



**USAID**  
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**HEALTH POLICY  
INITIATIVE**

# Annual Report

**September 30, 2005–September 30, 2006**  
**Contract No. GPO-I-01-05-00040-00**

The USAID | Health Policy Initiative, Task Order I, is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. Task Order I is implemented by Constella Futures, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and World Conference of Religions for Peace (WCRP).

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<b>USAID Task Order No.</b>	GPO-I-01-05-00040-00
<b>Location</b>	Washington, DC
<b>Title</b>	USAID   Health Policy Initiative (formerly Policy Dialogue and Implementation Project)
<b>Activity Description</b>	The purpose of this task order is to exercise global leadership and provide field-level programming in policy development and implementation. The assistance provided under this procurement is expected to improve the enabling environment for health, making it possible for men and women around the world to obtain and use information and services they need for better health, especially in the areas of family planning and reproductive health, HIV/AIDS, and maternal health.
<b>Achievements</b>	Task Order 1 is fully operational, implementing a comprehensive and challenging workplan of core-funded activities with funding from the Office of Population and Reproductive Health, Office of HIV/AIDS, and the Office of Health, Infectious Diseases, and Nutrition. Moreover, the project has received field support from 20 countries and three regional programs. The Africa and Latin American bureaus also provide funds for HPI to support their regional activities in health, family planning, and contraceptive security. In the project's first year of operation, we achieved 37 results in 17 country or regional programs. In addition, we developed the project's Performance Monitoring Plan for the IQC, prepared a branding strategy and marking plan, and communicated technical and administrative guidance to our field offices. The overlap between POLICY II Project and the initiation of Task Order 1 caused some activities to get off to a slower than desired start, but all aspects of the project are fully operational and moving forward as planned.
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<b>Name of Contracting Officer</b>	Eduardo Elia
<b>Name of Contractor's Technical Contact</b>	Felicity Young, Director, Task Order 1
<b>Date of Award</b>	September 30, 2005
<b>Projected End Date of Activity</b>	September 29, 2010
<b>Ceiling Price</b>	\$100 million

# CONTENTS

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Abbreviations .....	v
<b>I. Project Description .....</b>	<b>1</b>
<b>II. Overview of Year 1 Achievements.....</b>	<b>3</b>
A. Overview.....	3
B. Project Results .....	3
<b>III. FP/RH Core-funded Activities.....</b>	<b>20</b>
A. Innovative Approaches .....	20
B. IR Activities.....	24
C. Working Groups .....	33
D. Other Core Funds.....	35
E. Global Leadership Priorities (GLP) and Special Initiatives.....	38
F. Problems, Issues, and Constraints (FP/RH).....	40
<b>IV. MH Core-funded Activities.....</b>	<b>42</b>
A. Maternal Health Activities.....	42
B. Problems, Issues, and Constraints (MH).....	44
<b>V. HIV/AIDS Core-funded Activities.....</b>	<b>45</b>
A. IR Activities.....	45
B. Cross-cutting/Rapid Response Activities.....	49
C. Problems, Issues, and Constraints (HIV).....	50
<b>VI. Country Activities.....</b>	<b>51</b>
<b>Africa</b> .....	<b>53</b>
Africa Bureau.....	54
Botswana.....	55
Ghana.....	57
Kenya.....	58
Mali.....	62
Mozambique .....	65
RHAP.....	68
Rwanda .....	70
South Africa.....	71
Tanzania.....	73
West Africa Region .....	75
<b>ANE</b> .....	<b>77</b>
China.....	78
Egypt.....	82
Indonesia.....	83
Jordan.....	84
Mekong Region.....	86
Vietnam.....	89
<b>E&amp;E</b> .....	<b>93</b>
Ukraine (Avian Influenza).....	94
Ukraine (HIV/AIDS) .....	97

Ukraine (Tuberculosis) .....	102
<b>LAC</b> .....	105
LAC Region .....	106
Guatemala .....	107
Haiti .....	110
Jamaica.....	112
Mexico .....	114
Peru .....	117
<b>Appendix</b> .....	123
Table A1. HPI Project Management.....	123
Table A2. HPI Core-funded Activity Management .....	124
Table A3. HPI Regional and Country Management .....	126
Table A.4. List of Completed Products .....	127

## ABBREVIATIONS

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<b>AI</b>	Avian Influenza
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AIM</b>	AIDS impact Model
<b>AFR</b>	Africa Region
<b>ANE</b>	Asia/Near East
<b>AO</b>	activity objective
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>BCC</b>	behavior change communication
<b>BPL</b>	below poverty line
<b>CBD</b>	community-based distributors
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEDPA</b>	Centre for Development and Population Activities
<b>CME</b>	constructive men's engagement
<b>CS</b>	contraceptive security
<b>CSL</b>	contraceptive security and logistics
<b>CTO</b>	cognizant technical officer
<b>E&amp;E</b>	Europe and Eurasia
<b>FFW</b>	family-friendly workplace
<b>FP</b>	family planning
<b>GBV</b>	gender-based violence
<b>GFTAM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GLP</b>	global leadership priorities
<b>GWG</b>	Gender Working Group
<b>HIV</b>	human immunodeficiency virus
<b>HPI</b>	USAID   Health Policy Initiative
<b>HRSD</b>	human rights and stigma and discrimination
<b>IA</b>	innovative approach
<b>IDP</b>	internally displaced persons
<b>IEC</b>	information, education, and communication
<b>IGWG</b>	Interagency Gender Working Group
<b>IQC</b>	indefinite quantity contract (USAID)
<b>IR</b>	intermediate result
<b>JSI</b>	John Snow, Inc.
<b>LAC</b>	Latin American and the Caribbean
<b>LAM</b>	lactational amenorrhea method
<b>MARP</b>	most-at-risk population
<b>MC</b>	male circumcision
<b>MCC</b>	Millennium Challenge Corp
<b>MDGs</b>	Millennium Development Goals
<b>M&amp;E</b>	monitoring and evaluation
<b>MOH</b>	Ministry of Health
<b>MOU</b>	memoranda of understanding
<b>MSM</b>	men who have sex with men
<b>NGO</b>	nongovernmental organization
<b>OGAC</b>	Office of Global AIDS Coordinator
<b>OPB</b>	operational policy barriers
<b>OVC</b>	orphans and vulnerable children

<b>PAI</b>	Population Action International
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PEWG</b>	Poverty and Equity Working Group
<b>PMTCT</b>	prevention of mother-to-child transmission of HIV
<b>PPA</b>	poverty profile assessment
<b>PRSP</b>	poverty reduction strategy paper
<b>QA</b>	quality assurance
<b>RFP</b>	repositioning family planning
<b>RH</b>	reproductive health
<b>RHC</b>	reproductive and child health
<b>RHRC</b>	Reproductive Health Response in Conflict (Consortium)
<b>RHSC</b>	Reproductive Supplies Coalition
<b>S&amp;D</b>	stigma and discrimination
<b>SDWG</b>	Stigma and Discrimination Working Group
<b>STI</b>	sexually transmitter infection
<b>TA</b>	technical assistance
<b>TB</b>	tuberculosis
<b>TO</b>	task order
<b>TOT</b>	training-of-trainers
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>USAID</b>	U.S. Agency for International Development
<b>USG</b>	U.S. government
<b>VCT</b>	voluntary counseling and testing
<b>WCRP</b>	World Conference of Religions for Peace
<b>WG</b>	working group
<b>WHO</b>	World Health Organization
<b>WRA</b>	White Ribbon Alliance
<b>YRH</b>	youth reproductive health

## I. Project Description

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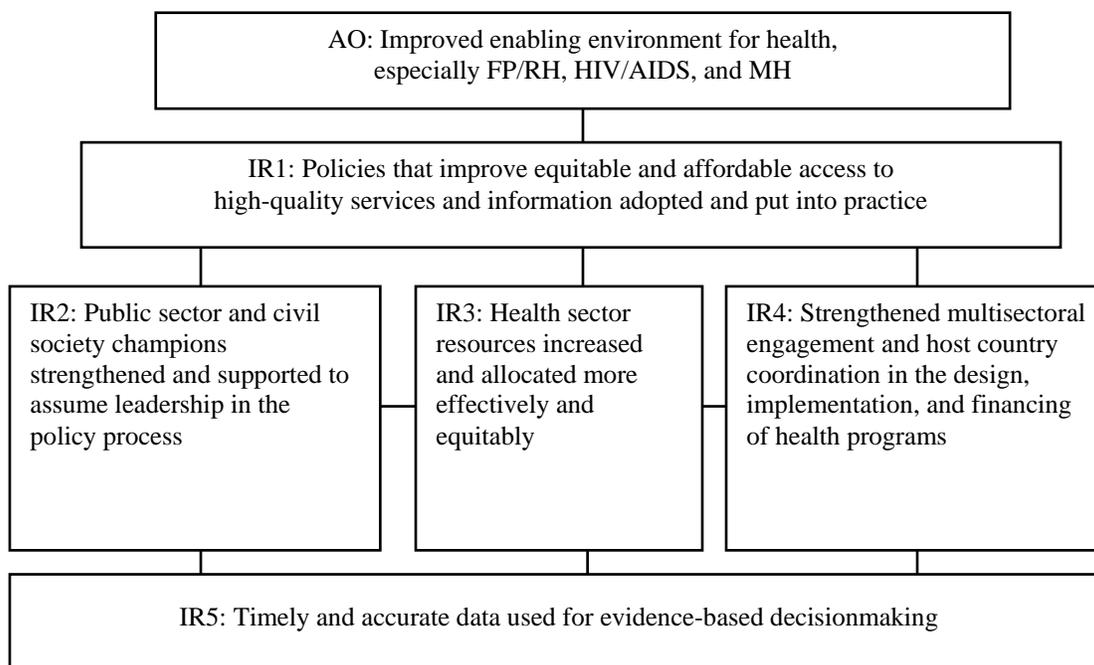
The USAID/Health Policy Initiative (HPI) is an indefinite quantity contract (IQC) funded by the U.S. Agency for International Development under Contract No. GPO-I-00-05-00040-00. On September 30, 2005, USAID awarded Task Order 1 of the Health Policy Initiative IQC (GPO-I-01-05-00040-00) to a consortium led by Constella Futures, that includes the Centre for Population and Development Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and World Conference of Religions for Peace (WCRP) as implementing partners.

The overarching objective of the USAID | Health Policy Initiative is to foster an *improved enabling environment for health, especially family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health*. In doing so, the initiative is concerned not only with policy development. With a focus on dialogue, the project will empower new partners to take part in the policy process. With a focus on implementation, the project will help countries translate policies into effective programs and services on the ground, including overcoming operational policy barriers.

As shown in Figure 1, Task Order 1 of the USAID | Health Policy Initiative uses five primary approaches to achieve its overarching Activity Objective (AO) of improving the enabling environment for health policy:

1. Assisting countries to adopt and put into *practice* policies that improve equitable and affordable access to high-quality services and information
2. Strengthening the capacity of *people* from the public sector (e.g., national leaders, parliamentarians, ministry staff, and district officials) and new partners/civil society (e.g., faith-based organizations, women's groups, businesses, and networks of people living with HIV) to assume leadership roles in the policy process
3. Enhancing effective and equitable allocation of *resources* of various types (e.g., human, financial) and from different sectors (e.g., public, private, civil society, donor, in-country)
4. Facilitating multisectoral engagement and in-country *coordination* in the design, implementation, and financing of health programs
5. Fostering *knowledge* by building in-country capacity to collect, analyze, and use data for evidence-based decisionmaking and monitoring of progress toward achieving results

**Figure 1: Results Framework: USAID | Health Policy Initiative**



This report summarizes the main activities and achievements of HPI’s first year under Task Order 1. It contains an overview of Year 1 achievements and results; a description of core-funded activities pertaining to FP/RH, maternal health, and HIV; and reports on country and regional activities carried out with field support.

## **II. Overview of Year 1 Achievements**

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### **A. Overview**

Task Order 1 of the USAID | Health Policy Initiative has had both a challenging and rewarding year. We have actively embraced the HPI scope of work, which we see as the next generation of policy work. The new workplans have been developed against a rapidly changing global policy background. In the HIV portfolio, PEPFAR has expanded beyond the 15 focus countries and, in tune with our U.S. government (USG) colleagues, we are now developing mini-Country Operational Plans (COPs) in many countries. The 2-7-10 targets are fast approaching, and there is an increased emphasis on accountability and impact. As discussed in this report, we have addressed this increased emphasis with a heightened focus on operational policy barriers to scale-up, using both core and field-support funds. SO2 funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women, especially women and families that are economically disadvantaged. On the population side of the portfolio, HPI has focused on major policy concerns of the Office of Population and Reproductive Health, such as repositioning family planning in Africa, improving equitable access to and uptake of services, increasing gender equity, and ensuring that a full range of contraceptives continue to be available to all who need and want them. Because HPI's focus is geared toward implementation, many of the core-funded activities across the project's three major programmatic areas are being carried out at the country level.

Although POLICY and HPI ran in parallel during nine months of HPI's first year of operation, HPI is firmly established in 20 countries and with three regional programs. We welcome Indonesia as our newest country program. The Africa and LAC bureaus also continue to provide funds to HPI to support their regional activities in health, family planning, and contraceptive security. HPI's obligations through September 2006 are a testament to the value USAID places on policy work. Many countries receive resources from a variety of funding streams, providing us with an opportunity to contribute to an enabling policy environment in a comprehensive manner by responding to FP/RH, maternal health, HIV, as well as tuberculosis and avian influenza issues in some instances. Of particular note is the breath of our programs in Ukraine and Peru—HPI's two largest country programs. In both programs, we are learning new ways of working across a broader health spectrum and fine-tuning our management and infrastructure to support expanding and complex programs. The demands of the field are paramount, and we have reoriented our management structures to provide greater field oversight, including comprehensive technical review of workplans and regular site visits. Senior management staff have visited the majority of country programs. Lessons learned across countries will continue to be applied over the life of HPI to support ongoing and new country initiatives.

The IQC mechanism has ushered in new policies and procedures. In response, we have launched a comprehensive staff training program in both Washington and the field. In particular, implementing the new branding strategy, the PMP, content standards, and the new requirements for programming field support has required substantial efforts. The HPI intranet continues to be a fundamental building block in how we share information and build skills across all levels of the project and in all time zones.

### **B. Project Results**

During the first year of the project, HPI was able to achieve 37 results in 17 country or regional programs. Because we are still implementing our results collection and quality review purposes, this list may not be complete, but it give a flavor for the types of achievements that are well underway. Some of the Year 1 results are the culmination of efforts begun under the POLICY Project. In other areas, the results are totally the product of HPI's new efforts.

Table 1. Results by Country							
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
<b>Africa</b>							
Botswana			✓			✓	2
Kenya			✓				1
Mali		✓✓	✓				3
Mozambique		✓					1
Tanzania				✓			1
West Africa Region		✓					1
<b>Asia and Near East</b>							
China		✓	✓	✓		✓	4
Jordan				✓			1
Mekong Region						✓	1
Nepal			✓				1
Vietnam		✓✓✓		✓			4
<b>Europe and Eurasia</b>							
Ukraine		✓✓✓✓✓	✓✓				7
<b>Latin American and the Caribbean</b>							
Guatemala		✓					1
Jamaica			✓				1
Mexico	✓	✓	✓	✓			4
Peru		✓	✓			✓	3
<b>Total Results</b>	<b>1</b>	<b>16</b>	<b>10</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>37</b>
<b>Total Countries</b>	<b>1</b>	<b>9</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>16</b>

The following pages present the project's Year 1 results in more detail. The results reflect significant achievements in improving the enabling environment for FP/RH, HIV, and TB program services. Results are presented according to the project's results framework and accompanying indicators.

#### **AO: Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health**

##### ***A0.1 Number of countries that show an increase in the policy environment using a documented instrument***

- Tamaulipas State in **Mexico** rose in the national rankings of state HIV/AIDS programs, moving from 32<sup>nd</sup> (last place) in 2004 to 12<sup>th</sup> in 2006, reflecting a major improvement in the HIV policy environment. The latest ranking for the first trimester of 2006 shows further improvement to 9<sup>th</sup> place. The ranking is part of the "Working through Excellence" program, which ranks state health systems on a number of programs, including HIV. The change has been attributed by the State HIV/AIDS Program Director, Dr. Geraldo Flores, and the National AIDS Program Director, Dr. Jorge Saavedra, to POLICY's and HPI's work to establish CHAMP, the cross-border HIV/AIDS multisectoral group in Tamaulipas State. HPI has been working with CHAMP to bring all the HIV stakeholders together to advocate for an improved HIV policy environment and programs. Other factors that contributed to the improvement include HPI's efforts through CHAMP to leverage resources from both Mexico and the U.S. and through relationships with Texan counterparts (built through the CHAMP) that are improving the capacity of the Tamaulipas program and healthcare providers to deliver services

(US\$5,000 from USMBHA in the form of scholarships to the USMBHA conference, funding to hire support personnel for the state AIDS program from CENSIDA; joint funding from the Ford Foundation for a media training in Ciudad Victoria; and funding from Parkland Hospital, the Texas/Oklahoma AIDS Education and Training Center to train both medical staff and other service providers on the latest in HIV/AIDS care and treatment). The dramatic rise in ranking of the HIV/AIDS program in the state of Tamaulipas is a clear reflection of the improved HIV policy environment, which is due to the increased political support and commitment of national and state AIDS officials and increased budgets allocated to HIV/AIDS services (2 million pesos in 2004, 9 million in 2005, and 25 million in 2006).

Dr. Saavedra and Nancy Alvey, USAID program officer, gave credit to HPI's support for CHAMP as one of the contributing factors for the increased ranking. HPI helped CHAMP build the capacity of local actors and strengthened their ability to bring increased attention and resources to the AIDS program. In terms of political commitment and support, the State Secretary of Health had never attended an HIV meeting in the state or met with civil society on HIV issues prior to the April 2005 CHAMP meeting. His participation had the added result of increasing media coverage of HIV/AIDS issues in the state. The CHAMP-supported activities in Tamaulipas also helped the state AIDS program to garner additional resources for both personnel and training in border areas and to undertake research on the HIV/AIDS situation in the state.

**IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice**

***Indicator 1.1 Number of national/subnational or organizational policies or strategic plans adopted that promote equitable and/or affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information***

- In March 2005, with support from the POLICY Project and other international agencies, the MOH developed and issued the National Guidelines on ARV and Opportunistic Infection (OI) Treatment, which provides the framework for ARV and OI treatment in **Vietnam**. However, while the guidelines provide an essential tool for clinical treatment, they do not provide guidance for home-based and palliative care. Palliative care has been practiced unsystematically, and no national guidance exists to inform the care of people in pain or dying because of AIDS or other terminal illness in Vietnam. The need for well-developed palliative care guidelines has become a paramount concern to ensure that PLHIV and people with cancer have an improved quality of life.

HPI collaborated with Family Health International (FHI), the Vietnam CDC, and the World Health Organization in Vietnam to help the MOH's Therapy Department to prepare national guidelines on palliative care and nursing care for HIV and other terminal illnesses in community and clinical settings. HPI conducted a rapid situational assessment to determine the palliative care needs of PLHIV and cancer patients and the level of coverage and quality of existing services. On September 15, 2006, the Vice Minister of Health approved the National Palliative Care Guidelines. The adoption of the guidelines will contribute to greatly improved care and treatment for people with HIV or AIDS in Vietnam. As a joint effort including USAID, FHI, the MOH Therapy Department, experts from the Vietnam Harvard CDC AIDS Partnership (VCHAP) and HPI, two workshops—one in the north and the other in the south of Vietnam—were organized to disseminate the guidelines. The workshops attracted 155 healthcare providers from 56 provinces, including healthcare policymakers and physicians who work closely with AIDS patients throughout the country.

A Rapid Situational Assessment on palliative care conducted by HPI found that severe, chronic pain is prevalent among people with HIV, yet access to essential pain control medicine is limited and

service availability and cost are barriers to accessing care. The palliative care guidelines promote equitable access to HIV services by providing a comprehensive set of guidelines for the diagnosis and management of pain for people with AIDS, including the use of opiates and the management of palliative care for children addicted to illegal drugs. These populations have traditionally faced difficulties in accessing appropriate services tailored to their needs. The guidelines also include direction and advice on patient-centered psychosocial support and referral to pain management services.

- **Vietnam**'s 1995 Ordinance on the Prevention and Control of HIV/AIDS was weak in several areas and in need of strengthening. It did not provide clear or comprehensive legal guidelines to direct and support the national HIV/AIDS response. It also needed improvement in the area of protecting the rights to privacy and confidentiality around the legal framework for HIV testing and around legal support for key activities—notably the use of drug substitution treatment—and guidance in relation to the provision of HIV treatments. After 10 years of implementing the Ordinance, the government of Vietnam decided to upgrade the 1995 Ordinance to the status of a law.

To strengthen the HIV/AIDS legal framework, HPI (and previously the POLICY Project) provided technical and financial support to develop a more comprehensive law. The POLICY Project contributed to the drafting of the law by conducting a legislative audit, analyzing the ordinance, providing recommendations and comments, and conducting a provincial stakeholder survey to assess knowledge and understanding of the HIV/AIDS legal environment. POLICY and HPI also supported consultations on the draft law with people living with HIV; this was the first time this group had been consulted in the drafting of a Vietnamese law. On June 21, 2006, Vietnam's Law on Prevention and Control of HIV/AIDS was formally approved by the National Assembly, with approximately 80 percent of the deputies' votes. The new law provides important guidance (lacking in the ordinance), that will support and promote equitable and/or affordable access to high-quality HIV/AIDS services. It outlines a detailed and extensive set of legal measures, including clear guidelines on the protection of confidentiality, guarantees of the rights of people living with and affected by HIV/AIDS to goods and services, strong measures designed to reduce stigma and discrimination, support for the implementation of drug substitution treatment, and free access to HIV treatment for children.

- In many countries, including Mozambique, the HIV epidemic is reducing the supply of labor and undermines the rights and livelihoods of many men and women workers. To countermand this effect, HPI/**Mozambique** has been working with several countries to establish HIV policies in the workplace. HPI provided technical assistance to two companies between September 2005 and February 2006 in formulating HIV workplace policies using the Workplace Policy Builder software program. The Federation of Transports (FEMATRO) and Catucha Trading Company approved and signed the policies in February 2006. Once implemented, both employers and employees will understand their rights and responsibilities under Mozambican law, and employers will have to hire, retain, and promote employees without discrimination; as well as abide by other commitments, such as maintaining confidentiality. The "Workplace Policy Builder" was designed by the POLICY Project to assist companies in developing their own HIV/AIDS policies through a participatory process.
- In its ongoing efforts to involve businesses in **Mexico**'s response to HIV, HPI and the NGO network, IMPULSO, provided training and technical assistance to CONAES members in writing and/or strengthening their HIV workplace policies. CONAES is the National Business Council on HIV/AIDS, and includes 34 members. Many of the member companies already have workplace HIV/AIDS policies that were either formulated by the companies themselves prior to CONAES' inception, or were written or improved with assistance from HPI and IMPULSO, since it became a member of the business council. Examples of HPI support include the following activities. As part of the CONAES program, HPI and IMPULSO conducted two workshops on the use of the Workplace

Policy Builder software for CONAES members. Especificos Stendal subsequently wrote a policy that encompasses two subsidiaries that are also CONAES members: Farmaceuticos Maypos and Maypos Servicios Empresariales. The policy was approved in May 2006. Bristol-Myers Squibb approved its new workplace policy on HIV/AIDS in Mexico; and Banamex wrote a policy currently undergoing an internal approval process. As a result, a growing number of employees will understand their rights and have access to HIV information and services in the workplace.

