RH/MH, and the planning and finance director for HIV/AIDS reports to the Deputy for HIV/AIDS. IR3 and IR4 do not have a similar subdivision. The IR3 and IR4 Directors report to the deputies for FP/RH/MH or HIV/AIDS depending on the funding source and the specific issues they are working on. For technical issues that are integrated across FP/RH/MH and HIV/AIDS, the IR3 and IR4 Directors report to the Management Group as a whole. The IR3 Director is responsible for ensuring the coordination of research and modeling needs to support FP/RH/MH and HIV/AIDS, in both an integrated and individual fashion. Among other duties, the IR4 Director must ensure that LTAs—either as individuals or through TD Weeks and regional meetings—receive appropriate training in all project topic areas. Under the guidance of the Quality Assurance and Evaluation Advisor, IR Directors are also responsible for monitoring results reporting in their respective areas.

To ensure integration of FP/RH/MH and HIV/AIDS wherever possible, all four IRs are represented in the project's three crosscutting issues working groups. Furthermore, it is the overall responsibility of the Management Group to ensure appropriate integration at the country-activity level, as well as at the core-funded activity level.

3. Country and Regional Group

Regional Managers, Country Managers, and country technical staff form the country and regional group and maintain the responsibility for the design, implementation, and monitoring and evaluation of country programs. As a group, their responsibilities include ensuring, to the extent feasible, the integration of the project's four IRs and consideration of the crosscutting concerns. When IR staff perform core-funded work as part of a country portfolio, the appropriate IR Director will work with the Country Manager by serving as technical advisor for the core-funded work.

B. Management Issues

Year 5 holds some continuing and additional management challenges, which we will need to address over the next months. Many of the challenges are an ongoing part of the project's functioning (i.e., providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, monitoring and evaluation) as we strive to provide appropriate and effective services.

Some of the continuing challenges reflect new realities for the project in terms of funding patterns and balance among the project's core technical areas (FP/RH, Maternal Health, and HIV/AIDS) as well as its crosscutting issues. HIV/AIDS field support again increased significantly during Year 4 such that HIV/AIDS FS, for example, represents almost 70 percent of our country allocations. In addition, as POLICY approaches its final year of operation (and indeed before), it will be necessary to begin making plans for close out of individual country programs as well as the project as a whole.

Specific management issues to be addressed in Year 5 include the following:

- Keeping our core and country activities on track, while recruiting new staff and possibly reassigning others.
- Tracking and implementing remaining core packages and targets of opportunity according to plan.
- Ensuring solid management oversight for countries just starting major programs (El Salvador, China), for those countries with exceptional demands (Viet Nam), and those closing out (Guatemala, Honduras, Nigeria, Zambia, etc.).
- Strengthening technical expertise of staff to address expanded technical areas required by the President's Emergency Plan.
- Developing strategies for the project to respond to the challenging needs of the Emergency Plan.
- Producing the quantity of HIV/AIDS information increasingly required, such as special reports on different technical areas. In addition, we are still faced with a continually changing HIV/AIDS reporting system.
- Rationalizing the quantity and depth of financial, administrative, and technical reporting (e.g., reducing size of the annual workplan).
- Improving communications given the growing volume and complexity of policy activities in all countries.
- Ensuring documentation and dissemination of project technical work, tools, and results.