- With a rising HIV prevalence rate and about 100,000 persons living with HIV nationwide, the government of **Mali** developed and implemented the first National Strategic Framework for 2000–2005 to coordinate all HIV activities and interventions. On May 26, 2006, the Council of Ministers adopted the second National Strategic Framework for AIDS Control (2006–2010). HPI contributed significantly to this result by working with key stakeholders—NGOs, associations of people living with HIV, various ministries, and the private sector—to prepare the new framework under the guidance of the Higher National Council for HIV/AIDS (HCNLS). HPI facilitated the participatory process in the regions, organized and funded national and regional workshops for the development of the National Strategic Framework, and hired the consultant who drafted the document. The framework promotes equitable access to HIV services, with an emphasis on gender and legal and regulatory reforms for the protection of PLHIV against stigma and discrimination and other negative social practices. The framework will enable access to information and high-quality care and treatment services, access to free ARVs, as well as the active participation of stakeholders from all sectors.
- Even with 100,000 persons living with HIV nationwide, there was no national law to protect the rights of people living with HIV. On June 2, 2006, the National Assembly of **Mali** enacted the HIV/AIDS law. Working with REMAPOD, the Malian Parliamentary Network—and in collaboration with AWARE-HIV/AIDS, HCNLS, and other key stakeholders—HPI conducted a series of meetings around the model HIV/AIDS law drafted by AWARE-HIV/AIDS and the Forum of African and Arabic Parliamentarians for Population and Development (FAAPPD). As a result of these consultative meetings—attended by representatives of NGOs, associations of people living with HIV, the private sector, and various ministries—the model law was tailored to the Malian context, subsequently adopted by the Malian Parliament, and enacted by the President of the Republic in the National Assembly. The HIV/AIDS law fills a big legal gap in Mali and promotes equitable access to HIV services by guaranteeing the rights of PLHIV and providing greater protection and rights to medical personnel in case of HIV transmission at the worksite. The law guarantees equitable access to information, services, and treatments and gives greater responsibility to the state to provide special assistance to PLHIV and guarantee total confidentiality of their status.
- **Ukraine**'s National TB Control Program, until recently, did not follow the international guidelines developed by the World Health Organization (WHO) for detecting and treating tuberculosis cases. For example, detection of TB cases was conducted by X-rays instead of smear microscopy and culture. Beginning in June 2005 and continuing in 2006, many discussed and debated the need to change the current TB policies and procedures and to draft a revised program. In January 2006, with support from HPI, a TB multisectoral policy development group was set up and began to discuss barriers and the need to revise the Concept of the National TB Control Program for 2007–2011. The Cabinet of Ministers approved the concept on June 26, 2006, which was an important step for achieving agreement on the national TB program. From July–August 2006, the TB multisectoral policy development group then revised the workplan for the National TB Control Program for 2007–2011 with support from HPI. Despite initial objections from the MOH, the revised workplan was also cross-referenced with external funding sources, specifically the World Bank loan for TB, to ensure that the workplan would be adequately funded and there was no duplication of effort. The revised National TB Control Program workplan is more evidence-based and is expected to result in increased

access to effective and affordable services for TB diagnosis and treatment for those people most at risk of contracting TB. The workplan was submitted in September 2006 to the Cabinet of Ministries for review and adoption.

- In the **Ukraine**, only the government is allowed to provide VCT services. Unfortunately, national guidelines or protocols for providing such services are lacking, and VCT services are considered to be of poor quality. Furthermore, testing is usually conducted without counseling, and few facilities provide these services. HPI subsequently took on the task of assisting the MOH to develop protocols for implementing the national VCT strategy, which would enable the government to scale up VCT services and improve their quality. HPI assisted the MOH's Working Group on VCT in spring 2006 to draft the protocol titled "On the introduction of HIV VCT procedures in public health institutions." The MOH approved Order No. 236 on April 19, 2006, which order includes a plan of action for introducing the VCT protocol in public health institutions and describes operational steps for implementing national VCT standards and improving the quality and accessibility of VCT services.
- In November 2005, the **Guatemalan** Congress passed the Law on Universal Access to Family Planning, signaling the first time ever that Congress has directly addressed family planning. POLICY and then HPI worked with Congressman Aragon and multiple advocacy groups to formulate the legislative proposal, present it to Congress, and advocate for its passage. Following its passage, the Catholic Church and its supporters mounted a strong and organized campaign against the law, demanding that President Berger veto it. Supporters of the law came out in force, mounting public demonstrations and giving press interviews. Under tremendous pressure from its opponents, President Berger vetoed the law, but did so while Congress was in recess. Advocates and policy champions within Congress persisted, stating that the veto was unconstitutional because it was submitted when Congress was not in session. As a result, in January 2006, Congress again voted to publish the law (legislative decree 09-2006), declaring the veto unconstitutional.

However, the battle did not end there; soon after the decree, the Executive Branch challenged the constitutionality of the law before the Constitutional Court—on the grounds of its content. Following another round of advocacy and presentations to the court by various advocacy groups, the Constitutional Court issued its decision permitting the publication of the law, which was officially published in the *Diario de Centromerica* on April 27, 2006. The law promotes equitable, universal, and affordable access to high-quality FP/RH services and information by focusing on unmet need among people living in rural areas or under poverty conditions and with no access to health and FP services.

POLICY and HPI assisted advocacy groups such as REMUPAZ and Instancia-Salud Mujeres throughout this entire process by strengthening their advocacy skills, providing them with timely and relevant information on the constitutional process, strategizing with them on how best to present legal information to Congress and the court, and producing information packets on the benefits of family planning to be shared with Congress members prior to the vote.

- **Niger**'s maternal mortality rate is one of the highest in the world. Niger also has a high fertility rate with low contraceptive prevalence. Yet, there is no legal context for provision of reproductive healthcare services. HPI provided assistance to the Niger Population and Development Parliamentarian Network to tailor a model law originally prepared with POLICY's assistance to the local context and bring it before the National Assembly. On May 24, 2006, the National Assembly adopted the reproductive health legislation. The adoption of the law will strengthen government efforts to reduce maternal mortality, reposition family planning, provide free access to contraceptives and caesarian services, and ensure the safety of RH products. The law promotes equitable access to RH services by emphasizing the right of individuals to reproductive high-quality RH services and

information related to these services and by stressing the state's obligation to provide select services for free.

***Indicator 1.2 Number of instances in which a formal implementation or operational directive or plan is issued to accompany a national/subnational or organizational policy***

- In June 2006, **Vietnam's** National Assembly approved the Law on Prevention and Control of HIV/AIDS. This was followed by the issuance of Executive Order # 05/2007/L-CTN by Vietnam's President, to promulgate the HIV/AIDS law, becoming effective on January 1, 2007. This event marked the final phase of HPI's support in drafting the law, which began under the POLICY Project. However, the promulgation of the law was not sufficient, and mechanisms to guide implementation of the law were needed. Therefore, as a follow up to the Presidential Executive Order #05/2007 L-CTN, on August 9, the Minister of Health issued the Decision # 660/KH-BYT, which outlines a plan to implement the HIV/AIDS law. According to this decision, the MOH and other ministries will disseminate the law and develop a number of supporting policies, including finalization of the decree that provides administrative guidelines on implementation, policies relating to HIV/AIDS mobility and cross border issues, health insurance for PLHIV, regulation of HIV counseling standards, and strengthening of related laws on the importation of HIV drugs. HPI is providing assistance to the MOH and government team to draft the decree, which provides administrative guidelines on implementation, and is working with other national and international stakeholders to support awareness and implementation of the law.
- The success of health sector reform and decentralization in **Peru** depends largely on defining the roles and responsibilities of the MOH at the central, regional, and facility levels. HPI provided technical assistance to the MOH in strengthening the regulatory structure of the MOH and finalizing various norms for implementing the National Health Law. An HPI consultant developed a series of norms for ensuring the delivery of high-quality services provided by public and private health facilities. All of these norms were discussed and validated by different MOH departments, other ministries, organizations, and members of the National Health Council. As a result, on June 23, 2006, the MOH issued the National Norm for Health Service Facilities. The norm requires health facilities to develop or strengthen quality assurance mechanisms, including responding to patients' complaints, and mandates the evaluation of health services based on indicators and standards related to technical capacity of service providers, patient security, service continuity, client satisfaction, and appropriate use of resources.
- To implement the national VCT protocol and scale up access to VCT services, HPI provided technical assistance to the MOH working group to draft the order "On the introduction of the HIV VCT protocol in public institutions." The MOH approved Order No. 236 on April 19, 2006. It includes a plan of action for introducing the protocol in public institutions and describes operational steps for improving the quality and accessibility of VCT services. To help introduce Order No. 236 to TB, dermatology, and drug rehabilitation institutions, **HPI/Ukraine** supported the preparation of the MOH guide, "Introduction of the VCT Protocol in TB, dermatology, and drug rehabilitation public health institutions." The guide establishes procedures for VCT service provision by specialized public health institutions that register and monitor most vulnerable populations. MOH approved the guide on July 6, 2006 (via Order No. 446), and close to 20,000 copies of the guide were disseminated in all regions of the country. The dissemination was accompanied by training conducted by the MOH, HPI, PATH, and the International AIDS Alliance in Ukraine. Twenty-seven heads and deputy heads of the oblast health departments received trained on the provision of VCT services in oblasts according to standards in the national VCT protocol. The acquired knowledge will help participants effectively scale up VCT services in oblasts.

- VCT services in **Ukraine** are still not widely accessible to the most at-risk groups because of the lack of offices that provide VCT services. To increase access to VCT services, the November 30, 2005, Decree from the President of Ukraine (No. 1674/2005), “On the improvement of the state management in the field of TB and HIV/AIDS Prevention in Ukraine,” envisaged establishing “Trust” offices in all cities and towns of Ukraine. To implement this decree, HPI helped the MOH to draft the order, “On approval of the Model TOR of the ‘Trust’ Office,” approved by the MOH on June 29, 2006. The TOR provides standards for the establishment and functioning of the “Trust” Offices, which include scope of work, rights, management, and recommended staff for the “Trust” office. The “Trust” office is a specialized HIV/AIDS prevention unit whose mandate includes not only HIV counseling and testing, but also referring patients and providing them with care and treatment information and raising public awareness on HIV/AIDS prevention and stigma and discrimination. Establishment of these “Trust” offices means that VCT services will be more accessible, especially for vulnerable groups at the rayon level and in small cities.

***Indicator 1.5 Number of instances in which steps are taken to address or remove identified barriers to equitable and affordable HIV/AIDS services and information***

- In **China**, the obligation for PLHIV to write their names and status on community bulletin boards constitutes a critical barrier to accessing financial assistance from the government. Normally, the government provides a “basic living allowance” to the poorest people, whose average family income is below a certain level, for basic living subsistence. In Nanning, Guangxi, families must have an income below RMB 190 (approximately US\$30/family/month). The majority of PLHIV in Wuzhou prefecture of Guangxi Autonomous Region are drug users and do not have a regular income. Through interviews with PLHIV, HPI found out that few of them apply for this allowance, as the application process requires those who apply for these funds to put their names and status on a community bulletin board for public monitoring. Out of fear of HIV-related stigma and discrimination, PLHIV do not want to put their names on this board. Also, many PLHIV do not access the basic living allowance as they would not be eligible based on their family income. However, many PLHIV who use drugs are driven out of the family and have little income. HPI supported the creation of the Wuzhou PLHIV Network Steering Committee (a multisectoral group including Guangxi and Wuzhou government officials and PLHIV) and provided advocacy training to several members. PLHIV members then started to advocate for their rights to health services. In addition, committee members have engaged in dialogue with the Wuzhou Civil Affairs Bureau to address the issue of confidentiality. As a result, the bureau agreed to process applications for and to grant the basic living allowance to PLHIV in Wuzhou without publicizing their status on the community bulletin board. Since May 2006, 23 poor PLHIV have successfully applied for and received a basic living allowance in the amount of RMB 175/person/month (approximately US\$22/person/month) from the bureau. The network facilitates PLHIV applications for the basic living allowance, as many PLHIV are not familiar with the application process and require assistance. As agreed on with the bureau, the network provides it with the names and applications of the poor PLHIV for the basic living allowance. By applying through the network, the bureau knows that these applicants are PLHIV and therefore assesses their eligibility for the allowance according to individual income rather than family income. Names must still be displayed on the bulletin board, but HIV status is omitted. Currently, 22 additional poor PLHIV are applying for a basic living allowance and feel comfortable doing so without the fear of being stigmatized and discriminated against. In the next few months, more PLHIV will be able to apply for an allowance through the Wuzhou PLHIV Network.
- The MOH in **Ukraine** clings to outmoded medical practices in some aspects of its TB program, wasting precious resources and preventing a more cost-effective use of resources to fight the disease. According to international experience, there are no added benefits in vaccinating children more than once with BCG; one vaccination has proven to be effective in preventing TB meningitis. Ukraine,

however, continues to vaccinate its children more than once—a strategy not deemed as being cost-effective. Marshalling international research on the subject, HPI/Ukraine recommended—in agreement with WHO, PATH, and USAID—that revaccination is a barrier and the MOH should remove this line item from the National TB Control Program. In August 2006, the MOH removed the clause on BCG re-vaccinations/tuberculin diagnostics from Ukraine’s draft National TB Control Program 2007–2011 workplan and budget before submission to the Cabinet of Ministers in September 2006.

**IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process**

***Indicator 2.1 Number of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy***

- To cut down on drug costs, many countries are encouraging the use of generics over the relatively more expensive patented products. In 2001, the **Kenya** Parliament passed the *Industrial Property (IP) Act* to overcome patent-related practices that restricted access to affordable generic medicines, including ARVs. This notwithstanding, a few multinational companies have been pushing for amendments to IP Act Sections 58(2) and 80 (1A) (1B) (1C), which prohibit the companies’ exclusive rights in the procurement and importation of ARVs. The amendments have the potential to negate gains being made by the government in expanding access to the 273,000 people who require ARV treatment. Only 25 percent of this number has been reached so far. One HPI-supported network partner, KETAM, as a champion for treatment access issues, was quick to point out the proposed moves through the *Kenya Gazette Supplement No. 24 (Bill No. 133) of 2006* and alerted HPI staff, who moved swiftly to mobilize various interest groups against the proposed amendments. With HPI assistance and support, KETAM and the United Civil Society Coalition against HIV/AIDS, TB, and Malaria organized and facilitated several conferences and prepared materials for presentations in the electronic and print media from July 20–25, 2006, to lobby against the proposed amendments; and co-held briefing sessions with over 30 members of Parliament as part of the advocacy effort. On July 24, 2006, KETAM organized a demonstration in Nairobi by civil society, PLHIV, and interested international organizations, calling on the parliamentarians to reject the proposed amendments that have the potential to negate the gains already made in enhancing access to ARVs by PLHIV. On August 3, 2006, the Minister of Constitutional Affairs, Hon. Martha Karua, bowed to the demands of the lobby groups and announced the cancellation of the proposed amendments in Parliament—a move that was also supported by the Vice President and the Minister of Trade, among other key dignitaries. With this cancellation, the PLHIV are guaranteed continuous access to affordable generic medicines, including ARVs.
- HPI has been working with the Coalition of HIV-Service Organizations to build its capacity to serve as policy champion for other NGOs trying to expand services for TB patients. People who are at risk for TB or are infected with the disease currently receive few if any support services from the government of **Ukraine**. To address this issue, the Coalition of HIV-Service Organizations organized a meeting, with support from HPI, to collect comments from 30 NGOs on the draft National Program for TB Control, 2007–2011 and their recommendations on how to expand social services to TB patients. Participants prepared and then submitted to the MOH a joint resolution based on the international guidelines developed by WHO and others. In August 2006, the Coalition’s Board sent the recommendations that emerged from the meeting to the MOH’s Department of Socially Dangerous Diseases. The department subsequently included almost all the NGOs’ recommendations in the draft National TB Program, which is currently being reviewed by the Cabinet of Ministers. The following four recommendations of the Coalition of HIV Service NGOs were incorporated into the draft Social Services component of the National TB Control Program 2007–2011: (1) train social

service providers; (2) provide social support to TB patients during out-patient treatment; (3) disseminate TB IEC materials; and (4) monitor TB program implementation. Furthermore, the social services component for the first time identifies NGOs as implementers, in addition to the government. This a major policy change and testament to the success of the NGO Coalition’s engagement in policy dialogue and advocacy.

- CHAMP is the Cross-border HIV/AIDS Multisectoral Policy Group, which was created by POLICY in the State of Tamaulipas in 2004–2005. CHAMP members are representatives of public and NGO sector organizations involved in the response to HIV/AIDS along the U.S.-Mexican border in the states of Tamaulipas (Mexico) and Texas (USA). Members of the CHAMP are all policy champions. POLICY/HPI’s role was to bring these individuals together over a period of 2–3 years; provide technical assistance in strategic planning, research, and policy/advocacy approaches; and facilitate the binational aspects of their work, in particular by coordinating with the Texas Department of Health to fully engage them in the CHAMP’s work. In September 2006, CHAMP members organized media training with support from municipal authorities and insist on accurate and non-discriminatory coverage of HIV and of people living with HIV. The training was held in Ciudad Victoria, **Mexico**, September 9 and 10. The president of the Union of Democratic Journalists in Tamaulipas, who is a member of the CHAMP, organized the meeting in collaboration with Letra S, HPI, and people living with HIV who are members of the CHAMP. The training included both stigma reduction exercises and concrete information on HIV to ensure accurate reporting. Participants included communications personnel from the government sector and 26 journalists, who requested training for their editors-in-chief to ensure non-discrimination in reporting on HIV. The fact that CHAMP members organized an event on their own—and sought multiple sources of funding for it—is an indication that they have evolved into a sustainable network of policy champions actively engaged in promoting a better environment for HIV/AIDS policy and programs.
- Religious leaders play a prominent role in Muslim societies and their support for HIV/AIDS prevention, care, and support is critical for making any inroads into the HIV epidemic. Building the capacity of imams in becoming advocates and policy champions for HIV is therefore an important objective of HPI. In **Mali**, HPI conducted a training workshop for preachers on advocating for family planning. One of the workshop participants, the imam of Sikoroni in Bamako, openly and for the first time, spoke to 200 followers about the importance of family planning in his mosque on June 23, 2006. Until then, Imam Soulemane Keita of Sikoroni, like other Islamic religious leaders, believed that Islam was opposed to the use of family planning. During his sermon, the imam used information and data from the RAPID Model, titled “Islam and Family Planning,” which was presented and discussed at the aforementioned training workshop. He also convinced other imams to openly discuss family planning by presenting the PowerPoint presentation created with support from HPI. Souleymane Keita has since conducted further sermons in favor of family planning at mosques in and outside his commune. From August–September 2006, he gave 12 sermons in various mosques, reaching at least 540 people. Imam Keita has become a policy champion for family planning, who demonstrated in his June 23, 2006, and subsequent sermons that Islam does not oppose family planning.

***Indicator 2.2 Number of instances where targeted public and private sector officials, FBOs, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS***

- With ever changing political currents, support for politically sensitive issues such as reproductive health, can wax and wane depending on who is in power. On March 2005, the POLICY Project in **Peru**—in collaboration with a group of contracting agencies including CARE, NDI, and PRAES (USAID project)—initiated an awareness-raising campaign with political parties in contention in the April 2006 elections. After monthly policy dialogue meetings and workshops with 21 political

parties, the group reached consensus in November 2006 on priorities around maternal health, HIV, malaria and tuberculosis, citizen participation, decentralization, financing, and health services. In March 2006, 16 political parties signed this consensus as a sign of political commitment to these issues before the elections. On July 28, one of the 16 parties that signed this commitment assumed leadership of the national government for the next five years. On September 29, 2006, the new President and the MOH announced the development of a five-year National Health Plan, which would adhere to the political commitments signed in March 2005.

- The HPI/**Ukraine** AI Deputy Director held three meetings with the key relevant ministries of Ukraine to present the project, obtain support from high-level officials, and discuss the best strategies for improving AI prevention and pandemic preparedness. From September 5–11, 2006, HPI met with representatives of the Ministry of Emergencies, the State Department of Veterinary Medicine, and the State Department of Sanitary Epidemiological Surveillance of the MOH to discuss AI prevention and preparedness issues. As a result of these meetings, in September, the MOH and the State Department of Veterinary Medicine (the key ministries responsible for the AI response strategy in Ukraine) signed a letter of support to HPI to conduct and participate in the best practices conference in AR Crimea. The letter was subsequently sent to the six targeted oblasts and agreement on further collaboration was reached.

***Indicator 2.3 Number of instances in which networks or coalitions are formed, expanded (to include new types of groups), or strengthened to engage in policy dialogue, advocacy, or planning***

- In **China**, there are only a few PLHIV groups, with, until recently, only between 10 and 40 members. These groups are supported by international donors, and once funding ends, the groups quickly disassemble due to a lack of local government support. In the Guangxi Zhuang Autonomous Region, the voices and needs of PLHIV are hardly heard or met by the government, as there is no meaningful mechanism in place for their voices to be heard. Following two training workshops in late 2005 and early 2006 to build the capacity of a core group of PLHIV around the importance of networking, HPI supported the formation of a PLHIV network of about 30 members in Wuzhou City of Guangxi in March 2006. HPI also supported the establishment of a Wuzhou PLHIV Network Steering Committee. On August 5, the Guangxi AIDS Office issued an official document to announce the network's establishment. The steering committee supports the capacity building and coordination of the Wuzhou PLHIV Network and includes representatives from the Guangxi AIDS Office, Guangxi CDC, Wuzhou Government, Wuzhou Health Bureau, Wuzhou CDC, Wuzhou Public Security Bureau, Wuzhou Civil Affairs Bureau, Wuzhou PLHIV Network, and HPI.

With advocacy support from HPI to the network's steering committee, the network's capacity to advocate and manage itself improved. HPI provided a small grant to the network to hold meetings and conduct day-to-day operational activities. As a result, more PLHIV became aware of the network and started attending meetings. The network has since expanded from 30 members to 263 members (between March and August 2006). The expanded membership of the network has made the local government pay more attention to PLHIV in Wuzhou, especially with the presence of a PLHIV on the steering committee. These changes show that the network has gained institutional and management strength, which is an integral part of its sustainability in Guangxi. HPI continued to build the capacity of the network through the provision of additional training on basic knowledge of HIV (for 187 members) and organizational and financial management (for a core group of 18 members). The Wuzhou PLHIV Network now works closely with the steering committee to advocate for issues that are relevant to the network's members. HPI also supported the network in providing a 30-day skills-building workshop in August for 20 PLHIV from the network who gained printing skills under an activity funded by GFATM. The skilled printing technicians who trained the group of PLHIV have made verbal commitments to use the PLHIV in their factory as the need arises. As part of its

activities, the network supported a session on China's *Four Free and One Care* policy and the newly issued AIDS Statute for its members. This has helped the members to understand the HIV policies and their rights under these policies. In the past few months, the network members have gained respect from the community through their courageous actions, such as extinguishing a fire of one of their members and by stopping a suicide attempt by a woman who had recently tested positive for HIV.

- The HIV epidemic in **Jamaica** is having its greatest impact on Jamaicans 15–49 years of age—the peak employment years in most societies. Workplace interventions are especially important since it is estimated that one in four workplaces in Jamaica has an HIV-positive employee. A survey conducted in February 2006 of 23 companies (totaling a workforce of 23,000 employees) revealed that 62 percent of the companies did not have HIV-specific workplace policies, and 13 percent would not hire applicants who disclosed an HIV-positive status. Managers reported having few if any opportunities to share information, business-to-business, on HIV/AIDS in the workplace, and asked for help in establishing guidelines and creating an environment that encouraged employees to seek prevention information, including their status, and treatment where necessary. In collaboration with Jamaica's Employers' Federation (JEF), 21 leading businesses in Jamaica came together on September 20, 2006, to launch a Jamaica Business Council on HIV/AIDS (JaBCHA). Within this forum, the business community has begun to develop a plan of action for employers to combat workplace discrimination. In this way, corporate Jamaica—in partnership with the Ministry of Health and the NGO community—will bolster prevention and treatment efforts underway. The council's mission will be to help eradicate HIV-related discrimination in the workplaces of its member companies and to set workplace policy goals and systems of measuring and evaluating progress toward stated objectives. It will also be the central forum for Jamaican businesses to gain and share information on HIV/AIDS in the workplace and to take concerted private sector actions.
- Gender inequalities and discrimination are major barriers for women accessing reproductive health and HIV/AIDS services in **Nepal**. In particular, female sex workers, one of the most marginalized populations in the country, face the double stigma of being women and sex workers, which makes them more vulnerable to STI and HIV infection. With technical support in advocacy and capacity building from the POLICY Project between 2003 and 2005, nine support groups for sex workers were formed; they now have approximately 270 members nationally. These groups meet monthly to discuss issues, share experiences, and document the cases of violation against them. The support group in Kathmandu serves as a coordination committee to mobilize and monitor the activities of other support groups. To continue organizational strengthening of these groups, HPI provided technical assistance to the Kathmandu group to become a legally recognized NGO. Nari Chetana Samaj (SWAN) was officially registered as an NGO with the District Administration Office, Kathmandu, on April 30, 2006, under the Organization Act, 2034 and, on June 2, was affiliated with the Social Welfare Council under the Social Welfare Act, 2041. The NGO's mission is to support the prevention of HIV and/or STIs among female sex workers. This is the first organization in Nepal that is promoted, organized, and represented by female sex workers themselves. There are now 10 sex worker support groups throughout the country that are affiliated members of SWAN.

***Indicator 2.4 Number of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide technical assistance to others to undertake advocacy***

- Members of the University of **Botswana's** Students Against HIV/AIDS (SAHA), trained previously under the POLICY Project, facilitated a two-day capacity-building workshop on September 23–24, 2006, to orientate 24 new students on SAHA's program and the effects of HIV on youth in Botswana. The students will join SAHA and contribute to its program over the course of next year, which will

significantly expand SAHA membership. Through this increase in student involvement, the organization has gained more recognition on campus and is better able to expand its advocacy role.