APPENDIX

Table A-1. Summary Budget for Core Population/RH Funds

Component	Estimated Pipeline (May 31, 2004)	New Resources Needed (July 1, 2004 - June 30, 2005)	Year 5 (FY04) Projected	Person Responsible
SO				
IR1	308,773	663,000	971,773	Grant
IR2	64,655	523,000	587,655	Shepherd
IR3	208,082	342,000	550,082	Hardee
IR4	161,416	579,000	740,416	Gribble
Working Groups				
Adolescent RH	94,322	193,000	287,322	Murray
Gender	13,950	216,000	229,950	Eckman
Human Rights	114,340	152,000	266,340	Porter
Quality Assurance/M&E	9,547	94,000	103,547	McGirr
Other	1,173	38,000	39,173	Directors
Core Packages				
Jamaica	82,424	-	82,424	Rowan
Kenya	287,880	-	287,880	Owino
RH Allocate	56,185	-	56,185	Shepherd
Packages (residual)*	62,428	-	62,428	Directors
Targets of Opportunity				
Bangladesh	150,000	-	150,000	Agarwal
FP-HIV Integration	284,297	-	284,297	Agarwal
Gender and HIV**	150,000	-	150,000	Eckman
Haiti	124,297	-	124,297	Murray
Global Leadership Priorities				
Contraceptive Security	201,099	95,000	296,099	Shepherd
FP/HIV/AIDS Linkages	-	300,000	300,000	Agarwal
FP/SM Advocacy Tool	83,989	-	83,989	Agarwal
Gender-based Violence	178,816	-	178,816	Eckman
Gender Technical Leadership	79,978	200,000	279,978	Eckman
PAC	7,218	150,000	157,218	Agarwal
Other	64,000	-	64,000	Directors
Core Agreements				
Cambodia	8,261	-	8,261	
Nigeria	18,574	-	18,574	
Tanzania	93,863	-	93,863	
Turkey	10,879	-	10,879	
Total Population Core	2,920,446	3,545,000	6,465,446	

*Includes residual funds from completed core packages and package development.

**Only POP/RH portion of funding shown here; see also Table A-3.

Table A-2. Summary Budget for Core Maternal Health Funds

Component	Estimated Pipeline (May 31, 2004)	New Resources Needed (July 1, 2004 - June 30, 2005)	Year 5 (FY04) Projected	Person Responsible
SO				
Safe Motherhood	203,933	200,000	403,933	Directors
Special Initiatives				
White Ribbon Alliance	133,911	551,000	684,911	Shaver
Total Maternal Health Core	337,844	751,000	1,088,844	

Table A-3. Summary Budget for Core HIV/AIDS Funds

Component	Estimated Pipeline (May 31, 2004)	New Resources Needed (July 1, 2004 - June 30, 2005)	Year 5 (FY04) Projected	Person Responsible
SO				
IR1	1,486,202	1,040,000	2,526,202	Eckman
IR2	308,328	480,000	788,328	Forsythe
IR3	337,629	50,000	387,629	Directors
Working Groups				
Human Rights	68,336	30,000	98,336	Porter
Core Packages				
Mexico*	19,157	-	19,157	Kincaid
Nepal	143,003	-	143,003	Lawson
South Africa*	77,123	-	77,123	Wills
Swaziland	58,254	-	58,254	Abrahams
Targets of Opportunity				
Gender and HIV	100,000	-	100,000	Eckman
Stigma and Discrimination	97,686	-	97,686	Young
Special Initiatives				
Palliative Care Mtg (S/GAC)	-	112,000	112,000	Young
Total HIV/AIDS Core	2,695,718	1,712,000	4,407,718	

*Extensions of original core packages.

Table A-4. Summary of Field Support Resources by Country

Country	FY00-FY03 Funding	Anticipated and Received FY04 Funding	Total
Africa Region	\$1,105,000	\$365,000	\$1,470,000
Ethiopia	\$1,125,000	\$450,000	\$1,575,000
Ghana	\$1,138,311	\$0	\$1,138,311
Guinea	\$0	\$5,000	\$5,000
Kenya	\$7,750,000	\$2,675,000	\$10,425,000
Madagascar	\$934,677	\$0	\$934,677
Malawi	\$1,064,482	\$328,170	\$1,392,652
Mali	\$1,500,000	\$650,000	\$2,150,000
Mozambique	\$1,888,710	\$250,000	\$2,138,710
Nigeria	\$8,208,000	\$0	\$8,208,000
REDSO/ESA	\$1,144,000	\$100,000	\$1,244,000
Sahel	\$125,000	\$0	\$125,000
South Africa	\$5,485,000	\$980,000	\$6,465,000
Southern Africa (RHAP)	\$3,465,000	\$800,000	\$4,265,000
Tanzania	\$3,700,552	\$500,000	\$4,200,552
Uganda	\$2,825,000	\$1,291,000	\$4,116,000
WARP (FHA/REDSO/W)	\$900,000	\$200,000	\$1,100,000
Zambia	\$4,899,000	\$1,320,000	\$6,219,000
Zimbabwe	\$450,000	\$0	\$450,000
Africa Total	\$47,707,732	\$9,914,170	\$57,621,902
Asia/Near East Region*	\$2,739,000	\$2,785,000	\$5,524,000
Bangladesh	\$2,150,000	\$1,050,000	\$3,200,000
Cambodia	\$3,250,000	\$900,000	\$4,150,000
Egypt	\$1,981,523	\$1,000,056	\$2,981,579
India	\$5,625,000	\$275,000	\$5,900,000
Jordan	\$2,150,000	\$1,200,000	\$3,350,000
Nepal	\$1,000,000	\$375,000	\$1,375,000
Philippines	\$2,550,000	\$0	\$2,550,000
Viet Nam	\$1,500,000	\$1,250,000	\$2,750,000
Asia Total	\$22,945,523	\$8,835,056	\$31,780,579
Romania	\$150,000	\$0	\$150,000
Russia	\$900,000	\$0	\$900,000
Ukraine	\$1,800,000	\$1,100,000	\$2,900,000
E&E Total	\$2,850,000	\$1,100,000	\$3,950,000
LAC/RSD (Regional)	\$277,795	\$439,000	\$716,795
El Salvador	\$400,000	\$423,240	\$823,240
Guatemala	\$2,100,000	\$0	\$2,100,000
Haiti	\$1,165,000	\$630,000	\$1,795,000
Honduras	\$850,000	\$26,700	\$876,700
Jamaica	\$805,000	\$200,000	\$1,005,000
Mexico	\$2,300,000	\$700,000	\$3,000,000
Paraguay	\$15,000	\$0	\$15,000
Peru	\$3,940,000	\$1,840,000	\$5,780,000
LAC Total	\$11,852,795	\$4,258,940	\$16,111,735
Grand Total	\$85,356,050	\$24,108,166	\$109,464,216

* Includes China

Table A-5. Managers of Core-Funded Activities

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
<i>Core Activities:</i>	IR 1 (FP/RH/MH)	Danielle Grant	Karen Lee/Sara Rachmeler
Koki Agarwal (FP/RH/MH)	IR1 (HIV/AIDS)	Anne Eckman (acting)	Manual Thomas/Elisabeth Smith
Felicity Young (HIV/AIDS)	IR2 (FP/RH)	Carol Shepherd	Karen Lee/TBD
	IR2 (HIV/AIDS)	Steven Forsythe	Manual Thomas/Elisabeth Smith
	IR3	Karen Hardee	Rodrigo Gobantes/Morrisa Malkin
	IR4	Jay Gribble	Rodrigo Gobantes/Morrisa Malkin
	SSO2 – Safe Motherhood	Koki Agarwal	Karen Lee/TBD
	SSO4 – HN/HIV/AIDS	Felicity Young	Manual Thomas/Elisabeth Smith
	Quality Assurance	Nancy McGirr	Vicky Bush/Marissa Pine
	<i>Working Groups:</i>	Adolescent RH	Nancy Murray
	Gender	Anne Eckman	Rodrigo Gobantes/Morrisa Malkin
	Human Rights	Lane Porter	Rodrigo Gobantes/Michelle Dobson
<i>Core Packages:</i>	Bangladesh (Postpartum FP)	Koki Agarwal	
Koki Agarwal (FP/RH/MH)	FP-HIV Linkages	Koki Agarwal	
Felicity Young (HIV/AIDS)	Haiti (FOSREF)	Nancy Murray	
	Jamaica	Margaret Rowan	
	Kenya	Angeline Siparo	
	RH Goals	Carol Shepherd	
	Gender and HIV	Anne Eckman	
	Nepal (HIV/AIDS)	Philippa Lawson	
	Stigma and Discrimination	Felicity Young	
	Swaziland (HIV/AIDS)	Sylvia Abrahams	
<i>Miscellaneous:</i>	Grants	Determined by Funding Source	Vicky Bush/TBD