**IR3: Health sector resources (public, private, NGOs, and community-based organizations) increased and allocated more effectively and equitably**

*Indicator 3.1 Number of instances in which new and/ or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity*

- Equipped with new skills in advocacy, social mobilization, and resource mobilization from a White Ribbon Alliance (WRA) National Alliance Capacity-Building Workshop facilitated by HPI in December 2005, WRA/Tanzania began an extensive advocacy campaign to increase the number of qualified health workers as a strategy to reduce maternal mortality and morbidity. With TA from the WRA Global Secretariat, WRA/Tanzania developed an advocacy package that called for action at all levels. Nineteen member organizations endorsed the package, including the Ministry of Justice, Ministry of Health and Social Welfare, WHO, UNICEF, USAID, and international and local NGOs. Included in the package are key solutions to alleviate the critical shortage of health workers, including continuous on-the-job training, supportive supervision, incentives for rural postings, better pay, an improved working environment, and adequate supplies and equipment.

WRA/Tanzania raised over \$100,000 locally (including \$80,000 in non-USAID funding) from donors and local NGOs to launch the package at White Ribbon Day in March 2006, a national event led by Former President Mwingi and his First Lady. The funds were used to support White Ribbon Day activities, develop and print IEC and advocacy materials, and pay for media spots. An extensive media campaign using radio, TV, and numerous print media sources reinforced the key messages around encouraging women to deliver with a skilled attendant and on the need for more qualified healthcare providers. As a result, the MOH committed to acquiring new staff, including hiring all graduates of the nursing and medical schools, and the Aga Khan University School of Nursing pledged to revise its curriculum to include life-saving skills. The global WRA secretariat also helped WRA/Tanzania to submit a proposal to the USAID Mission to gain support for WRA advocacy and alliance-building efforts. The alliance received \$163,000 in field support through the ACCESS Project to expand its advocacy campaign on the use of skilled birth attendants to the district level and to support its efforts to strengthen the alliance in Tanzania.

- **Vietnam** has seen a rapid expansion in the number of PLHIV self-help and support groups over the last two years. To build capacity and serve the needs of the members these groups, financial assistance is needed. While HPI has provided some funding to these groups, the demand for support exceeds our funding capacity to meet it, and, thus, there is a need for additional funding. HPI has supported resource mobilization efforts for several PLHIV groups throughout Vietnam by facilitating contact and dialogue with representatives of donor agencies and helping the groups to draft and present proposals for funding, many of which were funded. Between June and September 2006, HPI helped local PLHIV groups raise US\$15,000 from various agencies. This amount includes \$2,000 to the Van Don Bright Futures group and US\$5,000 to the Hai Phong Bright Futures group—from the International Women’s Club in Hanoi. A further US\$8,000 was provided from the American Jewish World Service to the PLHIV network in Ho Chi Min City. The funds were disbursed to the groups and are being used to build human rights awareness; strengthen management and organizational capacity; and support ongoing education, care, and counseling outreach. The groups’ ability to attract independent funding from an increasingly diverse range of donors is a measure of increased organizational capacity and strength and recognition by the donor groups that the PLHIV sector is a viable and important actor in the response to HIV. This result also indicates

that the PLHIV self-help sector is developing capacity that will help support sustainability of the groups and their activities through a diversified funding base.

- Between 2001 and 2004, most Higher Population Council (HPC) funding was provided through an endowment fund by USAID/Jordan to the HPC's predecessor, the National Population Council. However, in recognizing the HPC's increased capacity to monitor and coordinate the nation's FP program, the government established, in 2004, a reproductive health line item in its national budget and, in 2004/2005, provided a total of 288,000 Jordanian Dinar (approximately US\$406,500) in support of the HPC's Reproductive Health Action Plan (RHAP). Subsequently, building on the strong technical relationship with the HPC, the POLICY Project and later HPI worked with the HPC in early 2006 to review and modify the activities completed under the RHAP for 2005–2006. HPI helped the HPC to estimate the savings in government spending on development (education, water, health, energy, infrastructure, and other services and needs) that would result from the successful implementation and coordination of the National Population Strategy (NPS) and achievement of lower fertility in the future—the task entrusted with the HPC. The review served to provide documentation of the HPC's progress in promoting Jordan's FP program and, as such, also provided the Ministry of Planning with increased justification for continued financial support of HPC activities. As a result, in July 2006, the Ministry of Planning informed the HPC that its budget had increased to 300,000 Jordanian Dinar (approximately US\$426,500), an increase of \$20,000 over the previous budget, for activities in the RHAP from 2006–2007. The government's commitment to the HPC's activities represents the second consecutive year in which funding to the HPC increased. In addition, while in previous years, activities in the RHAP had received substantial funding support from USAID/Jordan, this current increase in funding marks the first year in which funding by USAID for HPC activities had been reduced to solely technical assistance. For the immediate future, government operational funding for HPC activities will allow USAID/Jordan's support of HPI to focus on technical support rather than on operational or administrative activities. In the longer term, the government's continued commitment to HPC funding will serve as an important indicator of the success of USAID/Jordan's investment in building the HPC's capacity to serve as the operational and technical catalyst for Jordan's FP program.
- China's** *Four Free and One Care* policy provides for (1) free ARVs for PLHIV who have no basic medical insurance to cover treatment; (2) free VCT for everyone through the CDC or health facility as referred to by the public bureau; (3) free prevention of mother-to-child transmission (PMTCT) services for pregnant women with HIV; (4) free compulsory education for orphans and vulnerable children (OVC); and (5) a basic living subsidy for poor PLHIV. In spite of this policy issued by the central government in 2004, the cost of treatment for opportunistic infections not fully covered in the policy and is not affordable for most PLHIV. Through advocacy and organizational capacity-building training provided by HPI to members and support from the network's steering committee, in May 2006, the Wuzhou Health Bureau committed to provide RMB 200,000 (approximately \$25,000) to the network for free OI treatment. These funds are sufficient to provide OI treatment for 8–10 PLHIV for one year. In addition, the network succeeded in obtaining funding from GFATM for vocational training in the amount of RMB 21,000 (approximately \$2,600). On August 20, using these funds, the network sponsored a 30-day training for 20 PLHIV members on printing skills at the Yuehai Printing Company. The company expressed high commendation on the training and mentioned the possibility of hiring some PLHIV as workers. Successful resource mobilization is critical to the network's sustainability and has strengthened the multisectoral cooperation of HIV efforts in Guangxi.
- The **Mexican** organizations and projects listed below received increased funding through the new prevention monies distributed by CENSIDA in 2006. HPI provided technical assistance to each of these organizations in the design or revision of the projects that are now funded by the government.

Colectivo Binni Laanu

- Prevention activities focused on gay men and other MSM in Oaxaca
- One project in Zipolite, Huatulco, and Tuxtepec (435,000 Pesos/US\$41,500), and another in Juchitan, a predominately indigenous community (223,000 Pesos/US\$21,000)

CECASH, A.C.

- Outreach strategies in meeting places for MSM in México State, primarily in the most impoverished neighborhoods of Ciudad Neza, Cuautitlán, and Ecatepec (140,000 Pesos/US\$13,000)
- Educational strategy with a workshop methodology directed at MSM in Leon, Guanajuato, and Ecatepec and Ciudad Neza in Mexico State (220,000 Pesos/US\$21,000)
- Educational strategies and training workshop methodology with sero-discordant MSM couples in Mexico City (200,000 Pesos/US\$19,000)

RED MEXICANA DE PVVS, A.C.

- Program to provide medical/prevention counseling on STI – “Sexual health free from STI” (195,000 Pesos/US\$18,500)

AVE de México

- NGO-based prevention and treatment services for STI – Farma-sex (300,000 Pesos/US\$28,500)
- Prevention strategies and peer counseling program – Among Us (401,500 Pesos/US\$38,000)
- Hotline program that includes HIV/AIDS prevention information and crisis counseling – Diversitel (500,000 Pesos/US\$47,500)

**IR5: Timely and accurate data used for evidence-based decisionmaking**

***Indicator 5.1 Number of new tools created or adapted and used in country to address FP/RH, MH, or HIV/AIDS***

- The MOH of **Peru** receives, on average, annually US\$51 million donor and loan funds from myriad development partners, including USAID. Activities supported by these funds include, among others, RH/SM, HIV/AIDS, TB, health reform, and infectious diseases. At the request of the MOH’s International Health Cooperation Office (OGCI), HPI designed a system for monitoring the external cooperation projects. The system, which collects data on project implementation and collates the information at the central level, was pilot-tested in seven regions and focused on five external cooperation projects—two of which are funded by USAID. Upon completion of the pilot test in July, 2006, the system was expanded to 25 additional regions and 18 projects in August, 2006. As a result of this effort, the MOH will have timely and accurate data to reorient cooperation projects and more effectively use cooperation funds.
- Given the enormity of the HIV epidemic, healthcare workers in **Botswana** need help in understanding the psychology of loss and emotional pain and grief. However, few materials exist that can provide this perspective. In July 2001, the U.S. Embassy in Botswana, through its Public Affairs Section, organized two half-day workshops on “Understanding Grief and Loss: Caring for the Caregivers” for the Nursing Association of Botswana (NAB) members. Workshop participants highlighted a need to create an in-service education manual on grief and loss counseling in the context of AIDS. The manual could be used to help nurses using materials and images specific to Botswana. The NAB also highlighted a need to address the change in the focus of nursing, as fewer people are discharged in a well state and more pass away or are sent home, terminally ill. With assistance from the POLICY Project, the NAB created a manual on “caring for the caregivers,” focusing on grief and loss.

NAB launched the manual in 2004 and organized two more workshops (October 26–28, 2005, and May 22–24, 2006) to train nurses and midwives in its application and to enhance its use by the health professionals. Because the manual received widespread interest not only from workshop participants but from the whole nursing fraternity, the POLICY Project/RHAP, in partnership with NAB, printed 6,000 copies of the manual. Every NAB member now possesses a copy, which helps ensure that its principles and guidelines are incorporated into the counseling process. These efforts represent an extensive investment in the training of Botswana healthcare professionals.

- Strategic planning in Yunnan and Guangxi, **China**, in the past has involved little analysis of funding and program goals; seldom any exploration of the effects of alternative patterns of resource allocation; little understanding of the cost of achieving specific levels of prevention coverage; and no clear links among epidemiology, program impact evidence, and finance. In 2004, under the POLICY Project, preliminary work began to apply the Goals Model analysis tool—designed to link HIV prevention targets with resource requirements and resource allocation—in Yunnan and Guangxi. This work was continued under HPI and the A<sup>2</sup> Project, together with the East-West Center (EWC) and FHI, and through partnership with the Yunnan and Guangxi Provincial Working Committee for HIV/AIDS Prevention and Control and the Yunnan and Guangxi CDCs. Through this project, the Asia Epidemic Model (AEM) was developed to calculate the changes in behavior and was linked to the Goals Model to produce a single tool that can generate high-quality data about the current state of the epidemic and response in Yunnan and Guangxi, as well as produce alternative scenarios of the possible course of the epidemic based on changes in risk behavior and resource allocation. Policymakers in China were able to explore infections averted and costs for different combinations of interventions. The Yunnan and Guangxi CDC partners used the model to analyze HIV data to develop a clear and complete epidemiological picture from financing to key service coverage to behavior change. In two Senior Policy Symposia in September 2006 in Yunnan and Guangxi, CDC partners presented projection results on resource requirements, gaps, and corresponding key service coverage and epidemiological trends, along with baseline data and various scenarios to achieve targets in the newly issued national action plan. The Yunnan CDC led a panel discussion on identified issues (e.g., men who have sex with men (MSM), increased coverage of other key intervention services, etc.). They also prepared policy briefs based on the modeling results. The symposia were the first ever in Yunnan and Guangxi to formally inform policymakers of data analysis results, and they represent remarkable progress toward using data to inform evidence-based policymaking for more effective HIV responses. The multisectoral groups promoted dialogue at the provincial level on the need for MSM interventions—an important at-risk population that has been excluded from the country’s national HIV strategy.

***Indicator 5.2 Number of instances that data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans***

- The A<sup>2</sup> Project, as part of the **Mekong Regional Program**, encourages the use of data and models as essential elements of integrated advocacy strategies. The Asian Epidemic Model (AEM) developed by the East-West Center, is used to calculate the necessary change in risk behavior; while the Goals Model, developed under the POLICY Project, is used to estimate the required resources for HIV interventions. In January 2006, **Thailand**’s National AIDS Committee and Minister of Public Health announced the goal of reducing new HIV infections by half during 2006–2008. This goal is consistent with the framework for universal access to HIV prevention, treatment, and care by 2010, which follows the commitment by G8 members at Gleneagles in July 2005 and subsequently by heads of states and governments at the 2005 UN World Summit. Following the announcement, the Ministry of Public Health initiated a strategic collaboration among various implementing partners to inform and facilitate the planning required to achieve this goal. Using both the AEM and the Goals Model, the

analysis determined that the cost of achieving the coverage to bring about behavior change is estimated at 5,530 million Baht (approximately US\$138.3 million) cumulatively over the three-year period (2006–2008). The requirement in 2006 is 1,414 million Baht (approximately US\$35.3 million), which increases to 2,282 million Baht (approximately US\$57.1 million) in 2008. The cost information was particularly useful in policy dialogue with the planning authorities (such as the National Economic and Social Development Board). The cost-effectiveness argument that resonated was the estimation of the future treatment costs they would avoid if the estimated investment in prevention was made. The impact on actual policy reform has been delayed by the political difficulties and the recent coup in Thailand.

### III. FP/RH CORE-FUNDED ACTIVITIES

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#### A. Innovative Approaches

##### **IA1: Assessment and Removal of Operational Barriers to Expanding Contraceptive Choices for HIV-positive Women in HIV/AIDS Service Delivery Sites**

Activity Manager: Rachel Sanders

*Objective:* The goal of this innovative approach (IA) is to identify and eliminate policy barriers to the integration of FP/RH and HIV/AIDS services in Kenya through a participatory process involving the existing in-country integration working group and other key stakeholders.

*Summary of Major Activities:* Due to delays in country selection and approval, this activity has just begun. HPI has identified key partners, a consultant to be hired by the end of October, and tools for various portions of the work.

##### **IA2: Repositioning Family Planning by Expanding Contraceptive Methods Available through Community-Based Distributors (CBDs) and Nurse Auxiliaries: Using Policy Dialogue and Advocacy to Eliminate Operational Barriers to Family Planning in Sub-Saharan Africa**

Activity Manager: Margaret Hamilton

*Objective:* The objective of this activity is to increase access for poor, rural women in Eastern and Southern Africa through community-based distribution (CBD) of injectable contraceptives. The project will work with stakeholders at the country level to draft CBD guidelines and advocate for policies that support the community-based distribution of this popular contraceptive method. Guidelines will be developed for Malawi, with the intention of subsequently influencing policy change throughout sub-Saharan Africa.

*Summary of Major Activities:* HPI completed a literature review on the issues and lessons learned associated with CBD of injectables. Country-level information has been collected in Ethiopia, Malawi, and Zanzibar to help inform the preparation of CBD guidelines for Malawi. Advocacy for the project and the CBD of injectables has involved high-level meetings organized by project partners, the Eastern Southern and Central African Health Community (ECSA HC), and ECSA College of Nursing (ECSACON). Stakeholders in Malawi are being identified and a country meeting will be held to draft the guidelines in a participatory manner. The White Ribbon Alliance in Malawi will support advocacy for policy change.

In addition, ECSA HC has included guideline development in its annual workplan, which was approved by the ministers of health from member countries. Advocacy efforts through ECSA and ECSACON meetings have resulted in raised awareness of the feasibility of CBD of injectables and the contribution such a system can make to increasing access to FP for rural, poor women.

##### **IA3: Improving Access to FP/RH/MH for the Indigenous Population in Guatemala**

Activity Manager: Varuni Dayaratna

*Objective:* The goal of the IA in Guatemala is to improve access to FP services among Mayan populations. To achieve this goal, HPI staff will identify barriers to access among Mayan groups and work with Guatemala's major health service providers to design and implement effective policies and interventions that address these barriers, thereby ensuring that policies and programs respond to the FP needs of these groups.

*Summary of Major Activities:* The IA3 team designed data collection instruments for group interviews with Mayan women—users of FP services, nonusers of FP services, and FP users/nonusers who do not use health services. The team also designed in-depth interview instruments for health providers. The instruments help to collect information on access barriers (financial, geographical, and cultural) related to family planning, as well as positive and negative aspects of health services in general and FP services in particular. Local consultants conducted group and individual interviews in three departments (Solola, Totonicapan, and Quiche) in June and July.

Transcription, translation (from various Mayan languages to Spanish), organization, and analysis of collected data occurred in August and September. In September, the IA3 team met in Guatemala City to review and interpret findings on the barriers to FP access among poor Mayan women. Key barriers and issues identified included: provider perceptions; Mayan women’s decisionmaking processes; language and information, education, and communication (IEC) activities; quality of care; and the roles of traditional birth attendants and health promoters, religion, cultural practices, and local myths and beliefs about family planning. HPI will present the findings to local authorities and service providers in the three departments during the next period. The meetings with local stakeholders will serve to identify priority key barriers and formulate response strategies to reduce those barriers.

#### **IA4: Implementing a Comprehensive Strategy to Reach the Poor and Achieve Contraceptive Security in Peru**

Activity Manager: Varuni Dayaratna

*Objective:* The goal of the IA in Peru is to improve access to FP services among the poor. To achieve this goal, the IA4 team will identify and remove selected financial, cultural, and operational barriers to access among the poor and ensure that public sector resources are used primarily to reach the poor.

*Summary of Major Activities:* The IA4 team designed three types of data collection instruments: focus group discussion guides for poor women who stopped using contraceptives, poor women using FP, and poor men; unstructured interview questions for local health authorities, health professionals, and facility administrators; and exit surveys for non-poor women visiting FP facilities. These instruments served to gather information on existing financing mechanisms for health and FP services, feasible and appropriate alternative financing mechanisms for FP services, and perspectives on barriers to access among the poor.

Local consultants applied these instruments in two districts of the Junin region and analyzed the information, identifying key barriers to access to FP services among low-income women. The primary data collection supplemented the following secondary analyses conducted by HPI staff:

- Analysis of DHS 2004/2005 data for Junin, including market segmentation, unmet need, and trend analysis at the regional level to understand the profile of poor, rural women who use/do not use contraceptives.
- Situation analysis for Junin, which included a mapping of regional stakeholders, identification of other social programs and efforts to reach the poor, and documentation of planning/resources allocation processes at the decentralized level.
- Literature review to provide evidence on the successes and challenges of alternative financing interventions (client donations, user fee, and voucher schemes) worldwide and to identify challenges to scale-up and factors leading to success or failure of those interventions.

In August, the IA4 team convened in Washington, D.C., to collectively analyze findings from the market segmentation analysis, regional diagnosis, and primary data collection. The analysis revealed numerous issues that impede access to FP services among the poor. They include (1) a lack of accurate, culturally appropriate information about modern methods used among women; (2) limited financing for training,

supervision, monitoring, and IEC; and (3) operational barriers resulting from the integrated health model and its effects on service provision.

Based on the findings of the recent market segmentation, regional diagnosis, and operational barrier analyses, the IA4 team proposed and Peru selected the following mechanisms: (1) strengthening the FP/RH educational component of the JUNTOS program; (2) mobilizing regional resources for IEC and quality improvement strategies; and (3) including family planning in the package of services offered to poor women through Peru's Integrated Health Insurance (SIS) to improve access to FP/RH services among the poor at different levels of government. In September 2006, regional authorities approved the proposed strategies that build on existing mechanisms to ensure access among the poor. The approved strategies are being pilot-tested in Satipo and Hauncayo districts of the Junin region in collaboration with the regional authorities.

**IA5: Using Repositioning Family Planning (RFP) and Contraceptive Security (CS) Strategies to Improve Access to Family Planning in ANE and E&E**

Activity Manager: Imelda Feranil

*Objective:* The overall objective of this activity is to mobilize a cadre of champions to reposition family planning and improve contraceptive security (RFP/CS) as important strategies to help ANE and E&E countries attain the Millennium Development Goals (MDGs). The activity proposes a three-pronged approach that involves (a) policy analysis using SPECTRUM models to illustrate how fulfilling unmet need for family planning helps achieve the MDGs; (b) capacity building of country-level policy champions; and (c) supporting champions in implementing action plans to initiate awareness raising and policy dialogue for RFP/CS in their respective countries.

*Summary of Major Activities:* HPI identified five countries to participate in this activity: Afghanistan, Lao PDR, Nepal, Pakistan, and Yemen. Project staff completed a preliminary analysis of FP-MDG data for the five countries, and drafted SPECTRUM model applications for Pakistan and Yemen. Three of the five Missions contacted declined participation because their country strategies have already been completed or were still awaiting USAID/W guidance on country programs. Hence, HPI proposed deferring the RFP/CS activity in ANE and incorporating the draft analyses into HPI's MDG analysis under IR4. HPI is using the remaining core funds for this activity to continue RFP work in a single African country and emphasizing poverty-population linkages in close collaboration with work already initiated by HPI's Poverty and Equity Working Group. CTOs approved the proposal for work in Malawi, which will include preparing a practical guide on how to engage the poor and other marginalized groups in policy dialogue and advocacy. The guide will be pilot-tested in Malawi, finalized, and then made available for other country applications.

**IA6: Building Capacity to Reposition and Improve Access to Comprehensive FP/RH Services for Refugees and Internally Displaced Persons (IDPs)**

Activity Manager: Emily Sonneveldt

*Objective:* Building on the POLICY Project's work on operational policy barriers, the objective of this activity is to collaborate with an international NGO and a local NGO to identify and remove operational barriers in Sierra Leone that impede access to family planning. This activity complements the global leadership priority (GLP) activity on Reproductive Health for Refugees.

*Summary of Major Activities:* In collaboration with USAID/Washington and the Reproductive Health Response in Conflict (RHRC) Consortium, Sierra Leone was selected as the focus country for this activity. HPI is awaiting Mission approval for the concept paper.

Drawing on the work of organizations active in refugee health, HPI examined FP/RH planning needs of women refugees and IDPs, focusing on operational policy barriers that impede access to FP/RH services. The literature review will be supplemented with interviews of U.S.-based experts involved in refugee health. Results of the in-depth analysis will be disseminated to the RHRC Consortium and other partners. HPI will adapt tools for an in-country assessment based on previous work done under POLICY, and the revision will incorporate feedback from consortium members and in-country partners.

Once the Mission approves the concept paper, HPI will perform an in-country assessment to identify Sierra Leone's operational barriers to family planning, develop strategies to overcome the main policy barriers, and advocate for the implementation of the new or revised operational policies.

#### **IA7: GBV and the Demand for and Uptake of FP/RH and Related Health Services**

Activity Manager: Mary Kincaid

*Objective:* The activity is designed to formulate an innovative, multi-level model for supporting the implementation of policies and programs for addressing the barriers to demand and uptake of FP/RH and related health services for women affected by gender-based violence (GBV). The activity will be carried out through the preparation and piloting of this model and related interventions in Bolivia—a country with a high incidence of GBV and a well-developed policy and legal framework for responding to GBV, which, as in many countries, nevertheless faces barriers to effective implementation.

*Summary of Major Activities:* The IA7 team has completed a two-week assessment visit to Bolivia to identify key barriers related to the implementation of effective responses to GBV within the context of FP/RH services. The assessment considered the role of institutional norms and culture and the content of written laws and policies, and different policy and advocacy interventions to address the barriers. The team identified available country-level data (beyond the DHS modules) relevant to econometric modeling, solidified relationships with other USAID partners with whom the activity will be coordinated, and identified local consultants for carrying out the project's initial phase. In coordination with USAID/Bolivia and partners, the team drafted a timetable for implementing the activity.

#### **IA8: Scaling Up Approaches to Constructive Men's Engagement in FP/RH Programs**

Activity Manager: Mary Kincaid

*Objective:* Globally, much attention has focused on program initiatives to constructively engage men in reproductive health; however, few interventions have targeted improving the policy environment for men's engagement. HPI designed this activity to support USAID's efforts to integrate gender into F/RH programs by facilitating the creation of a strategic process for integrating constructive men's engagement (CME) and designing and piloting key innovative approaches/activities for integrating CME in existing USAID programs. It includes tailoring national CME guidelines for the Malian context in support of the national Reproductive Health Strategic Plan.