Table A-6. Managers of Country and Regional Programs

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Brenda Rakama Backstop: Harry Cross	Africa Regional Funds	Felicity Young (HIV/AIDS) Koki Agarwal (FP/RH/MH)	Rodrigo Gobantes/ Catlin O'Shaughnessy	Rose McCullough
	Southern Africa/RHAP	Sylvia Abrahams*		
	Kenya	Angeline Siparo*	Rodrigo Gobantes/ Michelle Dobson	
	Mozambique	Queta Tojais*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	Nigeria	Scott Moreland	Rodrigo Gobantes/ Michelle Dobson	
	South Africa	Caroline Wills* (acting)	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	Tanzania	Elizabeth Neason	Rodrigo Gobantes/ Michelle Dobson	
	Uganda	John Kabera*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Zimbabwe	Tom Goliber			
Deborah Bickel Backstop: Brenda Rakama	Ethiopia	Elizabeth Neason	Rodrigo Gobantes/ Michelle Dobson	Rose McCullough
	Malawi	Shawn Aldridge	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	REDSO/ESA	Joseph Deering		
	Zambia	Robie Siamwiza*		
Norine Jewell Backstop: Brenda Rakama	Ghana	Michelle Prosser	Rodrigo Gobantes/ Michelle Dobson	Rose McCullough
	Madagascar	Nicolas De Metz*		
	Mali	Modibo Maiga*		
	WARP	Norine Jewell		
<i>Asia/Near East:</i> Suneeta Sharma Backstop: Denise Lionetti	Bangladesh	Syed Ahsan*	Manual Thomas/ Marissa Pine	Elizabeth Schoenecker
	Egypt	Hussein Abdel Aziz Sayed*		
	India	Gadde Narayana*		
	Jordan	Basma Ishaqat*		
Felicity Young Backstop: Denise Lionetti	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Felicity Young (HIV/AIDS)	Manual Thomas/ Nikki Duncan	Elizabeth Schoenecker
	Cambodia	Ty Chettra*		

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
Felicity Young Backstop: Denise Lionetti	China	Felicity Young (acting)	Manual Thomas/ Nikki Duncan	Elizabeth Schoenecker
	Nepal	Bhoj Raj Pokharel*		
	Vietnam	Tran Tien Duc*		
	Ukraine	Philippa Lawson		Rose McCullough
Latin America: Varuni Dayaratna Backstop: Denise Lionetti	El Salvador	Nancy Murray	Karen Lee/ Katie Daily	Mai Hijazi
	Guatemala	Lucia Merino*		
	Haiti	Laurent Eustache*		
	Honduras	Pablo Magaz		
	Jamaica	Kathy McClure*		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

** Indicates overseas staff member*

Table A-7. POLICY Staff
(as of July 7, 2004)

U.S.-Based Technical Staff

Arnab Acharya
Kokila Agarwal
Shawn Aldridge
Sarah Alkenbrack
Jane Begala
Anita Bhuyan
Deborah Bickel
Courtney Bickert
Alphonse Bigirimana
Lori Bollinger
Dennis Chao
Minki Chatterji
Ben Clark
Harry Cross
Varuni Dayaratna
Joe Deering
Anne Eckman
William Emmet
Imelda Feranil
Karen Foreit
Steven Forsythe
Thomas Goliber
Danielle Grant
Jay Gribble
Karen Hardee
Britt Herstad
Norine Jewell
Anne Jorgensen
Mary Kincaid
Sharon Kirmeyer
Philippa Lawson
Don Levy
Denise Lionetti
Alicia Livinski
David London
Pablo Magaz
Cynthia McClintock
Nancy McGirr
William McGreevey
Scott Moreland
Nancy Murray
Elizabeth Neason
Megan Noel
Kirsten Olson
Omar Perez
Charles Pill
Lane Porter
Michelle Prosser
Brenda Rakama
John Ross