*Summary of Major Activities:* This activity was initially proposed for Cambodia; however, staff changes at that Mission delayed a response to the proposal. In September, USAID/Mali enthusiastically agreed to host the activity. The IA8 team is currently conducting the first assessment in Mali to identify synergies and FP/RH health programs. The team will meet with (a) Mission staff to identify CAs/projects that have a CME component, (b) identify staff of cooperating agencies (CAs) assigned to CME activities, project managers, and other implementing partners to identify gaps and opportunities for collaboration, (c) key NGOs, community-based organizations (CBOs), men's organizations, women's organizations, and youth organizations to discuss existing activities and identify gaps, and (d) key Ministry of Health (MOH) staff to discuss CME in reproductive health and identify whether guidelines for CME exist in the FP/RH strategy/activities for Mali. The team will draft an assessment report, outlining current CME activities,

gaps, and suggestions for developing a cohesive strategy and program to address CME in Mali. The team will also begin interviewing consultants to provide technical assistance (TA) to the proposed CME activities in country. The assessment will then inform the design of a demonstration project in Mali to promote a strategic approach to CME and strengthen the implementation of CME-related policies and programs.

## **B. IR Activities**

### **IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice**

The adoption of policies and their successful implementation will have a substantial impact on achieving the HPI activity objective. By collaborating with both the private and public sectors, HPI helps countries formulate and adopt policies that improve access to high-quality services and information. HPI also works with government partners and other organizations to implement those policies. IR1 core funds are being used to design tools to measure the status of policy implementation and to help ensure that countries have tools available to help them initiate policy dialogue around critical issues that can be addressed through policy change.

#### ***1.1 Policy Implementation Tool***

Activity Manager: Anne Jorgensen

*Objective:* HPI emphasizes the implementation of policies; thus, the purpose of this activity is to design and pilot test a tool and methodology to help monitor and assess the process of policy implementation. The pilot test will take place in Guatemala to assess the implementation of the RH component of the Guatemalan Policy on Social Development and to inform key stakeholders of issues surrounding its implementation. HPI will work with a “core team” of local stakeholders to tailor the tool to the Guatemalan context and social development policy; conduct 25–30 interviews; analyze and present the results at a policy dialogue forum; and update the tool and document lessons learned.

*Summary of Major Activities:* Policy implementation does not always proceed in a linear manner because forces such as leadership; stakeholder engagement; implementation planning; resource mobilization; institutional readiness; operational barriers; and the broader social, political, and economic context shape decisions and actions at various levels. Thus, team members reviewed the international literature to clarify these factors and drafted two questionnaires—one for policymakers and one for implementers and other stakeholders—that will capture how the factors affect policy implementation. After updating the questionnaires based on feedback from HPI colleagues, the questionnaires were translated into Spanish.

Two HPI staff members traveled to Guatemala in mid-September to work with the local HPI team and a consultant to review the activity and make initial revisions to the questionnaires. The team met with representatives from USAID, the Ministry of Health, SEGEPLAN (equivalent of Ministry of Planning), and the Guatemalan Association of Women Physicians (a key NGO engaged in advocating for and implementing the policy). The key stakeholders confirmed their interest in and commitment to the process and agreed to form the “core team” that will review and finish adapting the questionnaires, select the interviewees, and participate in the analysis and review of results via policy dialogue. The team also trained a consultant on administering the questionnaires. The “core team” has since been expanded to include the National Statistics Institute and the Guatemalan Social Security Institute. The team finished tailoring the questionnaires to the Guatemalan Policy on Social Development; interviews are scheduled to begin in late October.

**1.2 Expanding the Use of SPECTRUM for Policy Analysis and Dialogue through E-learning**  
Activity Manager: Sarah Alkenbrack

*Objective:* A key activity of HPI is to expand the use of policy development tools, including models. The objective of this activity is to design interactive tutorials that support the use of the DemProj Model, thereby supplementing training and technical assistance. The goal is to improve access to DemProj so that it can be used more widely to enhance the understanding of changes in demographic factors (fertility, mortality, and migration). A user-friendly DemProj Model will allow more people to project the population to gain a better understanding of the effect of policy and program influences on population change. HPI is designing and pilot-testing an interactive e-learning curriculum that will provide an overview of demographic concepts, orient users to the operation of DemProj, and guide them through practical applications of the model.

*Summary of Major Activities:* After reviewing several tools for creating e-learning curricula and consulting with various stakeholders and e-learning experts, HPI selected a software package called Camtasia as the best software for creating the e-learning curriculum. A first draft of the curriculum has been designed, and the activity manager is preparing scripts for the three modules that make up the curriculum. The modules include: Introduction to Population Projections and Demographic Concepts; Introduction to DemProj; and Programmatic Applications of DemProj. An expert in DemProj serves as the trainer for the curriculum. Each module is composed of a series of clips that will be recorded in approximately one minute intervals. The trainer will run through animated PowerPoint presentations, model set-up, and programmatic applications while the Camtasia software records every movement and the vocal instructions simultaneously, thereby creating a virtual lecture. A software developer will edit the recordings to produce the final product. Two pilot tests will be conducted: the first in Washington, D.C., in January 2007, with project staff who are not familiar with the SPECTRUM models, and the second at the University of Ghana, Population Impact Program, in February 2007.

**IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process**

Core activities under QR2 focus on building the capacity of public sector and civil society leaders to effectively influence policymaking and to support implementation of policies to ensure access to high-quality health services. HPI will identify policy champions and expand and strengthen their roles and responsibilities as leaders and advocates in reproductive health, particularly around repositioning family planning.

**2.1 Repositioning Family Planning with Religious Institutions**  
Activity Manager: Laurette Cucuzza

*Objective:* Religious leaders can play a major role in influencing community attitudes and practices and persuading local leaders and decisionmakers to invest in effective FP/RH strategies and programs. This activity will increase support for and implementation of family planning within faith-based organizations (FBOs). The strategy is to identify religious leaders, engage them in dialogue, and strengthen their skills to reposition family planning within their institutions down to the community level. Initially, we will build on work done under POLICY with Islamic leaders, but will expand it to include other denominations (e.g., Protestants, Catholics, indigenous leaders, etc.).

*Summary of Major Activities:* Selected Islamic leaders who participated in a regional meeting for Islamic leaders held under POLICY in Mali are designing in-country strategies leading to the formulation, adoption, and implementation of favorable FP/RH policies within their Islamic communities/institutions down to the community level. Advocacy tools shared at the regional meeting, including a video,

“Repositioning Family Planning: Religious Leaders Are Committed,” in which Islamic leaders speak favorably about family planning will be used in small grant activities. Small grant applications are under development.

HPI will also provide support to convene a regional interfaith meeting on repositioning family planning. Uganda is the likely venue for this meeting, as USAID/Uganda has expressed interest in engaging civil society for repositioning FP and for working with the Inter-Religious Council of Uganda (IRCU), in particular. We will follow up to engage the IRCU and work with them to host a meeting similar to the regional meeting in Mali with religious leaders representing various denominations to examine approaches for addressing family planning.

## **2.2 *Promoting Legislative Reform and Strengthening the Role of Parliamentarians in Repositioning Family Planning***

Activity Manager: Danielle Grant

*Objectives:* Repositioning FP efforts in West Africa have focused on supporting legal-regulatory reform in reproductive health. By strengthening the role of parliamentarians in improving FP/RH access and quality, HPI is increasing the base of political and popular support for FP/RH. Under POLICY and in collaboration with AWARE-RH, a “Guide to Legislation and Regulatory Reform” was prepared to assist parliamentarians in developing their own legal-regulatory reform agendas. A second document is intended to complement the guide, “Parliamentarians’ Manual for Translating Reproductive Health Laws into Practice in West and Central Africa.” To date, seven countries have adopted legal-regulatory agendas resulting in the adoption and adaptation of the model RH law in their countries. These countries must now move the law into action. Others still lack their own legal-regulatory agendas. HPI, in continuing collaboration with AWARE-RH, will focus on expanding RH legislative reform in additional countries and use the parliamentarians’ manual to gain support for specific in-country parliamentary actions.

*Summary of Major Activities:* HPI staff finalized the document titled “Manuel du Parlementaire: Mise en Oeuvre de la Loi sur la Santé de la Reproduction En Afrique de l’Ouest de du Centre.” POLICY initially drafted this manual with parliamentarians from the Francophone region. In collaboration with AWARE-RH and HPI field and core funding, a forum was held in Senegal to disseminate the manual; create legislative agendas for new countries; and in countries where the RH law is adopted, use the manual to gain support for legislative actions. Parliamentarians from 11 West and Central African countries and representatives from Rwanda attended the five-day forum.

The Senegal forum provided an opportunity for parliamentarians to assess their progress on legislative reform and identify next steps in the process. Working with HPI staff, countries that have not yet adopted the RH law created legislative agendas for the adaptation and adoption of the law. Countries that have adopted the RH law will use the manual to inform its parliamentarians how to complete small grant applications for HPI funds in the coming year.

## **2.3 *Early Marriage Practices: Identifying Cultural and Gender Factors and Advocate for Delay of Marriage***

Activity Manager: Elizabeth Neason

*Objective:* The objective of this activity is to inform the policy process by analyzing gender-based local and regional variations in the practice of early marriage. HPI will explore and identify ways in which local policies and programs can more successfully reduce early marriage in a target region. Working at the community level, HPI will identify the root of this “traditional” practice and how it evolved and changed in practice and meaning. It will also generate information for an advocacy campaign using local policy champions to advocate to traditional/community/religious leaders to support the delay of marriage.

*Summary of Major Activities:* Uganda was selected as the focus country, specifically working with two kingdoms: Bunyoro and Buganda. Approval from the USAID Mission was not received until July 2006, delaying the start-up of this activity. Once approved, the HPI team began work on Phase I, which included a desk review of early marriage materials specific to the two kingdoms; qualitative data collection; identification of two researchers in each kingdom; and quantitative analysis of DHS data pertaining to early marriage.

Phase II will begin with a policy roundtable to disseminate the findings of the research carried out in Phase I; work with the local RH network, URHAN, to identify policy champions; and the preparation of advocacy action plans by policy champions/networks around early marriage issues.

### **IR3: Health sector resources increased and allocated more effectively and equitably**

The goal of IR3 is to improve equitable and affordable access to high-quality FP/RH services through improved resource allocation policies and practices. It focuses on generating new resources; allocating resources more efficiently, effectively, and equitably; and establishing operational policies and mechanisms to ensure successful implementation.

#### **3.1 *Assessing the Level of Access to Services in Fragile and non-Fragile States***

Activity Manager: Bill Winfrey

*Objective:* To conduct a multi-pronged analysis designed to increase knowledge about the connections between poverty and equity in the provision of services in fragile and non-fragile states.

*Summary of Major Activities:* The U.S. government has abandoned the “Fragile States” categorization of countries in favor of an as yet undisclosed system of categorization. This change in scope prompted HPI management to discuss alternative uses of the funds budgeted to this activity. The IR3 team, in collaboration with the Poverty and Equity Working Group, proposed a new activity to devise and implement pro-poor strategies to improve access among the poor in Mozambique. The CTOs recently approved the activity, and HPI is obtaining Mission approval.

#### **3.2 *Ensuring Access to Reproductive Health Services for the Poor***

Activity Manager: Suneeta Sharma

*Objective:* This activity is intended to improve access to FP/RH services among the poor in India. The IR3 team will work in close collaboration with the Innovations in Family Planning Services Technical Assistance Project (ITAP) to pilot test the RH voucher scheme in selected blocks in Uttaranchal and Uttar Pradesh.

The voucher implementation activity of ITAP offers an excellent opportunity for disseminating lessons learned about innovative financing to reach the poor. HPI will focus on (a) conducting a detailed financial analysis of the cost of reaching a poor person with the voucher scheme versus the cost of reaching a poor person via government services; (b) conducting a political mapping and stakeholder analysis; (c) estimating the cost of scaling-up; (d) documenting the voucher scheme implementation process; and (e) organizing a regional workshop—on innovative financing of reproductive and child health (RCH) services for the poor—to disseminate the lessons learned.

*Summary of Major Activities:* On December 8, 2005, ITAP and the State of Innovations in FP Services Agency (SIFPSA) organized a one-day workshop to share the concept note on a voucher scheme as an intervention for public-private collaboration. The workshop participants included 80 key players

representing the public and private sectors. Six blocks of Agra District have been identified as pilot sites. The pilot sites will target subsidies to the below poverty line (BPL) families by distributing vouchers that can be redeemed for a pre-determined set of RCH and FP services.

Based on the keen interest expressed by the Agra Nursing Homes' Association (ANHA), ITAP decided to pilot the voucher model through ANHA, with leadership provided by the Sarojini Naidu Medical College. ITAP met with ANHA to decide on the process to be initiated and to assess the suitability and readiness of each nursing home as a potential service facility. ITAP also organized a one-day meeting with ANHA, Sarojini Nagar Medical College, ITAP, and SIFPSA personnel to discuss the private sector's role and the various steps involved in implementing RCH and FP service delivery through a voucher system. The private sector doctors learned of the benefit that the voucher system could bring to their clinics.

ITAP and SIFPSA also made presentations on the modalities of implementing the voucher system and the potential roles of the nodal agency, voucher management agency, and the nursing homes. The Sarojini Naidu Medical College, as a nodal agency, will be responsible for the entire management of the project. The project will be implemented through ANHA members, using their clinics as service points for providing RCH and FP services to women from BPL families, as per prescribed standards and quality, without charging any fee to the client. The Sarojini Naidu Medical College will provide accreditation services and play a supportive role by providing referral services to the clinics and be a mentor to the private providers. In the field, two NGOs will support the system through Accredited Social Health Activists (ASHA), a new cadre of volunteer workers from the community who will motivate and mobilize women from BPL families to use RCH services, who will distribute vouchers to the clients.

HPI hired a local consultant to document the voucher scheme implementation process. HPI is working in collaboration with ITAP to estimate the cost of providing the selected RCH services in the public sector.

### **3.3 *Applying the Allocate Model in Decentralized Settings***

Activity Manager: Margaret Rowan

*Objective:* The decentralization of health services has been a priority in many developing countries over the past several years. Empowering provincial and district health officials and enabling them to actively participate in the allocation of resources are important components of building capacity and providing high-quality health services. The objective of this activity is to assist stakeholders in two oblasts in Ukraine to use the findings from an Allocate application to design local-level reproductive health plans for 2007.

*Summary of Major Activities:* HPI, in coordination with the Ministry of Health, USAID Mission, and John Snow Inc. (JSI), chose two oblasts (Vinnytsia and Zhytomyr) in which to apply the model. The choice of oblasts was conducted in collaboration with JSI, which has the USAID contract to provide TA for FP/RH in Ukraine. JSI will begin working in Vinnytsia in Spring 2007 and will provide ongoing support to the oblast after the HPI Allocate activity ends in June 2007. Memoranda of understanding (MOUs) were signed between the oblast officials and HPI for the Allocate work. HPI recruited a coordinator in each oblast to work with stakeholders and collect the necessary data for use with Allocate, and hired a consultant to collect data for the oblast-level Maternal and Neonatal Program Index that is a component of Allocate.

The HPI team is conducting workshops in the two chosen oblasts. The workshops will introduce the components of the Allocate Model and present the output from the model's national application conducted in 2005/06. (To date, the model has been applied only at the national level in a handful of countries.) In addition, the HPI team will train the oblast coordinators in data collection for the model and work with them to choose a representative sample of health facilities from which to obtain the data.

**IR4: Strengthened multisectoral engagement and host-country coordination in the design, implementation, and financing of health programs**

Engaging individuals and groups from diverse institutions in health and nonhealth sectors is essential to ensuring sustainable and effective national health policies and programs. The overall objective of IR4 is to facilitate active participation of a wide range of partners and sectors in addressing the complex issues of programming and resource allocation for reproductive health.

**4.1 Family-Friendly Workplace Tool**

Activity Manager: Michelle Prosser

*Objective:* Implementation of family-friendly workplace (FFW) policies and activities can increase women's access to FP services and basic healthcare and support their ability to remain productive members of the workforce throughout their reproductive years. In addition, a FFW can address broader economic and gender-equity concerns and promote balance between family and work life. This activity will culminate in the design and pilot-testing of a costing tool that demonstrates the costs and benefits of providing family planning and other FFW practices in private sector companies. By entering basic data available from human resources and accounting departments, businesses can use the tool to examine the financial cost of implementing FFW programs, inclusive of FP, as well as the positive impacts that these programs can make on productivity and cost savings associated with reduced recruiting, training, and employee benefit expenditures that result from turnover due to pregnancy, childbirth, and leave for family caretaking. The costing tool will be pilot tested by one company. The project will disseminate the results to a larger, multisectoral audience that includes private companies and trade unions to advocate for the adoption of FFW policies and programs.

*Summary of Major Activities:* India is the focus country for this activity. To better understand the Indian private sector context, HPI/Washington staff reviewed existing data, literature, and models and tools related to family friendly and other workplace policies. HPI's coordinator in India conducted a desk review of national laws and regulations affecting private companies' responsibilities and rights in terms of worker treatment and benefits. The coordinator also identified companies that have already implemented family-friendly and/or FP initiatives in the workplace and collected information on their programs and results.

HPI's coordinator in India consulted with the Confederation of Indian Industry, the International Labor Organization, and other workforce-oriented organizations to compile a preliminary list of companies to invite to participate in the roundtable. HPI's staff prepared a phased-interview guide for use during the initial company meetings. HPI will convene a roundtable in India to obtain data and stakeholder input for the costing tool.

**4.2 FamPlan to Support RFP/CS**

Activity Manager: Thomas Goliber

*Activity Objective:* In the late 1980s and early 1990s, many sub-Saharan African countries formulated national population policies with strong FP components. Many of these were revised subsequent to the International Conference on Population and Development in 1994. Yet, increases in FP use (and consequent fertility decline) have been markedly slow in many African settings. This is the basis of the entire USAID Repositioning Family Planning Initiative.

In this context, a need exists for planning and implementation tools designed to help reinvigorate family planning in Africa. The FamPlan Model of the SPECTRUM suite of policy models may be underutilized as

a RFP tool. Accordingly, the objective of this activity is to apply the model for strategic planning purposes in an African country with high fertility and then write up the application as a guide for other countries.

*Summary of Major Activities:* With concurrence from USAID/Nigeria and the Nigerian National Population Commission (NPC), HPI chose Nigeria as the test country. The HPI activity manager visited Nigeria in August 2006 to set up the activity with the NPC and recruit supporting consultants. He also consulted with the Department of Community Development and Population Affairs, Federal Ministry of Health; USAID/Nigeria; USAID implementing partners; and UNFPA. The USAID-funded ENHANSE Project provided support for the visit. The next visit is scheduled for November 2006, when HPI staff will first participate in a workshop on “Models for Commodity Forecasting.” HPI will then lead a one-week seminar sponsored by the NPC on “Use of the FamPlan Model for Strategic Planning for Implementation of the National Policy on Population.”

More generally, this activity provides an opportunity to update and test some new additions to FamPlan. To that end, HPI held a half-day meeting for experienced FamPlan users to discuss recent and prospective changes to the model. For example, the Nigeria application will be the first time that the model is able to take into account the use of the lactational amenorrhea method (LAM). The modeling team also discussed how to deal with emergency contraception, and FamPlan now includes a component that relates FP use to child survival. This component has not received extensive field testing.

#### **4.3 “How To” Guide for Including Family Planning in Poverty Reduction Strategy Papers (PRSPs)**

Activity Manager: Michelle Prosser

*Objective:* This activity will identify strategies that facilitate multisectoral participation in PRSPs and prepare a facilitation guide on engaging civil society in the process of developing these important documents. Using Mali as a test case, the team has collaborated with HPI field staff and civil society organizations to include the expansion of access and use of FP services in the Mali PRSP and will document the integration process.

*Summary of Major Activities:* The activity is focusing its efforts at two levels—civil society participation and detailed documentation of the PRSP process. In Mali, an overarching organization, Groupe Pivot/Health, brings together members from approximately 200 NGOs working in health, including family planning. Groupe Pivot was identified as an important FP advocacy organization that could influence the preparation of Mali’s second-generation PRSP. A local consultant and the HPI/Mali Country Director organized two roundtable meetings with civil society members. During the first meeting, 40 civil society representatives gathered to listen to and discuss a presentation on the relationships among population growth, social sector costs, and economic growth. The presentation offered a macroeconomic justification for increasing funding for family planning. Civil Society Council (CSC) members participated in regional meetings held to discuss poverty issues addressed by the PRSP, including family planning. During the second roundtable meeting, the CSC shared its experience with HPI and select members of Groupe Pivot. These two meetings raised awareness about the PRSP process among FP organizations and provided them with tools to use in their FP advocacy efforts.

During this same time period, two drafts of Mali’s updated PRSP were disseminated to the public. The first draft released in August 2006 alluded to reproductive health but did not mention family planning. The second draft released in September 2006 included family planning but not as a poverty-reducing strategy. The HPI consultant and a few civil society members attended validation meetings for the second draft in September and suggested specific recommendations, including increased political support for family planning; support for the expansion of FP services, dissemination of the Reproductive Health Law,

creation of a National Institution on Reproductive Health and Family Planning, promotion of FP information and education among women, and monitoring and evaluation of programs.

The work with civil society and the process of revising the PRSP are being documented, which will form the basis for a “how-to” guide to facilitate inclusion of efforts in the PRSP of other countries.

#### **IR5: Timely and accurate data used for evidence-based decisionmaking**

Timely and accurate data provide the basis for effective policy and advocacy work. In many instances, stakeholders are unfamiliar with how to interpret existing data and use it to advocate for policy change. HPI will adapt existing tools, models, and methodologies, as well as create new ones that will facilitate data analysis and policy dialogue among stakeholders. In addition, advisors will collaborate closely with the other IRs and working groups to respond to data needs that arise in their HPI efforts.

##### **5.1 *Help Countries Meet the MDGs by Using Data to Eliminate Operational Barriers***

Activity Manager: Rachel Sanders

*Objective:* With a target year of 2015, 189 nations have committed to achieving the Millennium Development Goals, which include eight goals, 18 targets, and 48 indicators. Goals 4–6 address reducing infant mortality by two-thirds, reducing the maternal mortality ratio by three-quarters, and reversing the spread of HIV and the incidence of malaria and tuberculosis. While the MDGs do not explicitly address family planning, family planning potentially has an important role to play in achieving the goals.

The objective of this activity is to analyze the contribution of family planning to the achievement of the MDGs and to design and disseminate advocacy tools based on the results. Building on methodology developed under POLICY, this activity will conduct similar analyses for countries in Latin America and Asia. The expected result is a series of advocacy tools that will enable groups working on contraceptive security and repositioning family planning to employ messages that emphasize the economic and health benefits of family planning.

*Summary of Major Activities:* HPI has completed the analyses for three Latin American countries (Bolivia, Guatemala, and Peru) and created advocacy tools presenting the results, including briefs and PowerPoint presentations. HPI recently presented the results at the LAC contraceptive security advocacy training workshop.

Country briefs and presentations for these countries, and others once available, will be disseminated through multiple channels, including HPI country offices, USAID Missions and regional bureaus, FP advocacy groups, and organizations involved in monitoring the MDGs. The activity includes funding for two trips to disseminate findings and work with CS committees (or other appropriate in-country stakeholders) on how to use the MDG analysis results in advocacy efforts. Several other LAC countries have asked that similar analyses be conducted to strengthen country efforts to advocate for increased funding for contraceptives.

##### **5.2 *Demonstrate Impact of Family Planning***

Activity Manager: Maria Borda

*Objective:* FP programs have contributed to large savings for countries over several decades because of a reduced need to invest in the social sector, including health, education, and food subsidies. These savings are often overlooked, and the focus is instead placed on the costs of supporting FP programs. However, if estimates of the savings accrued because of FP programs were available, they could be used as the basis for advocacy efforts to increase funding for FP programs. This activity is designed to apply a

methodology that assesses the contribution of family planning to social sector savings. The findings of the analysis will be used as part of advocacy activities to increase funding for FP in two states of India.

*Summary of Major Activities:* USAID/India expressed interest in having HPI conduct the analysis in two states: Uttar Pradesh, which has not invested many of its own resources in family planning and has relatively poor indicators; and Tamil Nadu, which has a higher contraceptive prevalence rate and higher levels for development indicators. HPI has begun collecting information for the FamPlan analyses and hired a local consultant to assist in data collection to be used in both the FamPlan Model and financial information for estimating investment in family planning; the average costs associated with providing various social sector services (e.g., immunization, education, water); and the savings to the state governments of Uttar Pradesh and Tamil Nadu for having invested in family planning. The consultant will contact government agencies for fertility survey data, as well as the Institute for Applied Economic Research and other sources for data on expenditure on family planning and social sector programs.

The methodology used in this activity compares two scenarios to estimate the impact of FP programs on government savings. The first scenario examines the effect of FP programs on required social sector investment by retrospectively applying the FamPlan Model (to approximately 1980, depending on data availability) as a way of estimating how the state populations have changed over time in the presence of FP programs. The second scenario applies FamPlan beginning at the same time (approximately 1980), but assumes that no concerted family planning effort existed over 25 years. A comparison of the results of the two scenarios illustrates the effects of an organized FP effort on population size and structure. Those differences provide a basis for estimating the additional social sector costs—such as for health and education—over the intervening 25 years and the savings that would result from a smaller population.

The findings of the analysis can serve as the basis for advocacy efforts to increase funding and support for family planning in these two states. To accomplish this part of the activity, we have contacted colleagues from Constella Futures who manage ITAP and from CEDPA, which has a longstanding presence in India.

### **5.3 *Data for Advocacy for Delay in Age at Marriage***

Activity Manager: Nancy Murray

*Objective:* This activity, building on work initiated under POLICY in Uganda, is designed to provide an evidence-based background about consequences of early marriage that will serve as the basis for awareness-raising and advocacy activities. The overall goal of this three-phased activity is to raise awareness and mobilize policymakers and communities to eliminate the practice of early marriage.

The quantitative component of the analysis will focus primarily on the 2001 and 2006 DHS and examine the relationship among early age at marriage, fertility, and other RH outcomes. The quantitative and qualitative data analyses will inform policy and advocacy planning in Uganda.

*Summary of Major Activities:* HPI held teleconferences with USAID to define the objectives of the data analysis and to assess the feasibility of waiting for 2006 DHS data that will not be available until at least January 2007. HPI and its subcontractor, Cultural Practices, met to discuss the integrated approach to the qualitative and quantitative data analyses. Preliminary examination of the 2001 DHS data has begun.

### **5.4 *Evaluation of the Frontiers Project***

Activity Manager: John Ross

*Objective:* Operations research studies are designed to improve FP programs. The Frontiers Project has been a five-year project designed to identify innovative strategies for improving FP service delivery. HPI

was a member of the external evaluation team that provided recommendations to USAID on the scope of future operations research programs and mechanisms for funding.

*Summary of Major Activities:* An HPI staff member served on a four-person team to evaluate the Frontiers Project of the Population Council. This exercise is common at USAID—conducted near the end of a major activity to assess the project’s impact. The team conferred with numerous individuals and agencies concerned with Frontiers and visited country operations in selected countries in Africa, Asia, and Latin America.

### **5.5 SPECTRUM Maintenance and Updates**

Activity Manager: John Stover

*Objective:* This activity will enhance SPECTRUM to better support contraceptive security and RFP efforts.

*Summary of Major Activities:* The modeling team held meetings and discussions with HPI staff to solicit ideas for model development and updates. HPI staff requested three distinct enhancements to include: (1) adding LAM to FamPlan; (2) modifying SPECTRUM to demonstrate the benefits of increased FP for maternal and child survival; and (3) enhancing SPECTRUM to better support RFP/CS activities. To date, for the modification of SPECTRUM, the HPI team has analyzed the latest DHS data in relation to maternal and child survival. We have drafted a new methodology based on DHS analysis that will better reflect the relationship between family planning and exposure to pregnancy, emergency contraception, unintended pregnancies, abortions, and births. A technical working group reviewed the draft methodology. HPI submitted a brief report to USAID and awaits an opportunity for in-depth discussion.

### **5.6 Add Poverty to All Existing Models Where Applicable**

Activity Manager: John Stover

*Objective:* One of the strongest arguments for family planning is its potential contribution to reducing poverty and inequality. HPI will expand relevant models to include poverty impact measures.

*Summary of Major Activities:* A literature review is underway on the impacts of demographic pressures on poverty. Revisions to the model will commence in the next period.

## **C. Working Groups**

### **Gender Working Group, FP/RH**

Activity Manager: Mary Kincaid

*Objective:* The HPI Gender Working Group (GWG) designs activities to support its mandate of assisting with the integration of gender into HPI activities. In the past year, the GWG’s overall strategy was to facilitate technical leadership and the integration of gender into field and core-funded activities through a combination of workshops and follow-on TA for technical staff. TA includes the creation and dissemination of key gender resources, such as a tool for advocating for gender integration within the USAID community and resources focused on GBV.

*Summary of Major Activities:* The HPI GWG, with core funds, managed the design, printing, and dissemination of two resources that focus attention on GBV; both products were developed under POLICY. The first resource is policy guidance for the USAID Bureau of Global Health on how to incorporate GBV into the design, implementation, and evaluation of its health program portfolios. Titled *Addressing Gender-based Violence Through USAID’s Health Programs: A Guide for Health Sector*

*Program Officers*, the resource explores reasons why these programs should address GBV and how to support GBV initiatives based on what is known about promising approaches from literature reviews. USAID and HPI released the guidelines in September 2006, and the GWG will follow up in 2007 and evaluate Missions' use of the guide. The second tool is an advocacy kit, *Seizing the Moment: An Advocacy Kit for GBV Policy Change*, which provides practical guidance for advocates and advocacy groups in the use of data to build support for increasing resources for GBV programming. The materials include a PowerPoint presentation, companion guide, and annotated bibliography to build the case for an improved policy response to GBV. Created under POLICY, HPI began disseminating the kit in August 2006 by sending hard copies to HPI field offices and other partners focusing on GBV work; the kit was also posted on project websites and promoted through gender listservs. The HPI gender team will pilot test the kit in Bolivia, as part of IA7 on GBV and reproductive health.

Also, the GWG designed the first version of its new measurement tool, the Gender Integration Scale. The scale measures the extent to which a given project or activity addresses gender in its process and outcomes, as well as the degree of gender awareness and experience of an organization and its staff. This tool will be the indicator used to measure and report on the outcome of the project's efforts in gender integration. The scale is designed to help answer a common question of program designers and managers new to gender integration: What does a gender-integrated program look like? After an initial vetting at headquarters, the scale will be pilot tested in Peru. Feedback from these pilot-tests will inform the revision of the scale before it is fully disseminated to all HPI offices in late 2006.

The GWG also conducted gender integration training for approximately 20 HPI country and activity managers.

Responding to requests from the USAID community on how to build support at the Mission level for addressing gender issues in health programs, the GWG created an advocacy presentation, *Does Gender Make a Difference? USAID's Opportunities and Responsibilities for Promoting Gender Equity in Health Programs*. HPI staff will use this PowerPoint presentation with USAID Missions to relay the importance of, mandate for, and benefits of including gender-equity considerations in health programs—in terms of both gender equity and health results. This presentation was pilot tested internally with headquarters staff in September and will be distributed to field offices.

### **Poverty and Equity Working Group (PEWG)**

Activity Manager: Bill Winfrey

*Objective:* The PEWG develops tools and approaches and provides targeted TA for ensuring that poverty perspectives are incorporated into project activities.

*Summary of Major Activities:* The main activity was initially envisioned to be a poverty profile assessment (PPA) in support of PRSP advocacy. The PRSP activity in Mali, being carried out under IR4, suggests that an analysis of whether health/RH funding is reaching the poor is not critical to obtaining support for family planning in PRSPs. Recently, HPI management discussed alternative uses of the funds budgeted for the PEWG and the following two activities were recently approved by the CTOs.

- *Coordination and documentation of poverty activities under HPI.* HPI is implementing many activities that involve either advocating for improved access to RH services to reduce poverty or improving access to RH services by poor people. These activities are spread across the breadth of the project. Effective communication of the activities' results and lessons learned requires a certain level of coordination. The coordination function of the PEWG would have several goals: (1) **set a vision** for all HPI staff for poverty-related activities; (2) **inform** staff, other HPI task order holders, Missions, and other USAID CAs about poverty-related activities in the project and

notions of how poverty affects the use of RH services and how use of RH services may or may not reduce poverty; and (3) **document** the approaches, successes, and results related to poverty in HPI, including technical updates.

- *Develop a strategic response for reaching the poor in Mozambique.* This activity aims to develop pro-poor strategies to improve access to family planning among the poor in Mozambique. The team will enhance the implementation of pro-poor strategies by collaboratively identifying and addressing the barriers to FP access, reviewing and revising policies to improve access to services for the poor, as well as developing new and appropriate indicators to monitor the impact of these interventions. The PEWG will implement this activity in collaboration with IR3. The PEWG and IR3 team are awaiting Mission approval to initiate the activity in Mozambique.

### **Stigma and Discrimination Working Group (SDWG)**

Activity Manager: Lane Porter

*Objective:* The purpose of the SDWG is to create a shared understanding, within core and field activities, of critical community-based issues linking stigma, discrimination, and equitable access to reproductive healthcare. The focus is local—working out approaches and solving problems at the community level—using the law, regulations, and other operational policy tools and institutions for practical problem-solving applications.

*Summary of Major Activities:* HPI sponsored a half-day on-site retreat for HPI staff and others to discuss the role of stigma and discrimination under HPI and develop a strategic plan for its inclusion in future activities. The objectives of the meeting were to: (1) plan strategic implementation of human rights, stigma and discrimination (HRSD) activities for Year 2 and beyond; (2) plan for evolving HRSD TA needs for core and field application; and (3) seek a consensus on focus areas, implementing actions, and funding requirements for core and country workplans. A strategic working paper is being drafted discussing the incorporation of HRSD into future years of the project. The paper will be disseminated to key HPI staff and the CTOs.

The SDWG is also conducting an activity focused on consumer access to non-stigmatizing, non-discriminating reproductive healthcare. The activity aims to develop guidelines on the practice of using alternative dispute resolution and community dialogue to increase access to healthcare services in Peru. The team conducted an on-site review of documentation and discussions on POLICY/Peru-supported activities at the Centers for the Prevention and Resolution of Conflicts in Health (CEPRECS) in July 2006. CEPRECS' purpose is to strengthen the capacity and skills of civil society organizations to collectively prevent and remove violations of user rights and conflicts within the healthcare system. HPI interviewed a CEPRECS project consultant, prepared a scope of work and a timeline of the upcoming milestone activity events, and decided on two cities (Huancayo, Pucallpa) where key informant interviews would be conducted with key social actors involved in CEPRECS.

## **D. Other Core Funds**

### **Rapid Response: Reproductive Health Supplies Coalition Advocacy Guide and Toolkit**

Activity Manager: Laurette Cucuzza

*Objective:* The Reproductive Health Supplies Coalition (RHSC) serves as a forum where members focus on ensuring adequate RH supplies in developing countries and countries in transition. The coalition has identified several priorities, one of which is to expand and strengthen resource mobilization and awareness raising around RH commodities. The purpose of this activity is to prepare an advocacy guide

and toolkit for use by the RHSC members and their in-country partners to advocate for adequate and consistent RH supplies with donors, governments, and other stakeholders.

*Summary of Major Activities:* Starting in June 2006, the HPI team met several times with representatives of the Resource Mobilization and Advocacy Working Group of the RHSC from Population Action International (PAI) and USAID to discuss the structure and content of the advocacy materials. The team researched previously developed advocacy initiatives for contraceptive security and RH supply issues and assembled advocacy tools and examples of successful advocacy efforts. The team adapted the draft “Contraceptive Security Supplement” of the *Networking for Policy Change* manual to prepare a brief “how to” advocacy guide. In addition, the team created multiple templates of presentations and talking points to serve as models for RHSC members and partners to adapt and use in their respective contexts for specific advocacy objectives. The team is also preparing an electronic “information bank” of helpful resources and tools for eventual transfer to the RHSC secretariat’s website. HPI submitted the draft advocacy guide and toolkit to PAI and USAID for review in September.

### **Rapid Response: Allocate Training**

Activity Managers: Carol Shepherd and Jay Gribble

*Objective:* The purpose of this activity is to introduce participants to the three components of the Allocate Model and provide them with a better understanding of how the components interact. Developed at the end of POLICY II, the Allocate Model brings together the FamPlan, Safe Motherhood, and Postabortion Care models.

*Summary of Major Activities:* HPI held training sessions to introduce Allocate to participants from May 15–17, 2006. The training assumed a basic knowledge of DemProj and FamPlan; with two sessions dedicated to FamPlan, two to Safe Motherhood, and one to Allocate. Participation in the training was open to staff from all HPI IQC holders, and included HPI field staff (who had been in attendance at the POLICY end-of-project meeting), as well as collaborators from other projects.

### **Performance Monitoring Plan (PMP)**

Activity Manager: Nancy McGirr

*Objective:* HPI-TO1 has the mandate to coordinate performance monitoring and results reporting across all IQC task orders. Specifically, Task Order 1 is responsible for developing a performance monitoring plan for the IQC, establishing a system to collect performance monitoring information across task orders, and synthesizing and reporting data to USAID.

*Summary of Major Activities:* One of the lessons learned from an informal assessment of the PMP development process in the Private Sector Project IQC was that active involvement of every IQC holder in the PMP development process is critical for the success of M&E coordination. Adopting a participatory approach, our first step was to compile and share a consolidated list of indicators for review by the IQC holders. Next, we implemented an online review system to elicit feedback across all organizations and drafted the PMP for discussion at an April 5 meeting of all IQC holders to agree on indicators, definitions, and data sources.

Following this meeting, the M&E Team for Task Order 1 finalized the PMP indicators and related documentation (data sources, including examples), disseminated the PMP among HPI staff to elicit further comments, and produced a series of training presentations. In addition, the M&E Team prepared a prototype for the results database, began training staff on the use of the PMP, and drafted guidelines for preparing country strategies and workplans, which include guidance on writing the M&E section and a list of all reporting deadlines. Finally, the team had the PMP translated into French and Spanish for use at

the country level and prepared some preliminary documentation materials on M&E within the PEPFAR context. In the coming months, the M&E Team will test the results database, complete all necessary documentation materials to accompany the dissemination of the PMP, and provide intensive and systematic training on all aspects of M&E. The PMP will be disseminated at the IQC annual meeting in November.

### **Quality Assurance (QA)**

Activity Manager: Nancy McGirr

*Objective:* HPI uses core funds to cover the costs of reporting for all project deliverables and developing and implementing quality assurance procedures for the project. The QA Team is also responsible for knowledge management and communication using web-based technologies, websites, and other electronic communication where appropriate. In the project's first year, the team prepared branding guidelines, technical review standards, reporting guidance, intranet and external websites, and related training materials.

*Summary of Major Activities:* As part of USAID's new initiative in branding, HPI became a test case for implementing the guidelines in acquisition instruments. HPI held several meetings with the USAID branding champion and began the process of implementing a new project sub-brand. The QA Team prepared a "Branding Strategy and Marking Plan," which describes how the project is branded and the types of products and materials that will be branded. To implement the branding strategy within Task Order 1, we also prepared a "Graphics Style Guide," which provides specific information on brand applications, approval processes, and samples of project collateral showing correct brand applications. An accompanying PowerPoint presentation will be used to help provide systematic training for DC and field staff in implementing the branding strategy.

The QA Team also created detailed reporting formats and guidelines for project and country workplans as well as the quarterly and semi-annual reports. Included in these guidelines are all the deadlines for the various reports to ensure that we produce high-quality products within the required timeframe.

Because of the worldwide reach of the project, TO1 needs an internal communication system for sharing information and archiving project materials and products for staff use, irrespective of their location. The intranet contains information on administrative and operational procedures, tools and software, a travel calendar, news and events relevant to staff, technical publications, and other useful information. Moreover, Task Order 1 has the responsibility within the overall IQC to design and maintain an external website for sharing technical information, products, and achievements related to the IQC across task orders and with the broader community of CAs, donors, and the general public. The QA team designed a prototype for the technical website and drafted its content for review by USAID. The site will be submitted for LPA approval by the end of November. As part of this activity, HPI prepared several stories from the field, based on recent project results.

Finally, the QA Team wrote a "Content Standards" manual, which consolidates project procedures for technical review and guidelines pertaining to U.S. government policies and regulations about selected aspects of FP/RH and HIV work. The manual will be required reading for all staff members and will help ensure the highest possible quality of HPI's technical work. Other QA materials are being drafted and will be compiled in a QA binder to be distributed in coming months. To accompany all the written guidance, the QA Team has prepared PowerPoint presentations on each of the main QA topics for use by staff. A critical issue will be to roll out all this information to DC staff, but more importantly to the field staff. We are exploring the use of various online learning methodologies and videotaped training to help disseminate these materials projectwide.

## **E. Global Leadership Priorities (GLP) and Special Initiatives**

### **Gender GLP**

Activity Manager: Mary Kincaid

*Objective:* Task Order 1 serves as a vehicle for helping the Interagency Gender Working Group (IGWG) implement its training component. The IGWG supports USAID efforts to integrate gender across the portfolio of the Office of Population and Reproductive Health. In its management role, the HPI gender training team designs training curricula, coordinates and facilitates field and U.S. training workshops, and provides TA on gender integration and related topics, such as GBV and gender analysis and integration. The HPI training team (who serve as IGWG core trainers) undertake these activities in close collaboration with other IGWG core trainers from USAID and the CA community.

*Summary of Major Activities:* The gender training team conducted two trainings, both co-sponsored by the USAID Office of Women in Development. In February 2006, the IGWG held a workshop in Peru focusing on gender analysis and integration, with a specific focus GBV. Participants represented the USAID Mission, CAs, NGOs, and others from the health sector. The IGWG also conducted three back-to-back workshops on gender analysis and integration in Nicaragua in March 2006, for the government, USAID Mission, NGOs, and CAs. In addition, the team designed two new training modules: constructive men's engagement, and safe motherhood and gender. The men's engagement module will be piloted at USAID in December 2006, and then piloted in Mali early next year. Last, the HPI training team formalized guidelines for IGWG trainers, and initiated a system for evaluating the impact of IGWG trainings with the creation of a follow-up questionnaire to be administered after 6, 9, 12, and 15 months. This new process will be crucial to continuing to adapt and improve IGWG training curricula, as well as documenting the successes of and outcomes from various gender workshops.

### **FP/HIV Integration GLP, Coordination of USAID Family Planning/HIV Integration Working Group Meetings**

Activity Manager: Margaret Hamilton

*Objective:* Task Order 1 is responsible for coordinating USAID's FP/HIV Integration Working Group (WG), which includes designing and managing its meetings and activities for 2006–2007. The purpose of these activities is to advance global FP/HIV integration efforts and support the development and dissemination of research for integration initiatives.

*Summary of Major Activities:* The WG coordination team met staff from Population Council (WG Coordinators for 2005–2006) and USAID to transfer information and data for use in planning for 2006–2007 activities. Discussions between HPI and USAID culminated in the decision to change the current WG format from holding two meetings in DC to supporting one meeting abroad and hosting one in DC. This change was made as a means of extending the reach of the WG and integrating new research and perspectives to advance integration. A Gates Institute for Population and Reproductive Health/Addis Ababa University conference focusing on FP/HIV integration in Africa was identified as an opportunity to accomplish the new WG goals. This meeting will be held in October 2006 in Addis Ababa, and the WG will provide travel support for six African researchers.

### **Youth GLP**

Activity Manager: Nancy Murray

*Objectives:* The objective of this activity is to provide technical support and promotion of the youth-policy.com website to maintain its use for promoting positive youth reproductive health (YRH) outcomes

through good YRH and HIV policymaking. A second objective is to increase the numbers of users who visit the site by making improvements to website, content, organization, marketing, and dissemination of associated print and electronic materials. In addition, HPI will provide TA at the country level in one or two countries in YRH policy development and/or implementation issues.

*Summary of Major Activities:* In September 2006, HPI staff participated in YouthNet's end-of-project conference and presented a special session highlighting the youth policy website and plans for the future. Exploratory discussions have been held with HPI's Gender Working Group to see whether Youth GLP funds can be successfully combined with GBV activities planned for Bolivia.

### **Reproductive Health for Refugees GLP**

Activity Manager: Emily Sonneveldt

*Objective:* In support of USAID's commitment to raise awareness of RH needs of refugees and the displaced population, HPI will provide focused advocacy training to groups working with refugees in Sierra Leone. The purpose of the training will be to improve the capacity of these groups to advocate for improved RH services for refugees. This activity is co-funded with core funds through IA6.

*Summary of Major Activities:* HPI is awaiting Mission concurrence for carrying out this activity. HPI has identified a consultant to conduct the advocacy training and prepared a scope of work. Once approval is received from the Mission, we will schedule the workshop. The training will involve several local NGOs that have received previous training from JSI and will focus on key FP/RH issues. Participants will be provided with skills to advocate for improved and more accessible FP/RH services for refugees and the displaced population.

### **Poverty and Equity GLP**

Activity Manager: Bill Winfrey

*Objective:* The CTOs have asked for an activity looking at the "fertility plateau." We are currently examining the literature to find gaps relative to inequality that could be effectively filled by HPI assistance and technical expertise. The next step is to write up a brief description of the activity for submission to the CTOs.

### **Repositioning Family Planning GLP**

Activity Manager: Carol Shepherd

*Objective:* Task Order 1 will support efforts to reposition FP by increasing awareness, generating increased political support, sharing best practices, and broadening participation to include the private commercial sector. We will accomplish this through forming a cadre of leaders and champions who can implement repositioning FP efforts in their countries.

*Summary of Major Activities:* Discussions with USAID on next steps are underway.

### **Contraceptive Security GLP**

Activity Managers: Tanvi Pandit-Rajani, and Suneeta Sharma

*Objective:* There are several subactivities that fall under the Contraceptive Security GLP: CS Index, Operational Barriers, SPARHCS and Ready Lessons, and others. These activities include tool development and assessments to increase awareness and commitment for contraceptive security at the country level.

*Summary of Major Activities:* The Contraceptive Security Index (2006) was completed this year. This was a joint activity with the DELIVER Project. The CS Index was originally developed in 2003 and is a composite index that scores countries' contraceptive security status. The updated index allows for some comparisons between 2003 and 2006. The CS Index has been widely reviewed, edited, and is in the process of being published.

HPI is also collaborating with the DELIVER follow-on project to prepare a timeline and begin tool development of the operational barriers assessment. In June 2006, HPI met with Charles Llewellyn (Tanzania Mission) who agreed that Tanzania could be one of the focus countries for this activity.

SPARHCS and Ready Lessons is a joint activity (HPI, DELIVER, PSP-One, Health Systems 20/20, and ACQUIRE) to document lessons learned in contraceptive security as well as the SPARHCS applications. The start of this activity is pending guidance from the Contraceptive Security and Logistics (CSL) Division. HPI is working with DELIVER, the Centers for Disease Control, and ACQUIRE to address gaps/overlaps in contraceptive projection models. Start-up of this activity is also pending guidance from the CSL Division.

## **F. Problems, Issues, and Constraints (FP/RH)**

In the past year, several key issues have challenged work in the POP core portfolio: (1) implementing a core workplan with many small-budget activities; (2) obtaining Mission approval to initiate core-funded activities; (3) implementing USAID's new branding strategy for an IQC; and (4) training staff on M&E and quality assurance procedures for the project.

### **(1) Implementing many small budget activities**

One of the difficulties faced in preparing the initial POP core workplan is that we ended up with 53 activities—some of which are relatively small (from a budget point of view)—with substantial numbers of deliverables and in-country implementation requirements. We have found these activities difficult to manage and program, especially because the activity budgets need to cover costs for management, meetings, required training (gender, PMP, branding), technical review, and editing/production costs. Management costs associated with getting approvals for pilot-testing or implementing activities at the country level have also eaten into these budgets. In the future, we would propose fewer activities with larger budgets and more time built in to cover general management costs.

### **(2) Obtaining Mission approval to initiate core-funded activities**

The major focus of HPI is implementation, which by definition requires a country-level component for activities. A central challenge to start-up has been obtaining Mission approval for activities. At the core of this challenge is USAID's advice to its Missions to hold off on new activities until the new strategy/framework has been finalized. Mission staff turnover has also contributed to slow approvals or denial of our request, which has required seeking an alternative location for the activity. Some activity budgets needed to be adjusted to accommodate changes in venue, and most activities are now moving ahead.

### **(3) Implementing USAID's new branding strategy for an IQC**

The HPI IQC agreed to serve as the "test case" for implementing USAID's new branding strategy for acquisition awards and making use of a program sub-brand. The name change caused some confusion among field staff, both in terms of letting go of the "POLICY" name and dealing with the name change from PDI to HPI. Preparing and negotiating a branding strategy, marking plan, and related documents have taken considerable time and effort to work out all the implementation details. As a result, we have been slow in getting approved guidance to the field and have had to mediate many requests for branding

approvals while both DC and Mission staff figure out their roles and responsibilities in implementing the branding guidelines. We have also been asked in several countries for materials describing the new project and have had to put these requests on hold while waiting for preparation of official brochures about the IQC from USAID. Once the branding guidance is approved, we will roll out systematic training on the new guidelines and implementation of the branding strategy.

**(4) Training staff in M&E and quality assurance procedures**

During HPI's first year, we devoted considerable effort to developing the PMP and related documentation, branding strategies and related documents, reporting guidance, and technical review guidelines. With all the focus on materials development and the time required for obtaining approvals, we have not had a chance to systematically disseminate the materials and train staff in all the procedures. This will be a major effort in the next reporting period, and we will seek cost-effective mechanisms to ensure that all staff, both in DC and at the country level, are knowledgeable of M&E requirements and quality assurance procedures.