Suneeta Sharma
Theresa Shaver
Carol Shepherd
Emily Sonneveldt
Robert Ssengonzi
John Stover
Molly Strachan
Doug Willier
Bill Winfrey
Felicity Young

U.S.-Based Program Operations Staff

Sarah Bradley (leaving 7/15)
Vicky Bush
Moira Cahan (leaving 8/13)
Katie Daily
Rebekah Davis
Michelle Dobson
Nikki Duncan
Rodrigo Gobantes
Amy Gwilliam
Karen Lee
Morrisa Malkin
Catlin O'Shaughnessy
Veronica Padberg
Marissa Pine
John Shutt
Elisabeth Smith
Paul Smith (leaving 7/15)
Manual Thomas
Lorraine Wood

Overseas Technical Staff

Benedicta Ababio (Ghana)
Seble Abate (Ethiopia)
Hesham Abdella (Egypt)
Sylvia Abrahams (Southern Africa)
Syed Shamim Ahsan (Bangladesh)
Areba Panni Alam (Bangladesh)
Emmanuel Alhassan (Nigeria)
Issa Al-Masarweh (Jordan)
Colette Aloo-Obunga (Kenya)
Assefa Amenu (Ethiopia)
Miguel Aragon (Honduras)
Carlos Arnoldo (Mozambique)
Godwin Asuquo (Nigeria)
Olga Balakireva (Ukraine)
Rose Ines Bejar (Peru)

Gift Buthelezi (South Africa)
 Uy Chanton (Cambodia)
 Ty Chettra (Cambodia)
 George Chigali (Zambia)
 Rita Chilongozi (Malawi)
 Vesper Chisumpa (Zambia)
 Matchecane Cossa (Mozambique)
 Truong Jeanne D'Arc (Viet Nam)
 Marisela de la Cruz (Guatemala)
 Salvador De La Torre (Kenya)
 Nicholas de Metz (Madagascar)
 Aguil Deng (Southern Africa)
 Nilesh Deshpande (India)
 Sumi Devkota (Nepal)
 Noumouke Diarra (Mali)
 Alle Diop (WARP)
 Tran Tien Duc (Viet Nam)
 Pedro Duce (Mozambique)
 Dipankar Dutta (India)
 Theresa Effa (Nigeria)
 Manal El-Fiki (Egypt)
 Fatma El-Zahraa Geel (Egypt)
 Mohamed Emam (Egypt)
 Celestine Emma (Madagascar)
 Laurent Eustache (Haiti)
 Wole Fajemisin (Nigeria)
 Maria Rosa Garate (Peru)
 Esther Gatua (Kenya)
 Prabhudhagopal Goswami (India)
 Charles Hakoma (Zambia)
 Soha Hassan (Egypt)
 Mahassen Hassanin (Egypt)
 Francisco Hernandez (Mexico)
 Edita Herrera (Peru)
 Marcela Huaita (Peru)
 Andriy Huk (Ukraine)
 Luu Nguyen Hung (Viet Nam)
 Ochiawunma Ibe (Nigeria)
 Charity Ibeawuchi (Nigeria)
 Basma Ishaquat (Jordan)
 Sherry Joseph (India)
 Melanie Judge (South Africa)
 John Kabera (Uganda)
 Edna Kalaluka (Zambia)
 Francis Kangwana (Kenya)
 Ibrahim Khalil (Egypt)
 John Kyakulaga (Uganda)
 Ivana Lohar (Nepal)
 David Logan (Ghana)
 David Lowe (Thailand)
 Coreen Madondo (Zambia)
 Jerome Mafeni (Nigeria)
 Modibo Maiga (Mali)
 Mamadou Mangara (Mali)
 Pedro Marchena (Peru)
 Gayle Martin (Thailand)
 Mogale Mashapata (South Africa)
 Kathy McClure (Jamaica)
 Lucia Merino (Guatemala)
 Mirna Montenegro (Guatemala)
 Ken Morrison (Mexico)
 Patricia Mostajo (Peru)
 Kennedy Mweene (Zambia)
 Grace Nagendi (Uganda)
 Gadde Narayana (India)
 Ya Navuth (Cambodia)
 Nguyen Ngoc (Viet Nam)
 Isabel Nhatave (Mozambique)
 Yoliswa Notshe (South Africa)
 Ejiro Otive-Igbuzor (Nigeria)
 Wasunna Owino (Kenya)
 Joselina Paz (Honduras)
 Patricio Pena de Hernandez (El Salvador)
 Meach Phakan (Cambodia)
 Chandra Phiri (Zambia)
 Puleng Phooko (South Africa)
 Bhojraj Pokharel (Nepal)
 Claudia Quinto (Guatemala)
 Nirina Ranaivoson (Madagascar)
 Anantha Rao (India)
 Lidia Reyes (Peru)
 Yuria Rojas (Mexico)
 Candice Sainsbury (Cambodia)
 K.M. Sathyanarayana (India)
 Francisco Saute (Mozambique)
 Hussein Abdel-Aziz Sayed (Egypt)
 Seyoum Selassie (Ethiopia)
 Oleg Semerik (Ukraine)
 Eleni Seyoum (Ethiopia)
 Robie Siamwiza (Zambia)
 Verónica Siman de Betancourt (El Salvador)
 Yacouba Simbe (Mali)
 Ashok Singh (India)
 Angeline Siparo (Kenya)
 Ung Sophea (Cambodia)
 David Stephens (Viet Nam)
 Gracia Subrira (Peru)
 Muriel Syacumpi (Zambia)
 Dong Duc Thanh (Viet Nam)
 Henriqueta Tojais (Mozambique)
 Justin Tossou (WARP)
 Lena Truhan (Ukraine)
 Maria Tungaraza (Tanzania)
 Angelina Vaz (Mozambique)
 Leah Wanjama (Kenya)
 Chris Ward (Cambodia)
 Caroline Wills (South Africa)