## IV. MH CORE-FUNDED ACTIVITIES

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### A. Maternal Health Activities

SO2 funds are used to provide leadership for policy analysis on the causes and consequences of maternal and neonatal death in developing countries and for creation of tools to demonstrate the benefits of investing in safe motherhood interventions. These activities are both research- and results-oriented and are designed to assist countries to increase access to equitable, high-quality, and affordable comprehensive MH services for all women, especially women and families that are economically disadvantaged. These maternal health initiatives will coordinate with public and private sector entities, representatives from CBOs and other entities involved in FP/RH programs, while paying particular attention to addressing the human resource crisis within the healthcare delivery system.

#### **Midwife Mapping in Ghana, Phase 2**

Activity Manager: Michelle Prosser

*Objective:* Building on the findings and experiences gathered from Phase I of this activity under POLICY, HPI will provide support to the MOH, Ministry of Finance, Ghana Health Services, Midwifery and Nursing Affiliations, and the Ministry of Education in addressing the emerging midwifery crisis. Specifically, HPI will address issues to improve retention, reimbursement, and training of midwives to expand access to high-quality and comprehensive midwifery care within the Ghanaian healthcare delivery system and to improve women's access to midwifery services.

*Summary of Major Activities:* HPI/DC and HPI/Ghana convened two stakeholder meetings to disseminate the findings of the Phase I report. The group held initial discussions about priority short-, medium-, and long-term interventions to be undertaken during Phase II. The USAID Community Mobilization unit, the ACCESS Project, and the Ghana bilateral Community-based Health Planning and Services Initiative (CHPS) have approached the HPI MH Team to discuss potential collaboration in Phase II activities. HPI sent the final report to these organizations with proposals on possible linkages and awaits feedback.

#### **Impact of Family Planning Services and Commodities on the Reduction of Maternal and Infant Mortality and Morbidity**

Activity Manager: Michelle Prosser, in collaboration with Futures Institute

*Objective:* The purpose of this activity is to develop a matrix that can be used to project retrospective and future impact of an increase in the use of family planning on maternal and neonatal outcomes, showing the important beneficial effects of family planning on maternal and neonatal health. The underlying assumptions are based on the concept that increasing contraceptive prevalence and access to FP commodities and services positively affects maternal and neonatal mortality in a number of ways. The most direct effect is that family planning leads to fewer births, which leads to fewer maternal deaths by reducing exposure to the risks of pregnancy and child birth. The number of neonatal deaths is also reduced when the number of births is reduced. Greater use of family planning also changes the risk profile by producing greater reductions in births to older, younger, and high-parity mothers.

*Summary of Major Activities:* The matrix was based on previously collected data from published multinational DHS data on maternal and neonatal mortality and under five mortality, spanning from 1985–2005. Other data sources include the Maternal and Neonatal Program Effort Index (MNPI), the Family Planning Program Effort Index, and information on the use of family planning from the FamPlan Model. From these resources, the MH Team prepared data sets that estimate the effects of increased contraceptive use on the distribution of births by risk factor (too close, too many, too young, too old), and

then related the data to neonatal and infant mortality ratios and under five mortality to the percentage of births that are high risk.

Additionally, the MH Team projected several equations for maternal and neonatal mortality from the Safe Motherhood Model to analyze the effect of FP on those ratios. The next phase of this activity will be to enter the data into SPECTRUM and analyze it using the Allocate Model to demonstrate the effects of increased family planning on the number of abortions and mistimed births averted.

### **Technical Assistance to National White Ribbon Alliances (WRA)**

Activity Manager: Theresa Shaver

*Objective:* This activity is intended to strengthen capacity of national WRAs and member countries to provide resources, tools, and evidence-based practices to members and stakeholders so that they can effectively advocate for improved access and resources for safe motherhood.

*Summary of Major Activities:* HPI/WRA provided support to 13 National Secretariats and 71 member countries. In Tanzania, the White Ribbon Alliance (WRATZ) member organizations and partners raised jointly (about \$110,000) to establish a White Ribbon Day in Tanzania and launch an advocacy campaign on March 25, 2006. The campaign brought national and public attention to the critical shortage of human resources at the health sector levels throughout the country. The retired President, Ali Hassan Mwinyi and his First Lady, together with the Minister for Education, Deputy Minister for Health, and her Permanent Secretary led hundreds of Tanzanians marching with banners bearing messages that encouraged the government to train, employ, and deploy enough doctors, nurses, and midwives nationwide. The campaign was followed by a forum held to debate/discuss whether Tanzania should invest in community midwives. There was significant media coverage for the campaign in both Tanzania. For example, media messages were given on TV for 30 days and in newspapers and two billboards for six months.

In India, the WRA in Orissa participated in public rallies addressing maternal health issues. Facilitated by WRA representatives, the rallies provided an opportunity for community members to interact with district health officials, NGO representatives, doctors, and political leaders. Community members raised questions about the cause of maternal deaths, the availability of ambulances, facilities, and the scarcity of doctors in rural areas, as well as the steps being taken by elected officials to address the issues. The Chief Minister of Orissa also announced that Self-Help Groups will be involved in maternal healthcare programs. Additionally, representatives of political parties committed to allocate resources for maternal health under the new five-year plan.

### **Maternal Health Pathways**

Activity Manager: Theresa Shaver

*Objective:* Using the Maternal Health Pathways, the WRA Global Secretariat will work with the national alliances in four countries to determine priority focus interventions in one of the four following areas: safe birth, antenatal care, newborn care, and active management of the third stage of labor. These alliances will prepare advocacy and community-based strategies to promote specific evidence-based interventions. The Alliances' diverse and broad memberships will ensure that the interventions are widely adopted and will reduce duplicative efforts of NGOs working in the same geographic area.

*Summary of Major Activities:* Global WRA and WRA/Malawi have been working on organizing a WRA Regional Workshop with a focus on key interventions and development of action plans to address the Maternal Health Pathways. The workshop will take place in Lilongwe on October 9–13, 2006.

## **Partnership for Maternal, Newborn, and Child Health**

Activity Manager: Theresa Shaver

*Objective:* This activity is intended to increase participation and leadership at high-level national, regional, and international forums to advocate for safe motherhood and newborn health issues.

*Summary of Major Activities:* Partnership for Maternal, Newborn and Child Health: HPI participated in country working group meetings and dissemination of materials. WRA/India and QRA/Bangladesh also received small grants to conduct stakeholder meetings on the role of civil society in the PMNCH.

## **B. Problems, Issues, and Constraints (MH)**

We have encountered the following problems, issues, and constraints in implementing the MH core-funded portfolio:

### **(1) Lack of core funds to support technical leadership activities**

Under POLICY II, significant funds were available from a variety of sources, including POP core funds for maternal health and family planning-related activities. As a result of a tightening within USAID for POP funds, the safe motherhood team has been limited in its ability to provide technical leadership and assistance within the project. Under HPI, the staff is exploring a variety of opportunities to highlight the relationships between maternal health and family planning, malaria in pregnancy, PMTCT, HIV, gender and poverty, and to provide technical leadership in safe motherhood in cost-effective ways.

### **(2) Finding cost-effective mechanisms to support country-level TA and sustainability of WRAs**

Due to the reduction in funding, another challenge is providing country-level technical assistance to the national WRAs on the “Maternal Health Pathways” because of the high costs involved with holding technical and regional workshops. We are exploring avenues of providing cost-effective training and technical assistance to help build local capacity through a variety of mechanisms. In addition, many of the national WRAs continue to struggle with financial sustainability issues that hinder their ability to expand and move their plans forward. We are addressing this issue in part by providing training in resource leveraging, networking, and working with the media to create greater awareness on safe motherhood issues. We will continue to work with the national alliances to seek funding opportunities and help the membership achieve expected results.

## V. HIV/AIDS CORE-FUNDED ACTIVITIES

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### A. IR Activities

The sustainability of HIV prevention, treatment, and care programs depends on an enabling policy environment in which stakeholders—from government, private, faith-based, and civil sectors—have the capacity, skills, and opportunities to participate meaningfully in the policy and program development process; and in which sufficient human, material, and financial resources are mobilized to ensure effective policy and program implementation. An enabling environment in turn facilitates behavior change to reduce HIV transmission and promotes the quality of life for people living with HIV, their families, and affected communities.

The HIV core workplan supports the President’s Emergency Plan for AIDS Relief (PEPFAR) by providing TA that builds in-country local partners’ capacity to use evidence and proven practices to sustain PEPFAR investments in prevention, treatment, and care and support programs. HPI’s core-funded workplan contributes to upstream efforts to reach PEPFAR goals by delivering technical approaches and knowledge essential to scaling up downstream programs and services. HPI’s core-funded work contributes to the following program areas: orphans and vulnerable children (OVC), strategic information, and other/policy analysis and systems strengthening. Our activities also contribute to furthering the congressional and Office of Global AIDS Coordinator (OGAC) priorities of gender and stigma and discrimination.

These core activities respond to requests from country partners and implementers around the globe for tools and approaches that can be quickly adapted for use within their programs or among partners to expand access to services, decrease stigma and discrimination, and mitigate the impact of HIV.

#### **IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice**

##### ***1.1 Improving PEPFAR Effectiveness: Addressing Operational Policy Barriers (OPB)*** Activity Manager: Kai Spratt

*Objective:* Numerous countries have policies and strategies to address the HIV epidemic; however, the implementation of many of these policies has been ineffective. Policy implementation depends on multiple factors including enabling laws, regulations, codes, guidelines, plans, and resource allocations that support the delivery of the service or program for which the policy is designed. Policies also require political and civil sector support at the national, district, and community levels and a sensitivity to how gender can affect and be affected by policy implementation. Barriers to implementation can occur anytime during the policy implementation process and/or along the national to community continuum. The ability of policymakers, program managers, and advocates to identify, prioritize, and address operational policy barriers along this continuum is critical to the implementation of policies and the expansion of programs and services.

This activity will provide a systematic overview of operational policy issues in PEPFAR countries; identify corrective actions that will help maximize resources and streamline services; identify operational policy actions to address gender inequity; facilitate the prioritization of operational policies barriers among the U.S. government (USG) team and its implementing partners and the adoption of action plans; and strengthen the capacity of local partners to identify and address operational policy barriers. The activity contributes to PEPFAR Program Area 12: Other/policy analysis and systems strengthening, through policy and institutional capacity building.

*Summary of Major Activities:* HPI staff made a PowerPoint presentation to project CTOs and a representative from the Centers for Disease Control and Prevention (CDC), detailing the activity's objectives and expected results. HPI designed a survey methodology for the operational policy barriers analysis for testing in four PEPFAR focus countries (Haiti, Kenya, Tanzania, and Vietnam). USG teams and their in-country partners will identify the priority policy or program area for the analysis in each country (e.g., VCT, palliative care). The analysis will engage stakeholders along a continuum (policymakers, district health officials, implementing partners, and community members) through surveys and site observations to identify, from their perspectives, the successes and challenges experienced in the implementation of a policy or program. Discussions with USG country teams have occurred in the four countries with unanimous interest in having the analysis conducted. Non-focus countries expressing interest in using field support to conduct this activity include China and Indonesia.

Initial work on the OPB analysis was begun in May and June but was then delayed while some concerns about the activity were clarified between OHA and OGAC. We were given the green light to move forward in early November 2006. However, we still need to resolve some concern about the purpose of the activity with OHA and OGAC before the HPI team can request concurrence from USG field offices and gear up planning for the field work.

### **1.2 *Integrating Gender as an Essential Component to Addressing Operational Policy Barriers*** Activity Manager: Anne Eckman

*Objective:* Operational barriers to achieving PEPFAR targets frequently reflect gender-based norms, values, and biases. Tools to analyze these barriers must explicitly integrate gender to more effectively address the barriers. To achieve this objective, the gender team is developing an overall framework and methodology to integrate gender analysis as a core component of the OPB activity.

*Summary of Major Activities:* In close collaboration with the larger OPB Team, the Gender Team developed an overall framework, draft methodology, and gender-specific questions to integrate gender analysis into the OPB tool and activity. Key elements of the methodology include (1) undertaking a gender analysis of constraints and barriers for women and men in PEPFAR program areas that have been identified by USG teams, (2) identifying gender barriers that can be addressed by correcting operational policy barriers, and (3) providing a gender assessment of all corrective actions identified to address operational policy barriers. The Gender Team also began a background literature review on gender and operational policy barriers related to HIV to inform the application of the tool and methodology in the upcoming field work. Based on this review, the next steps are to pilot the gender analysis methodology in conjunction with the OPB analysis in Haiti, Kenya, Tanzania, and Vietnam. Gender experts will participate in fielding the tool in two of these countries. In the other two countries, the field-based team will receive TA from a gender expert based in Washington, D.C. The Gender Team will analyze the gender data from all four countries and revise the methodology for future use. It will also prepare recommendations for TA needed to undertake the gender component of the OPB analysis in other countries. This activity contributes to PEPFAR Program Area 12: Other/policy analysis and systems strengthening, through policy and institutional capacity building.

### **1.3 *Moving National OVC Planning to National Action*** Activity Manager: Jane Begala

*Objective:* Although many countries have national OVC strategic plans, there are still barriers to transforming those plans into accelerated and scaled-up action. The goal of this activity is to improve the implementation of national OVC strategic plans, using a logical framework to move into systematic and sustained action from the community to the national level. This activity will contribute to the achievement

of the PEPFAR goal to support care for 10 million people infected and affected by HIV, including OVC by:

- Supporting the systematic scale-up of national services, support, and other interventions to help communities mobilize to care for their own children and families affected by HIV; and
- Improving implementation of national OVC strategic plans through improved policy and legislation.

The degree to which national OVC strategic plans and programs have been implemented will be assessed using a “U-shaped approach.” This approach collects data about barriers to OVC program implementation from stakeholders from the top of the implementation chain (the national, provincial, and/or district governments) to the ground-level implementers (NGOs, FBOs, and CBOs) providing services. This activity also includes input from children who are eligible for, or benefiting from OVC programs.

Data collection will also include reviewing OVC service statistics and OVC program resource flows and conducting in-depth interviews using an appreciative inquiry (AI) approach. HPI and local experts in OVC programs and strategies will collect the data from interviewees. HPI will undertake this activity in two countries yet to be determined. Common and unique barriers to operationalizing OVC strategic plans and moving funding to the community and family levels will be identified in and between these countries. HPI will assess the effectiveness of using an AI approach in analyzing barriers to program implementation and make recommendations for use of the approach in other countries. This activity contributes to PEPFAR Program Area 12: Other/policy analysis and systems strengthening, and indirectly to Program Area 9: Orphans and vulnerable children.

*Summary of Major Activities:* HPI conducted a literature review on five major areas: principles of community participation/participatory development; development management theory; systems change and long-term development theory; strategies supporting family and community-based care; and collaborative methodologies. The literature review contributed to the initial draft of an interview guide. We will adapt the guide to account for the cultural nuances of the selected countries. HPI staff are now preparing an initial draft of a “community-based report card,” using multiple approaches to show how OVC program implementation is meeting the community’s needs.

### **IR3: Health sector resources (public, private, nongovernmental organizations and community-based organizations) increased and allocated more effectively and equitably**

#### **3.1 Strengthening Finance and Planning**

Activity Manager: Gayle Martin

*Objective:* One way to address operational barriers is to better understand the human resource needs (and gaps) required to achieve the PEPFAR targets. The Goals Model is well suited to link these targets (e.g., number of infections averted, people receiving care and treatment, OVC receiving services, etc.) and the human capacity required to reach these targets. To this end, the Goals Model’s capacity module is being updated to reflect the most recent implementation experiences to help national program managers to improve planning for the human resource implications of meeting the targets. Furthermore, the transmission module of the Goals Model, which calculates the probability of transmission in different populations, will be validated for concentrated epidemics. This will entail retrospective fitting of behavior change and prevalence data. The impact matrix for sexual transmission will be updated with new data from the last two years; the revised model will be validated on prevalence decline in Kenya and Zimbabwe. Under this activity, we will also complete our final year of participation (with USAID funding) in the UN Reference Group on estimates, models, and projections. This activity contributes to PEPFAR Program Area 11: Strategic information.

*Summary of Major Activities:* HPI staff undertook an extensive review of the literature, including implementation guidelines and protocols, on human resource requirements for a variety of interventions including antiretroviral treatment (ART), palliative care, outreach to men who have sex with men (MSM), prophylaxis and treatment of opportunistic infections, home-based care, prevention of mother-to-child transmission of HIV (PMTCT), voluntary counseling and testing (VCT), OVC, supportive policy environments, and outreach to most-at-risk groups. Costing studies proved to be an important source of information because they quantified the human resource inputs in a sufficiently disaggregated form as required for the model update. The database now contains information from the literature review summarized by intervention category, which serves as input for the updated model.

**IR4: Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs**

**4.1 Technical Assistance to Regional Muslim Leaders on HIV**

Activity Manager: Shetal Upadhyay

*Objective:* Many Islamic communities are struggling to develop religious and culturally appropriate responses to HIV. Several global meetings of Islamic religious leaders have occurred, but continued dialogue is needed to reach consensus within religious communities with diverse perspectives so that effective responses related to prevention, treatment, care and support and the reduction of stigma and discrimination can be better implemented.

To build on ongoing work with faith-based communities, the World Conference of Religions for Peace (WCRP) will take the lead in partnering with the New Partners Initiative (NPI) to facilitate a regional strategic planning meeting of the International Muslim Leaders Consultation (IMLC) scheduled for May 2007 in Ethiopia (this meeting will be co-funded with USAID/Ethiopia field support). Our goal is to build NPI's capacity to advocate more effectively among its members and other Islamic organizations to develop an effective response to those affected by or infected with HIV, disseminate best practices and approaches among diverse Islamic communities, and formulate evidence-based policies and strategic plans that are acceptable to this religious community.

This activity contributes to PEPFAR goals by engendering bold leadership and the capacity of leaders who can champion policies and create a broad base of support that will foster individuals and grassroots organizations in providing an effective response. Specifically, the activity contributes to PEPFAR Program Area 12: Other/policy analysis and systems strengthening, by providing TA to organizations and individuals for HIV-related policy development.

*Summary of Major Activities:* HPI initiated discussions with Islamic organizations planning global meetings. We are working closely with UNDP-HARPAS and Islamic Relief, which are conducting other regional and global trainings or meetings, to ensure that HPI's efforts build on but do not duplicate the work of these other organizations. HPI met with USAID and WCRP to plan and coordinate this activity. The Muslim Leaders activity has been affected by the delayed release of the NPI's RFA.

**IR5: Timely and accurate data used for evidence-based decisionmaking**

**5.1 Addressing HIV-related Stigma and Discrimination: Furthering the Stigma Index**

Activity Manager: Lori Bollinger

*Activity Objective:* The negative impact of S&D on the willingness of people to use HIV prevention, care, and treatment services is well documented and fuels the continued spread of new infections. Reducing stigma and discrimination is both a legislative and OGAC priority issue. Many programs and initiatives

are underway to reduce S&D, but there are no reliable measures to assess the level of S&D within a community or whether program efforts are having any effect. In 2005, the Interagency Working Group (IWG) on Stigma and Discrimination developed an index to measure S&D that could be used in the DHS or other survey tools to assess the impact of programs on reducing S&D. The index measures S&D at three levels: at the community, the healthcare provider/facility, and ‘internal’ or personal levels. The validity and reliability of the index must be established. HPI is testing the index at the provider/facility level.

This activity contributes indirectly to PEPFAR Program Area 11: Strategic information (surveillance tool to monitor S&D in HIV/AIDS programming) and to Program Area 12: Other/policy analysis and systems strengthening (stigma and discrimination reduction).

*Summary of Major Activities:* The HPI team participated in a meeting held at ORC/Macro to discuss a stigma module for the DHS. Rather than design a module, ORC/Macro agreed to include stigma questions designed by the IWG in the core DHS questionnaire. In the spirit of continuity and collaboration, HPI, ORC/Macro, and other partners agreed to replace the current stigma questions for providers with those recommended by the IWG, but these must still be validated. HPI designed a questionnaire for the provider/facility level, field tested it, and revised it. Initial data collection with the revised tool is currently underway in Kenya. Negotiations with several organizations that could conduct the field test in Ukraine are underway.

## **B. Cross-cutting/Rapid Response Activities**

### **Rapid Response**

Activity Manager: Kai Spratt

*Objective:* Rapid response funds are used to respond to requests from USAID to take advantage of or participate in unforeseen activities and opportunities. Funds also provide HPI technical and program staff opportunities to consult with other CAs, multilateral and bilateral organizations, international NGOs, and local NGOs to ensure that HPI efforts are coordinated and not duplicative. This activity offers USAID an effective and transparent management system for high-quality and fast-track policy-related assistance. In addition, this activity provides support for creating and testing innovative projects that may have global or regional application.

*Summary of Major Activities:*

1. Linda Sussman, OVC expert, and John Stover, Futures Institute, attended a three-day consultation meeting, “Scaling Up the Response for Children East Asia and Pacific Regional Consultation on Children and HIV/AIDS,” held in Hanoi, Vietnam, March 2006.
2. Philippa Lawson, HPI Technical Advisor for HIV, attended a meeting as a subject matter expert on the reproductive health needs of HIV-positive women in Addis Ababa, Ethiopia, March 2006. The cost for attending the meeting was funded by EngenderHealth; HPI supported Ms. Lawson’s salary for these three days and incidental costs related to participating in the meeting.
3. David Stephens, Resident Advisor, Vietnam, attended the PEPFAR Annual Meeting in Durban, South Africa, June 2006. David Stephens also attended the International AIDS Conference in Toronto, Canada, August 2006. Mr. Stephens was the only HPI staff member supported by HPI core funding to attend this meeting.
4. Nancy McGirr, Quality Assurance and Monitoring and Evaluation for HPI, led a three-day Asia regional training for HPI staff from China, Indonesia, and Vietnam in Hanoi from July 31 to August 2, 2006; The training covered the project’s performance monitoring plan and quality assurance procedures.

## C. Problems, Issues, and Constraints (HIV)

In the past year, several key issues have challenged work in the HIV portfolio: (1) obtaining USAID approvals for new activities; and (2) lack of funding for capacity building of field staff to complete PEPFAR COP submissions, shift to policy implementation, and incorporate M&E in workplans.

### (1) Obtaining USAID approvals to initiate new activities

A major challenge to HPI start-up has been obtaining approval from Missions to host core-funded activities. USG teams began to work in earnest with many local implementing partners to complete the FY07 COPs; this process took 2-3 months in several countries. In many instances, USAID was unable to give attention to or take on new activities until the COPs were submitted on September 30.

Also, one of the major activities in the core workplan, developing a methodology to conduct operational policy barriers analysis, was suspended for three months until consensus was reached between OHA and OGAC about how to move forward on the activity. The issue around the purpose of the activity—focusing on policy implementation not policy development—has been resolved and the activity is now moving forward with the full support of OHA.

### (2) Capacity building of field staff

With the change in the mandate from POLICY to HPI, we found that our policy-savvy staff needed some additional capacity building to make technical and conceptual shifts to focusing on policy implementation and monitoring. We also experienced turnover among technical staff in some field offices and found that new or remaining staff needed more TA to complete COPs and PMPs than we had anticipated. Core and field-support funds to provide technical and managerial support from headquarters are highly constrained. We provided extensive support through email and phone calls to supplement the few field-based trips our technical and M&E advisors were able to make, but the process was slow and not as effective in building local capacity as direct TA offered in-country over a period of a few days. We are proposing increased funding for M&E and QA support in our FY06 core workplan to enable us to more effectively assist field teams on PEPFAR reporting and workplan development.

## VI. COUNTRY ACTIVITIES

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Task Order 1 received field support to undertake activities in 20 countries and with regional programs in West Africa, Southern Africa, and the Mekong. All of these countries, except Indonesia, had country programs under the POLICY Project. Thus, the start-up date for HPI varies according to when the countries completed their POLICY closeout and began to initiate activities under the HPI mandate. In two countries (Egypt and Nepal), HPI received limited funding to finish a few ongoing activities or to serve as transition funding until a new bilateral program went into effect. Activities in these countries are now completed. In addition, this section summarizes regional activities carried out with funding from the Africa and LAC bureaus.

Country and regional activities span a variety of funding sources and address issues in FP/RH, HIV, tuberculosis, and avian influenza. The following pages provide an overview of activities carried out during HPI's first year in four regions: Africa, Asia and the Near East, Europe and Eurasia, and Latin America and the Caribbean. In implementing its first year of activities, the project encountered a few difficulties in initiating country-level activities as described below.

### **Problems, Issues, and Constraints (Country and Regional Programs)**

#### **(1) Shifting from POLICY to HPI**

Shifting country programs from POLICY to HPI required intense managerial efforts to address the closeout requirements of one project while at the same time starting activities under a new contractual mechanism. Moreover, because HPI country programs started up at different times according to when POLICY activities ended, standardizing the FY05 workplan process was impossible. Now that POLICY is completed, all attention is focused on fielding high-quality activities that improve access to and quality of RH, HIV/AIDS, and MH services.

#### **(2) \$500K approval process**

Because it was a new process, the requirement for preparing scopes of work and detailed budgets (for funds over \$500,000) to be approved by Mission contracting officers caused much confusion and concern with our staff. Now that we have had our first experience with the process, our staff and the Missions will be able to better navigate their way through the process in the coming year.

#### **(3) Delays in FY06 workplan development**

While country programs are on target for negotiating their activities with Missions and having their workplan and budgets approved by Missions, Country Directors sometimes think that they have completed the workplan development process. The Regional Managers have been communicating with Country Directors on the need for management and technical inputs from the Deputy Directors and Team Leaders before their negotiations are finalized with the Mission. We also are working with them to use the standard HPI workplan format before workplans are submitted to the CTOs for final approval.

#### **(4) Meeting multiple reporting requirements in September/October**

The due dates for many reporting requirements seem to be in October. The confluence of HPI's reporting for the QRs/SAR, portfolio review, COPs, FY06 country workplans, and the PEPFAR annual report is placing a reporting burden on our field staff in particular. We are mapping out all such requirements to see if there is a way of to ease some of the burden. The results of this exercise will also help staff plan ahead and put processes in place to fulfill mandated reporting.

**(5) Branding issues at the country level**

We are very pleased to be rolling out the HPI sub-brand as a test case for USAID's new branding strategy for acquisition instruments. But the new strategy has caused confusion and delays in completing some country products. Because we have been awaiting final approval of the project's branding strategy and marking plan, and therefore have not disseminated the guidelines widely, countries and Missions have been confused about how they should brand their documents. The issues and approvals required for co-branding and no branding are particularly important because much of our field work is carried out in conjunction with partners whose capacity we are trying to build. Branding guidance will be sent to country programs in November. Regional Managers and Operations Managers will provide follow-up training.

**(6) Staffing changes at the country level**

HPI's mandate and the shifting demand in HPI country programs provide an opportunity to strengthen our country teams. In Tanzania, we hired a new management team, including the first local Country Director for that country and a Deputy Director. We also hired new long-term advisors in Botswana and Indonesia, as we are initiating activities in those countries. Staffing transitions are also underway in Mozambique, South Africa, and China. As a result, we will need to be diligent in providing necessary orientation and training for all new staff to help them quickly get up to speed in implementing HPI activities.



## **Africa Bureau**

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**Regional Manager:** Denise Lionetti

**Period Covered:** January 1–September 30, 2006

**Program Overview:** HPI provides ongoing support to the Africa Bureau (AFR/SD) on advocacy for more effective FP/RH programs in efforts to reposition family planning in Africa. HPI is also assisting the Health Office to look at AIDS and economics issues, particularly on interactions of improved health and economic development and means to strengthen programs of child health and nutrition, reproductive health, and HIV/AIDS prevention, care and treatment.

### **Summary of Major Activities:**

#### **FP/RH**

At the request of Africa/SD, HPI drafted a concept paper supporting an initiative to identify and strengthen FBO champions for repositioning family planning in Rwanda. Designed to achieve the AFR RH strategic priority of innovative advocacy tools and strategies to increase commitment to FP/RH, the concept paper was presented at the AFR/SD Strategic Team meeting in August. At the meeting, Africa Bureau staff suggested Tanzania as an alternative country for this activity. HPI is awaiting final confirmation from AFR/SD and USAID/Tanzania to carry out this activity in Tanzania.

#### **HIV/AIDS**

HPI's work in support of the Africa Bureau's HIV/AIDS program continues; HPI prepares briefs on the interactions of improved health and economic development and means to strengthen programs of child health and nutrition, reproductive health, and HIV/AIDS prevention, care and treatment. HPI staff member, William McGreevey, presented a summary of work on trade, development, and HIV/AIDS at the International AIDS Economic Network conference on August 12, 2006. Professor Arnab Acharya of the London School of Hygiene and Tropical Medicine, a consultant to HPI, prepared presentations on health and economic growth to be given at both USAID and American Public Health Association meetings in early November.

HPI used Africa Bureau funds to provide a speaker for the annual U.S. State Department International Conference on the Africa Growth and Opportunity Act (AGOA) held in early June. Africa Bureau staff agreed to seek additional funding to continue supporting AGOA with its analysis of the benefits of trade and the effect of increased assistance for health services in the sub-Saharan Africa region.

## Botswana

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**Country Manager:** Tanvi Pandit-Rajani

**Period Covered:** July 1–September 30, 2006

**Program Overview:** Under Task Order 1, the goal of the Health Policy Initiative in Botswana is to strengthen the response to the HIV epidemic by creating an enabling policy environment to support the U.S. Ambassadors' Initiative. Following on its predecessor POLICY II, HPI continues support of the President's Emergency Fund for AIDS Relief through activities in the OVC, Care and Support, and Other/Policy Analysis and Systems Strengthening program areas. Specifically, HPI is providing technical assistance to Botswana's national NGO, the Marang Childcare Network (hereafter, Marang) to build capacity to deliver quality services to OVC. Special focus is on both organizational and technical program development. HPI is also contributing to the Botswana National Strategic Framework for HIV/AIDS 2003–2009. HPI continues to work with Botswana university students to strengthen their organizational and technical capacity to raise HIV/AIDS awareness and deliver HIV prevention messages to students and the larger community.

### Summary of Major HIV Activities:

#### Prevention

**Students Against HIV/AIDS (SAHA).** In September 2006, SAHA at the University of Botswana promoted HIV awareness and their commitment to prevention programs by hosting the September month of prayer on the university campus. To increase HIV awareness, SAHA members fasted for one week to call attention to HIV on campus. Also, 188 students attended a sermon commemorating those who have been infected and affected by HIV/AIDS.

SAHA members trained previously under the POLICY Project also facilitated a two-day capacity-building workshop on September 23–24 to orientate 24 new students on HIV and its effects on youth in Botswana, as well as SAHA's programs and objectives. The students will join SAHA and contribute to its program over the course of next year. This activity significantly expands SAHA membership. Through this increase in student involvement, the organization has gained more recognition on campus.

With financial and technical support from the POLICY Project in 2003, SAHA visited the Center for the Study of AIDS (CSA) at the University of Pretoria. Following this visit, both university organizations strived to establish a more formal relationship and, in September 2006, a Memorandum of Understanding (MOU) was signed. As part of the MOU, SAHA and CSA pledged to work together to address HIV issues for youth by combining their resources and planning joint programs. Proposed collaborative programs include (1) training in HIV-related media issues for youth; (2) facilitation training; and (3) training in HIV workplace policies for students interested in pursuing a career in HIV policy work after graduation.

#### Support for Orphans and Vulnerable Children (OVC)

**The Marang Childcare Network.** HPI, in partnership with the U.S. Ambassador's HIV/AIDS Initiative, continues to provide technical and financial assistance to increase the capacity of the Marang Childcare Network in expanding community-based support for OVC. Two strategic partnership meetings were held on July 6 and July 17 between the Marang project coordinator and the Department of Social Services. During the meetings, the groups discussed methods for the Marang Childcare Network to provide civil society leadership in OVC initiatives through community-based organizations. The parties committed to

the partnership, which provides a platform to ensure continued service delivery to OVC at the community level.

On July 29, the Marang Board held a meeting to discuss how the organization can sustain institutional capacity to deliver and manage more effective OVC programs at the national level. The meeting focused on human resource policy, organizational structure, staffing, recruitment, monitoring and evaluation, and resource mobilization.

Subsequently, Marang and the District Social Services held a consultative meeting to explore ways to expand Marang's plan to reach more OVC CBOs in specific regions. It was tentatively agreed that Marang should present its program at the Southern Districts Councilors session planned for mid-November to brief local government and community leaders on Marang's mandate and to explore possibilities for collaboration. The meeting also resulted in an agreement to increase partnerships with district governments to provide quality OVC services to the community. This activity is important because Marang aims to expand in areas where it has not previously been active and to become the leading voice on OVC policy and implementation.

In August, Marang Childcare Network members participated in the International AIDS Conference in Toronto, Canada. During a session titled, "Stigma, Discrimination, Violence, Exploitation, and Abuse of Children affected by HIV/AIDS: A Children's Rights and Protection Perspective," Marang presented their best-practice model for an OVC response. The presentation highlighted community-based work with children to promote the protection of their rights. Marang illustrated the importance of partnerships between government programs and civil society initiatives in implementing policies on comprehensive OVC protection services.

The District Social Services convened a meeting in late August for OVC stakeholders, which was attended by representatives from civil society, the private sector, and the government. Participants discussed and disseminated the report, *An Evaluation of Short-Term Plan of Care on the Orphans of Botswana*. The meeting provided a forum for networking. Meeting participants proposed that the Marang Childcare Network be engaged as the primary NGO dedicated to OVC initiatives.

As a member of the Botswana Network of AIDS Organization's (BONASO) National Country Advisory Committee, Marang met with other committee members on the September 5 to discuss a workshop report titled, "Policy Analysis, Advocacy, and Networking." The committee is dedicated to lobbying for children's rights and its prominence in national discourse. Marang was a member of the working group mandated to plan a national donor forum to be held in October 2006. As a working group member, Marang participated in defining the objectives, identifying potential participants, and designing the program for the upcoming forum. Furthermore, by sharing technical and financial expertise, Marang solidified a working relationship with the Botswana Christian AIDS Intervention Program (BOCAIP)—a partnership especially pertinent as the program enters into its implementation phase for the next year.

## Ghana

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**Country Director:** David Logan

**Period Covered:** March 1, 2006–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Ghana will build on previous experience with the application of models to effectively use data in HIV-related decisionmaking. HPI, in collaboration with the Ghana AIDS Commission (GAC), is using the Goals application to help stakeholders conduct effective advocacy for HIV-related policy change. In addition, HPI is using core funds for Phase II of the Midwife Mapping Project to initiate dialogue on adopting policies and guidelines that support midwife recruitment and retention to eliminate geographical disparities in coverage of midwifery services.

### Summary of Major Activities:

#### FP/RH

***Initiating the Midwife Mapping Project Phase II.*** HPI is collaborating with several government partner institutions to carry out key activities under Phase II of the Midwife Mapping Project. These institutions include the Reproductive and Child Health Unit of the Ghana Health Service, the Nurses and Midwife Council, the Nurses and Midwifery Training Colleges, and the Ghana Registered Midwives Association (GRMA). Under Phase I, a report, “The Emerging Midwifery Crisis in Ghana: Mapping of Midwives and Service Availability Highlights Gaps in Maternal Care,” was produced; it recommended specific advocacy and institutional strengthening activities aimed at improving service delivery gaps, increasing access to midwifery services, and removing legal barriers to the practice of midwifery in Ghana. Using core funds, Phase II activities of the project include policy dialogue with the Reproductive and Child Health Unit of the Ghana Health Service, the Nurses and Midwives Council, and the Ghana Registered Midwife Association. The report will be disseminated next reporting period, and HPI will collaborate with the USAID/Ghana bilateral Community Health Planning and Services (CHPS) project and the aforementioned government partners to implement the recommendations of the study.

#### HIV/AIDS

***Applying the Goals Model to understand the impact of interventions on key HIV indicators.*** HPI continued work on the Goals Model application with the GAC and its partners and program implementers. The application will help to sharpen the focus of interventions within the National HIV/AIDS Strategic Plan 2006–2010 and thus contribute to the identification of priority interventions for the annual program of work (APOW) under the plan. For example, indicative results from the application are already being used to inform and re-shape the APOW for 2007. It is envisaged that the final results of the application will be presented to the GAC and partners at the HIV/AIDS Partnership Forum in November 2006. The 2007 APOW will be approved at the forum.

## Kenya

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**Country Director:** Angeline Siparo

**Period Covered:** March 1–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Kenya works with civil society and government partners to improve the enabling environment for health, especially FP/RH, HIV/AIDS, and maternal health. HPI's strategy is designed to address the most crucial health challenges in the country by using a comprehensive and integrated approach to the implementation of activities in the three program areas.

In HIV/AIDS, HPI supports the President's Emergency Plan for AIDS Relief that, in Kenya, aims to treat 250,000 with ARVs, avert 1 million infections, and care for 1.25 million HIV-positive individuals, including orphans and vulnerable children. HPI/Kenya seeks to strengthen the capacity of government ministries, NGOs, and networks of PLHIV to formulate and implement HIV policies and programs; eliminate policy barriers inhibiting the scaling up of HIV prevention, care, support, and treatment; and advocate and mainstream human rights issues. The priority areas of assistance include: (1) building the capacity of local institutions and PLHIV networks for more active policy engagement, especially advocacy on stigma and discrimination reduction and promotion of access to community care and support, and HIV/TB treatment literacy and preparedness; (2) social protection of OVC and their parents to access basic services, with a focus on children's and women's rights; (3) stigma and discrimination mitigation; (4) strengthening of policy analysis and implementation and addressing of operational barriers that affect OVC and PLHIV networks' needs; and (5) strategic planning, costing, and the generation and analysis of data for evidence-based decisionmaking. HPI contributes to the palliative care, OVC, and policy analysis and systems strengthening program areas under PEPFAR.

In FP/RH, HPI assistance focuses on conducting advocacy and dialogue to achieve renewed high-level commitment to FP programs; formulating and improving key national RH policies and strategies to provide information for planning; integrating FP/RH programs more fully with other policies for HIV; informing and guiding policy development and implementation; and building support and capacity for advocacy. The health finance and systems strengthening program enhances the Ministry of Health's ability to mobilize additional health resources and strengthen health policies and systems to achieve improved planning, financing, and quality of FP/RH and HIV programs and services.

### Summary of Major Activities:

#### FP/RH

**Finalization of the National RH Policy.** HPI—with the National Council Agency for Population and Development (NCAPD), the Population Council, DFID, UNFPA, GTZ, AMKENI, and Intrahealth—led the development of the final draft of the National RH Policy, which was presented to the RH Inter-Agency Consultative Committee for review and approval. HPI made further revisions to the policy document based on stakeholders' comments before forwarding it to the Division of Reproductive Health (DRH) of the MOH for final approval. Following endorsement, HPI will finalize and print the document for wider dissemination.

**Monitoring implementation of the Adolescent RH and Development Policy.** HPI initiated consultations on the establishment of a multisectoral Adolescent RH and Development Technical Working Group and convened the first consultative meeting to draw the terms of reference (TOR). Under the direction of the

NCAPD and DRH, the group is to provide the institutional framework within for monitoring and evaluating the implementation of the Adolescent RH and Development Policy.

***Creation of an advocacy plan for the Parliamentary Population and Development Network.*** HPI and the NCAPD co-led discussions on the formulation of an agenda, including a one-year advocacy plan for the Parliamentary Population and Development Network to increase its visibility in FP repositioning. The partners also provided financial and technical support in the establishment of a coordinating secretariat—situated at the NCAPD—to generate data/package information for use in advocacy activities.

***Addressing the health needs of special categories of the population.*** HPI—with a local NGO, Women Challenged to Challenge (WCC); the DRH; and the Ministry of Culture and Social Services— spearheaded the planning for an advocacy meeting to sensitize program managers and/or implementers and service providers on the FP/RH needs and rights of women with disabilities. The advocacy meeting held at the PanAfric Hotel, Nairobi (July 17–18), revealed an urgent need to conduct a rapid needs assessment in this area to obtain data that would inform advocacy and policy formulation.

## **HIV/AIDS**

### ***OVC***

***Finalization of the OVC legislative agenda.*** HPI co-facilitated the finalization of the OVC legislative agenda and accompanying cabinet paper for discussions by Parliament. The endorsement of these policy documents will lead into the preparation of a Bill and Sessional Paper to guarantee the provision of essential services to OVC. In the meantime, UNICEF and HPI are supporting the drafting of a National Plan of Action to guide the implementation of the OVC Policy.

***Initiation of a small grants program for CBO/NGO initiatives on OVC and PLHIV basic needs.*** HPI provided TA to selected CBOs/NGOs to prepare concept papers for consideration under HPI's small grants program, which seeks to fund unique and sustainable CBO/NGO initiatives on the provision and/or scaling-up of OVC and PLHIV basic needs at the community level.

***Creation of a strategic plan for the Ministry of Home Affairs (MOHA).*** HPI participated in initial discussions on the creation of a five-year MOHA (Children's Department) strategic plan, contributing largely to the need for effective coordination of OVC policy implementation, including monitoring and supervision.

***Strengthening of local capacity to promote OVC access to essential services and property ownership.*** HPI convened and facilitated a two-day capacity building workshop in Nakuru (August 8–9) for 60 participants from partner networks, the National AIDS Control Council (NACC), the Children's Department, and CSOs to enhance their skills in scaling up OVC psychosocial and basic needs support.

***Building capacity for mobilization, advocacy, and support for women and their children to access property inheritance rights.*** With the Kenya National Commission on Human Rights, HPI convened and facilitated a stakeholders' workshop in Nakuru (April 24–27) and community-based consultative meetings in Rarieda (June 26–27) and Rachuonyo (Sept. 7–8) to share experiences and present strategies for responding to women's property ownership and inheritance rights (WPOIR) issues. Similar consultative meetings were also held with lead experts in health, gender, and human rights; and FBO and CSO leaders from the greater Meru region. Their purpose was to roll out the WPOIR initiative to the region through the established cultural structure (Njuri-Ncheke) entrusted by the community to arbitrate and resolve conflicts related to the upholding of cultural norms and values, the violation of rights, and

property ownership, among others. An oversight committee has already been established and community-level needs assessments are planned for October 26 and 27.

### ***Other/policy analysis and systems strengthening***

***Strengthening of networks for policy and program implementation.*** HPI continued to facilitate community-level consultations and mentor partner networks<sup>1</sup> in implementing their subcontracts related to HPI. Through HPI support

- KENEPOTE trained 13 board and regional coordinators (September 22–26) on leadership and managing networks;
- UDPK, KENERELA, and NEPHAK trained, in total, 80 network and support group members on community mobilization for prevention, care, support, and /or treatment ( September 26–30);
- NMCK-NUR trained 46 support group members from Kisumu (July 1–2) and 63 from Lamu (July 29–30) on HIV/AIDS facts; ARVs; positive living; stigma and discrimination; and management of support groups.

***Status assessment and analysis of capacity gaps for HIV and AIDS networks.*** HPI finalized the assessment that provided baseline information to set priorities for HPI network activities at the stakeholders’ workshop in Naivasha.

***Capacity building for PEPFAR monitoring and reporting.*** HPI staff (Esther Gatua and Francis Kangwana) participated in the PEPFAR supported course—“Kenya PEPFAR Monitoring System.” HPI then trained 46 support group leaders from Nakuru (August 17–18) and Narok districts (Aug 29–30) on PEPFAR monitoring and reporting in readiness for their support in collecting data for HPI and PEPFAR targets.

***Drafting of a training curriculum on community mobilization for prevention, care, support, and /or treatment.*** HPI drafted a training curriculum on community mobilization for prevention, care, support, and/or treatment and submitted it for review by 12 members from HPI-partner networks in September.

***Support for the Kenya Treatment Access Movement (KETAM).*** With HPI support, KETAM, which acts as a watch dog on treatment access, effectively lobbied with the top leadership in Parliament, PLHIV, CSOs, and development partners for the cancellation of proposed amendments to the Kenya Industrial Property Act (2001), which would have given multinational corporations exclusive rights in the procurement and importation of ARVs. KETAM also led consultations with the Parliamentary Health Committee concerning a revised HIV/AIDS Prevention and Control Bill (2001) for consideration by the cabinet and provided TA and training in field-testing the USAID questionnaire on measuring HIV/AIDS-related stigma and discrimination in Kenya.

***Advocacy support for NEPHAK.*** HPI continued to provide financial and technical support to NEPHAK to champion the rights of PLHIV. HPI supported NEPHAK to (1) prepare advocacy messages, print T-shirts, and mobilize its members for a demonstration on September 21 outside the High Court (in support of a colleague who was let go unfairly by her employer on the basis of being HIV-positive); and (2) lead a demonstration on April 20 against the murder of a 15-year-old, HIV-positive boy by a guardian uncle because of his status.

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<sup>1</sup> Kenya Network of Positive Teachers (KENEPOTE); United Disabled Persons of Kenya (UDPK); Kenya Network of Religious Leaders Infected or Affected by HIV/AIDS (KENERELA); National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK); and National Muslim Council of Kenya (NMCK-NUR).

## Finance and Systems

***Updating of the Financial Information System (FIS).*** HPI helped to update the FIS cost-sharing data. HPI is assessing the health care financing information systems it has been supporting (notably, FIS and the Health Management Information System) to determine their status and gaps and the support required to enhance their efficiency and effectiveness and to achieve synergy with related existing and/or upcoming government information systems. The TOR has been agreed on with the MOH, and plans are underway to embark on field work.

HPI also facilitated a planning meeting to update the FIS database in readiness for the production of the next version of the cost-sharing report to promote dialogue on improved planning and increased resources for health.

***Strengthening the capacity of the Division of Health Care Financing (DHCF).*** HPI continued to provide financial support to the DHCF for its monitoring and supervision of the cost-sharing program to ensure efficiency in the collection and use of the funds and to address audit queries posed by the Auditor General.

***Evaluation of the “10/20” cost-sharing policy.*** HPI drafted the TOR for the evaluation that aims to determine future support for the cost-sharing program and forwarded it to the MOH for approval.

***Drafting of a Health Sector Financing Strategy.*** As recommended by the Joint Appraisal Mission, the MOH’s Department of Policy Planning and Development is spearheading the establishment of a Health Sector Financing Group and the development of a Health Sector Financing Strategy, including the costing of the service package. HPI is a part of this group; HPI staff member, Wasunna Owino, joins other health care financing experts from the World Bank, WHO, DFID, GTZ, among others, to provide TA to the process. On August 30, the team held its first meeting at the MOH to prepare a plan of action for the effort.

## Mali

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**Country Director:** Modibo Maiga

**Period Covered:** January 1–September 30, 2006

**Program Objectives:** Through Task Order 1, the Health Policy Initiative in Mali is working to establish an enabling policy environment by repositioning FP efforts to reduce unmet need; strengthening the response to HIV; and increasing civil society’s capacity to participate in policymaking, advocacy, and policy implementation. In achieving these objectives, HPI will provide technical assistance to government lead agencies, such as the Division of Reproductive Health (DSR) of the Ministry of Health, the National High Council on AIDS Control (HCNLS), and the parliamentarian network on population and development (REMAPOD). The project will also work with the Muslim Supreme Council and affiliated Islamic networks—such as the National Islamic Network for the Fight against AIDS (RNILS) and the Islamic Network for Population Development (RIPOD)—to strengthen the policymaking and advocacy role of national and regional Islamic leaders.

### Summary of Major Activities:

#### FP/RH

**Support for national efforts to reposition family planning.** HPI collaborated with several government agencies in efforts to reposition family planning. Under the leadership of the DSR, HPI participated in the design and validation of the National Strategy of Communication for Reproductive Health. HPI’s major contribution included helping to finalize the strategy, which was presented at validation meeting supported by HPI for key FP stakeholders. The strategy provides high-quality FP/RH information; HPI’s technical contribution focused on how to address unmet need for family planning.

Additionally, HPI played a leading role in the preparation for the launch of the MOH’s Family Planning 2006 National Campaign—a one-month campaign launched on March 16. HPI contributed to the development and monitoring of the action plan; preparation of the logo and jingle; and the organization of civil society’s involvement, including Muslim leaders from RIPOD who demonstrated their support for family planning through messages related to the acceptance of/and advantages of birth spacing in Islam based on the Koran and the Hadith/Sunna traditions. The leaders’ commitment to FP/RH is the result of HPI’s ongoing training and capacity building.

**Incorporation of family planning into the Mali Poverty Reduction Strategy Paper (PRSP).** HPI and the World Bank are working together to advocate for the inclusion of a chapter in the PRSP on family planning as an effective approach to reducing poverty in addition to increasing access and use of FP services for the poor and vulnerable groups. HPI field and core funding supported meetings with donors, civil society organizations, and other stakeholders surrounding FP issues and their link to reducing poverty. HPI activities culminated in a meeting with the Minister Secretary General of the Presidency, Mr. Modibo Sidibe, and his advisors, during which HPI made an advocacy presentation on repositioning family planning and its integration into the PRSP 2007–2011.

**Raising awareness among political leaders of the importance of family planning.** Mali has one of the world’s highest levels of unmet need for family planning in West Africa. Unintended fertility is fuelling a rate of population growth that is outpacing the country’s efforts to meet the social and economic needs of its citizens. Despite this, implementation of FP programs remains low on the national political agenda.