Overseas Program Operations Staff

Babatunde Afuwape (Nigeria)
 Grace Akengo (Kenya)

Alif Alauddin (Bangladesh)
Eugenia de Arias (Peru)
Mireille Barolette (Haiti)
Engy Fekry Boles (Egypt)
M.A. Borhan (Bangladesh)
Saleh Chebii (Kenya)
Caroline Chikopela (Zambia)
Onollette Chileshe-Mwanza (Zambia)
Paul Chishaka (Zambia)
Kenneth Donkoh (Ghana)
Craig Dumont (South Africa)
Nadia Hassan Ahmed (Egypt)
Kaseba Kabwe (Zambia)
Sidney Kambatika (Zambia)
Nidhi Kaul (India)
Volodya Khai (Ukraine)
Chisala Kilembe (Zambia)
Eda Lifuka (Zambia)
Anju Malhotra (India)
Benedito Marino (Mozambique)
Charity Mauluka (Malawi)
Grace Mchunu (South Africa)
Ivy Mhende (Zambia)
Lucrecia Monahan (Guatemala)
Fundiswa Moyo (South Africa)

Juta Mudenda (Zambia)
Bartholmew Mulenga (Zambia)
Kini Musalo (Zambia)
Seineada Muth (Cambodia)
Juma Mwale (Zambia)
Eang Nath (Cambodia)
John Ndoje (Tanzania)
Tran Anh Nguyet (Viet Nam)
Roy Njapu (Zambia)
William Nkausu (Zambia)
Tessy Ochu (Nigeria)
Noura Omar I (Jordan)
Nancy Ombega (Kenya)
Rene Peterson (South Africa)
Nguyen Nam Phuong (Viet Nam)
Marie-Lea Rakotoarivelo (Madagascar)
Sreejana Ranjitkar (Nepal)
Syeda Samira Sharmin (Bangladesh)
Richard Siloka (Zambia)
Lena Sirotina (Ukraine)
Se Sovann (Cambodia)
Olya Tsviliy (Ukraine)
Olympia Vumisa (South Africa)
Alice Wanjuu (Kenya)