On September 1, Modibo Maiga, Country Director for HPI in Mali, was invited to present the RAPID computer model to Mr. Modibo Sidibé, Secretary General of Mali and Chief Advisor to the President. The meeting was also attended by Alexander Newton, Director of USAID; Christine Sow, Team Leader SO6 Health Team; and El Hadj Thierno Hady Oumar Thiam, President of the Alliance of Mali Religious Muslims & Christians and a member of the Islamic Population Network. The purpose of the meeting was to encourage policy dialogue concerning the need for effective FP/RH programs in Mali.

The RAPID Model illustrates the socioeconomic impacts of high fertility and rapid population growth. Through his presentation, Modibo Maiga was able to raise awareness about the impacts of unmet need for family planning with some of the most influential policymakers in the country.

After the presentation, the Secretary General and his executives unanimously congratulated Modibo Maiga on the quality and content of the presentation and asked a series of in-depth questions concerning the correlation between economic development and family planning. The executives asked further questions about the content of the Millennium Development Goals and strategies to be implemented and the implications for religious leaders in relation to family planning. At the end of the meeting, the Secretary General informed the participants that he would personally debrief the President of Mali on the findings from the meeting. The RAPID Model will be used to further respond to population and FP questions concerning Mali.

***Strengthening of religious leaders in repositioning family planning.*** Recognizing the significant role religious leaders can play in implementing repositioning FP efforts, HPI continued to strengthen the capacity of religious leaders as champions in promoting the concept of family planning within the Muslim context. HPI produced a video, “Repositioning Family Planning in Africa: Religious Leaders Are Committed,” with Islamic leaders from five countries that participated in a POLICY-funded repositioning FP meeting held in Bamako. In the video, the leaders discuss family planning and what is acceptable within the teaching of the Koran. The video will be used as an advocacy tool for other Islamic leaders in policy dialogue and awareness-raising efforts.

The Islam and Family Planning advocacy presentation, prepared under POLICY, has been an effective tool for Muslim leaders in raising awareness of the practice of birth spacing—a method acceptable in Islam and supported in the Koran and Hadith/Sunna. To expand the pool of presenters, in collaboration with the National Organization of Muslim Women Associations of Mali (UNAFEM) and RIPOD, HPI organized training sessions to build the capacity of 30 male and 21 female preachers. Similar trainings were conducted with Group Pivot/Health Population and RIPOD for 170 Muslim leaders, scholars, preachers, and medersa headmasters. With their new skills, these women and men have conducted advocacy events involving 215 people that have resulted in increased support for family planning. For example, in Baroueli District, after a one-day advocacy effort, leaders from a highly religious and conservative village began speaking about the benefits of family planning and encouraged the population to use FP services. Since that day, Save the Children noted the establishment of a committee of religious leaders who speak on the radio and at mosques in favor of family planning.

***Engagement of youth in repositioning family planning.*** HPI conducted a series of FP/RH advocacy trainings to engage youth in repositioning FP efforts. In collaboration with the DSR, the Youth Association for the Promotion of Youth Health (AJPJS) and the NGO Association for the Support and the Development of Population Activities (ASDAP), 87 youth leaders advocated to mayors and Members of Parliament (MPs) for the provision of a FP budget line item in their communal budgets.

## **HIV/AIDS**

***Strengthening of the national response to HIV.*** In collaboration with the National High Council of AIDS Control (HCNLS) and USAID, HPI organized and facilitated the validation workshop of the National Strategic Framework of AIDS Control in Mali (2006–2010). HPI staff provided technical leadership in the drafting and validation of the national strategic framework—ensuring stakeholder involvement through a participatory process before final approval by the HCNLS under the presidency of the Head of the State in January 2006.

Through the development and application of the Goals Model, HPI is strengthening the capacity of HCNLS to use timely and reliable data for planning and resource allocation. HPI trained 16 people on the technical team and validated the data used in the model in a workshop with 70 stakeholders. During this period the Scaling Up to Universal Access in 2015 was finalized. This document will accompany the model and estimates the resource requirements for addressing HIV in Mali.

The National Assembly approved the HIV/AIDS law on June 2. HPI worked closely with REMAPOD in advocating for the law’s approval by convening a one-day policy dialogue meeting for 100 members of Parliament to gain their support and commitment.

***Strengthening of religious leader involvement in the response to HIV.*** HPI continues to build the capacity of religious leaders in becoming advocates and policy champions in support of HIV prevention, care and support, and treatment. HPI conducted capacity-building workshops to: (1) finalize a PowerPoint presentation for Christian leaders on HIV messages based on the Bible, the Christian AIDS Impact Model; (2) at the International Center of Conferences, assist the Alliance of Muslim and Christian Religious Leaders with organizing an international workshop on HIV/AIDS and peace; (3) in collaboration with Population Services International, train 30 religious women from Timbuktu on HIV prevention and advocacy tools; and (4) build the advocacy capacity of Muslim leaders in Sikasso. As a result, religious leaders from both the Muslim and Christian faiths have now joined together in their efforts against HIV.

## Mozambique

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**Country Director:** Henriqueta Tojais

**Period Covered:** April 1, 2006–September 30, 2006

**Program Overview:** Under Task Order 1, the goal of the Health Policy Initiative in Mozambique is to help ensure that uniform, timely, and accurate information on HIV is available to partners of the National Program to Combat STDs/HIV/AIDS, and that intervention efforts effectively use that information for policy development, program planning and financing, advocacy, and monitoring and evaluation. HPI assistance includes strengthening the capacity of the Multisectoral Technical Group (MTG) to (1) analyze HIV sentinel surveillance data and update impact projections, (2) provide TA to public and private sector counterparts in the use of strategic information, and (3) assist counterparts in HIV/AIDS-related policy development, especially the drafting of workplace policies. HPI/Mozambique contributes to the Strategic Information and Policy Analysis and Systems Strengthening program areas under the President's Emergency Plan for AIDS Relief. Project activities include training counterparts and providing training opportunities for university students; coordinating linkages among the MTG and the National AIDS Council (NAC), line ministries, and the private sector; and participating in donor coordination.

### Summary of Major HIV Activities:

HPI's principal counterpart is the MTG, which includes representatives from the National Statistics Institute (NSI); the ministries of health (MOH), planning and development (MPD), agriculture (MINAG), and education and culture (MEC); the NAC; and the faculties of medicine and economics and the Center for Population Studies (CEP) at Eduardo Mondlane University (UEM). Activities carried out at the central and provincial levels during this reporting period include the following:

### Strategic Information

**Assistance to the MOH.** At the request of the MOH, Technical Advisor Isabel Nhatave trained 35 medical doctors on strategic information related to HIV basic concepts, estimates and projections of HIV prevalence and demographic impacts, programmatic implications, strategies/interventions for prevention, and impact mitigation. HPI conducted training on April 3 at the Faculty of Medicine, as part of a course on antiretroviral therapy.

HPI Assistant, Amâncio Oliveira, continued entering notification data on sexually transmitted infections (STIs) and HIV/AIDS that were received from the provincial directorates of health into the MOH STI/HIV/AIDS national program database. Also, Oliveira, at the invitation of the MOH, participated in the discussion meetings and national workshop on the elaboration of the National Reproductive Health Policy, as well as discussion meetings on the National Health Neonatal and Infant Policy in Mozambique. On September 20, at the request of the Joint United Nations Program on HIV/AIDS (UNAIDS) and with the authorization of the National Director of Health, Senior Technical Advisor, Karen Foreit, analyzed the HIV prevalence among young women ages 15–24 for the 2000–2004 surveillance rounds. The results will be published in the upcoming UNAIDS Epidemiological Update that will report country progress against the United Nations General Assembly Special Session (UNGASS) target of reducing HIV prevalence among women ages 15–24 by 25 percent.

**Assistance to the NAC.** From April 25–27, Isabel Nhatave and Legal Analyst, Ricardo Xavier, participated in the NAC meeting on UNGASS indicators (particularly on HIV prevalence, demographics, and antiretroviral therapy). It was held in Maputo and headed by NAC's Executive Secretary, Dra. Joana

Mangueira, with the participation of national and international agencies, NGOs, and civil society (approximately 60 people attended). Also, on May 30, Ricardo Xavier and Serafim Alberto participated in the NAC meeting on its communication strategy. Legal Analyst, Ricardo Xavier, represented the MTG at the July NAC monitoring and evaluation meeting on July 24. On July 27, Xavier participated in a meeting on data validation for the NAC Communication Strategy.

***Collaboration with other stakeholders and counterparts.*** On May 7, the Niassa Provincial Technical Group (PTG) met with the newly-nominated Provincial Governor, Dr. Arnaldo Bimbe, to present the group's activities, offer assistance, and ensure that the official recognition of the group continues. The governor encouraged and promised to support the PTG's activities. On May 24 and 29, Concern International invited the Niassa PTG Coordinator, Vasco Sualé, to participate in its seminar, "Reflections about messages concerning HIV/AIDS," held in the Mecanhelas and Lichinga districts; Dr. Saulé presented the 2004 sentinel round data and HIV/AIDS impact projections (for 30 and 60 participants, respectively).

### **Other/Policy Analysis and Systems Strengthening**

***Development of HIV/AIDS workplace policies.*** HPI staff provided TA to interested labor unions and employers in the application of the "Workplace Policy Builder" to develop individual HIV/AIDS workplace policies. HPI was advised that the transport cooperative, FEMATRO, formally approved the policy developed with POLICY/Mozambique training and TA using Workplace Policy Builder and other POLICY project material in February 2006. CATUCHA Trading approved its workplace policy developed with POLICY training and TA in September 2006.

On September 20, HPI staff pre-tested instruments produced by the MTG with HPI assistance to monitor the implementation of HIV/AIDS workplace policies. The pre-test was conducted on the EDM Company (Electricity of Mozambique), which had previously approved a workplace policy developed with assistance from POLICY and the Department of Labor (DOL) HIV/AIDS workplace policy projects.

Several new workplace policy development efforts are underway:

- The workplace team met with the HIV/AIDS Focal Point of the Municipal Council of Maputo to explore the possibility of providing assistance in workplace policy development for the Council; no further meetings with the Council are foreseen at this time. The team also met with a private company, Açucareira de Xinavane, on May 23 to discuss review and adaptation of their existing international policy for the local context.
- ABB Tecnel, the Mozambican branch of the international electrical engineering company ABB, requested the MTG's assistance to estimate the effect of HIV/AIDS on its workforce and to prepare a workplace policy. On July 28, HPI facilitated a discussion for approximately 60 ABB Tecnel employees on basic HIV/AIDS-related concepts and key provisions of labor law 5/2002 that protects the rights of employees. Nhatave held several meetings with the company directorate to coordinate the estimation of HIV prevalence and the HIV/AIDS demographic impact on the company's human resources. The HPI Workplace team presented the study results on September 28 at the ABB Tecnel office; five staff members, including the company's director, attended the presentation.
- The workplace team continued to meet with the HIV/AIDS Focal Point of the Ministry of Agriculture (MINAG) to explore the possibility of providing assistance in workplace policy development.
- At the request of the Mozambican Business Coalition against HIV/AIDS (ECOSIDA), HPI reviewed the draft AIDS policy of RETECTOR (a member of ECOSIDA).

HPI also collaborated with ECOSIDA for the development of workplace policies. HPI provided a training of trainers (TOT) workshop using Workplace Policy Builder methodology. The training took place in Maputo from June 28–30 with 29 participants from ECOSIDA and different partners organizations working in the area of HIV in Mozambique. The President of ECOSIDA and the president of the MTG signed certificates of participation. HPI also held a meeting on August 17 with ECOSIDA to mobilize and sensitize 30 company directors about HIV/AIDS workplace policies. HPI staff gave a presentation on HIV/AIDS workplace policies and facilitated the discussion. In addition, ECOSIDA invited HPI staff to participate in a September 15 breakfast meeting on HIV/AIDS in the workplace in Maputo. ECOSIDA organized the meeting in collaboration with the Global Business Coalition on HIV/AIDS (GBC). The telecommunications company, TDM, which previously received POLICY and DOL project assistance to draft a workplace policy, highlighted the sectoral response on HIV/AIDS in Mozambique. GBC reported on the experience of 220 member companies with integrated responses to HIV/AIDS, tuberculosis, and malaria.

***Goals Model and Resource Needs Model (RNM).*** During the reporting period, Carlos Arnaldo, in coordination with a technical member of the MTG, Cristiano Matsinhe, continued to work on the final revision of the Goals Model data instrument for Mozambique and for three regions. The effort includes revising the Portuguese translation of the final draft report and formatting it prior to printing and sharing it with national stakeholders.

## RHAP

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**Country Manager:** Tanvi Pandit-Rajani

**Period Covered:** October 2005–September 30, 2006

**Program Overview:** Under Task Order 1, the Health Policy Initiative under USAID’s Regional HIV/AIDS Program (RHAP) is involved in various activities to support the President’s Emergency Fund for AIDS Relief in the Other/Policy Analysis and Systems Strengthening program area. Specifically, HPI is providing TA to (1) improve the rollout of assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), (2) assess the health system infrastructure in Lesotho, (3) prepare proposals to the Millennium Challenge Corporation (MCC) for health systems improvement in Lesotho, and (4) determine the cost and impact of providing male circumcision (MC) services in the region. Note that HPI activities under RHAP are based on RHAP Pretoria’s priorities and activities of interest as they arise, and hence there is no formal workplan.

### Summary of Major HIV Activities:

#### Other/Policy Analysis and Systems Strengthening

**GFATM—Developing a common methodology for reviewing in-country GFATM systems.** HPI hired a consultant to develop a methodology for assessing in-country GFATM systems. The overall purpose of this methodology is to help RHAP, REDSO, and WARP further assess HIV/AIDS TA needs for countries in their respective regions of Africa. Application of this methodology will help USAID identify the TA required to strengthen GFATM management, disbursement, and accountability. The methodology is designed to

- Determine how smoothly GFATM assistance has rolled out by identifying any remaining strategic or management issues that are impeding effectiveness or efficiency;
- Assess how well HIV/AIDS has been integrated into existing MOH programs and management structures and whether opportunities for more integration exist; and
- Identify specific TA projects that can respond to the country’s health needs and stay within USAID’s ability to fund.

HPI approved the SOW and HPI hired a consultant to provide TA on assessing the GFATM system in Angola. In October, the consultant will apply the methodology previously developed through HPI to (1) determine any challenges to roll out of GFATM assistance and, (2) assess how well HIV/AIDS has been integrated into existing MOH programs and management structures and whether opportunities for more integration exist.

**Archiplan Studio.** Through a subcontract with Archiplan Studio, HPI provided TA to the Health Planning and Statistics Unit (HPSU) of the Ministry of Health and Social Welfare (MOHSW) by supporting an analysis of existing health infrastructure, including clinics, staffing, and laboratories. Archiplan created an updated prototype for clinics that incorporates the increased staff workload due to the HIV/AIDS/TB epidemic. Twenty-one out of 96 government health centers were visited to determine what is required to begin using the new prototype in the facilities. Archiplan Studio produced preliminary reports on the status and needs of health centers.

In addition, Archiplan designed new concepts for a blood transfusion center in Maseru as well as regional blood transfusion centers. Archiplan prepared cost estimates and implementation schedules for selected

projects under the MCC program. Finally, Archiplan produced a summary plan that included the sustainability of the newly developed infrastructure.

**MCC.** HPI provided TA to the MOHSW and the Christian Health Association of Lesotho by hiring local consultants to prepare a high-quality proposal to the MCC that demonstrates potential for catalyzing transformational change in the health sector in Lesotho. Local consultants conducted site visits to districts and held consultations with relevant stakeholders involved in health programming. Findings from Archiplan's assessment of the healthcare infrastructure were also incorporated into the proposal. The MOHSW submitted the final draft proposal to the MCC.

**Male circumcision (Lesotho, Swaziland, and Zambia).** HPI is coordinating with national governments, UNAIDS, WHO, USAID, and others to address global and regional efforts on male circumcision. HPI will estimate the cost and impact of providing MC services in Lesotho, Swaziland, and Zambia. Activities are currently underway, and the estimated completion date is March 2007. HPI will help build the capacity of local consultants to conduct key informant interviews with current and potential MC providers, HIV/AIDS service providers, representatives from government and traditional leadership structures, and other key stakeholders to assess what is required to scale up the provision of MC services in each country.

HPI hired a consultant, based in South Africa, to coordinate activities for the regional MC study. In addition, HPI prepared scopes of work and identified three additional local consultants for Lesotho, Swaziland, and Zambia. These consultants will conduct key informant interviews and collect cost information from health facilities in their respective countries.

To coordinate and improve communication on the MC study, HPI organized a conference call among USAID/RHAP, HPI staff, and the coordinating local consultant to (1) debrief on the UNAIDS' MC country consultation meetings in Lesotho and Swaziland, (2) discuss the activity timeline as well as a Lesotho sub-study, and (3) seek guidance on the RHAP budget. Following this discussion, HPI began to prepare for data collection in October/November.

HPI collected and reviewed existing literature and protocols for the MC costing and impact modeling. HPI also prepared drafts of the key informant interview guide and costing tool. Since recent DHS data were available for Zambia and Lesotho, HPI also started impact modeling for both countries.

USAID/RHAP and USG/Lesotho expressed interest in an MC sub-study that would assess whether traditional MC practices in Lesotho meet the accepted definition for clinical male circumcision. Per USAID/RHAP's request, HPI drafted a scope of work and budget for this sub-activity.

## Rwanda

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**Country Manager:** Scott Moreland

**Period Covered:** January 1–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Rwanda will enhance the enabling policy environment by improving policymaking, planning, implementation, and advocacy related to FP/RH, HIV, and healthcare in general. In FP/RH, the program will focus on further development and dissemination of the RAPID and FamPlan models, the strengthening of civil society to effectively participate in the policy process, and improved resource allocation through use of the Allocate Model. In HIV/AIDS, HPI will assist the *Committee National de Lutte Contre le SIDA* (CNLS) with using information for better planning, formulating policies and standards to improve prevention and treatment programs for those affected by HIV, and strengthening civil society roles in policymaking and planning.

### Summary of Major Activities:

This was primarily a planning and start-up period for the project. Activities concentrated on securing an office, procuring necessary furnishings and equipment, hiring a resident advisor and local administrative director, and establishing coordination mechanisms with the MEASURE Evaluation project.

### FP/RH/Health

HPI/Washington staff visited Rwanda in August to hold meetings with USAID, the government, and in-country USAID-supported projects to refine the draft FP/RH workplan.

### HIV/AIDS

HPI submitted the FY06 Country Operational Plan (COP), final workplan and budget, which the U.S. and Rwandan government teams accepted. Activities include support for work on the Goals and Resource Needs Models. The CNLS has requested TA and training in the use of models in early 2007. After discussions with the CNLS and the Mission, it became clear that, at this time, policy work on palliative care is a higher priority than support for OVC. Thus, HPI will work with the Community HIV/AIDS Mobilization Program (CHAMP) to formulate a “community care” policy as well as a parallel palliative care policy. The division of work between CHAMP and HPI and the identification of appropriate staff are still being discussed.

The MOH also requested HPI assistance to help refine norms and standards of care connected with a minimum package of care and a complementary package of care, which are being recommended for health centers. HPI’s role is to support the refinement of these standards through use of local consultants and stakeholder meetings.

## South Africa

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**Country Director:** Nomhle Nkumbi-Ndopu

**Period Covered:** July 1–September 30, 2006

**Program Overview:** Under Task Order 1, the objective of the Health Policy Initiative in South Africa is to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV prevention, care, and support policies and programs. HPI works closely with the National Department of Health (NDOH), specifically the HIV and AIDS directorate, to implement activities that respond to the department’s priorities. HPI also contributes to the prevention, care, and support; and policy analysis and systems strengthening components of the President’s Emergency Fund for AIDS Relief. To achieve HPI’s objective, HPI works with key stakeholders—NDOH staff, universities, traditional leader organizations, FBOs, and CBOs—to implement a range of activities. The activities include prevention programs under the abstinence/behavior change (A/B) program area with FBOs and traditional leaders; palliative care/TB programs with local CBOs in the Gauteng area; and HIV/AIDS workplace programming and modules for managers with the University of Stellenbosch. HPI continues to focus on stigma and discrimination mitigation with groups and networks of PLHIV through the development and implementation of tools and resource packs. HPI also facilitates planning and resource management processes with USAID and other regional stakeholders in the government of South Africa.

### Summary of Major HIV Activities:

#### Prevention

***Southern African Catholic Bishops Conference.*** In partnership with the Southern African Catholic Bishops Conference (SACBC) and the Baptist Church of South Africa, HPI planned activities to be implemented throughout South Africa targeting FBOs, which will deliver A/B messages to church dioceses. On September 27, HPI held a meeting with the national leadership of the SACBC to finalize arrangements for five provincial workshops (to be held during October 2006–May 2007).

***National Baptist Church of South Africa (NBCSA).*** In a joint venture with the NBCSA, HPI planned a national training program aimed at strengthening the rollout of the church’s AB prevention programs throughout the nine provinces of South Africa. On September 29, HPI held a meeting with the national leadership of the NBCSA to finalize the agenda of three provincial cluster AB prevention workshops (to be held during November 2006–March 2007).

***Traditional leaders.*** In collaboration with the NDOH, the National Traditional Leaders HIV and AIDS Forum, and the National House of Traditional Leaders, HPI planned activities to be implemented in six provinces: Limpopo, KwaZulu-Natal, Free State, Mpumalanga, Eastern Cape, and North West. These activities are geared toward strengthening the response of traditional leaders to HIV at the local level through advocacy and expanded prevention programs. HPI held a national planning meeting with the Directorate of the Government AIDS Action Plan (GAAP) in the NDOH to plan and agree on the implementation of these activities. The roll-out will begin with a meeting with the National House of Traditional Leaders on October 31, followed by provincial planning meetings and workshops.

#### Other/Policy Analysis and Systems Strengthening

***NDOH and Center for the Study of AIDS (CSA).*** HPI, with the NDOH, has drafted and finalized a publication titled, “To the Other Side of the Mountain: A Toolkit for People Living with HIV and AIDS.”

The NDOH has approved the toolkit and is currently printing the publication. In addition, a memorandum of agreement between the NDOH and the CSA is being finalized for a national roll-out of workshops to provide TA to organizations of PLHIV to help them provide high-quality palliative care and support to people living with and affected by HIV and AIDS.

***University of Stellenbosch.*** HPI continued its TA to the University of Stellenbosch/MEDUNSA to train postgraduate students, helping to build their capacity to formulate HIV/AIDS workplace policies. Specifically, HPI updated and facilitated a module, “HIV and AIDS Policy Development: Content, Function, Process, and Challenges,” which forms part of the annual winter school of the Postgraduate Diploma in HIV and AIDS Management in the World of Work.

***Department of Public Service and Administration (DPSA).*** Through the DPSA, HPI assists five government departments to ensure the effective design and implementation of HIV/AIDS workplace policies in the public service. Specifically, HPI will help the DPSA to strengthen the implementation of HIV/AIDS policies, build the skills of departmental managers in the public service, and reduce HIV/AIDS-related stigma and discrimination. At a meeting on September 19 with the DPSA, HPI discussed the activity’s implementation and identified the following provinces for the activity’s kick-off from November 2006–January 2007: Mpumalanga, Northern Cape, and Free State.

***Center for the Study of AIDS (CSA).*** In collaboration with the CSA, HPI is continuing to implement the Siyam’kela Project. Through this activity, PLHIV will be trained to work effectively with media and media practitioners, lobby for PLHIV in stigma mitigation, and offer leadership and training on strategies to mitigate HIV/AIDS-related stigma and discrimination.

## Tanzania

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**Country Director:** Halima Shariff

**Period Covered:** April 1–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Tanzania aims to strengthen the capacity of policymakers, leaders, and communities to ensure an enabling policy and legal environment for HIV prevention, care, and treatment; FP/RH; and maternal health. The project focuses on supporting policy champions and advocates; strengthening leadership capacity; advocating for the increased efficiency and equitable allocation of resources for the health sector; increasing youth participation; and building partnerships with the media, NGOs, and FBOs.

In Tanzania, Task Order 1 is funded under PEPFAR and contributes to the implementation of the following program area: Other/Policy Analysis and Systems Strengthening (policy, institutional capacity building, stigma and discrimination reduction, and community mobilization for HIV prevention, care, and treatment). HPI also has field support funds to assist in the application of the RAPID Model to strengthen support for contraceptive security and promote the expansion of FP services.

### Summary of Major Activities:

HPI/Tanzania activities are intended to reach out to many local organizations, including youth groups and to increase knowledge of HIV among communities and partners and enhance their capacity to mount an effective response to the epidemic. In Morogoro, Dodoma, and other areas, HPI focused on community and leadership mobilization, training in policy and legal processes, and networking among partners to promote policy dialogue. An activity of particular importance was the engagement of youth-serving organizations, including youth groups of PLHIV, to form a coalition to advocate for policy change and implementation. The project strengthened its work with the media to set the stage for HIV/AIDS workplace interventions in the coming year.

### FP/RH

**Contraceptive security.** HPI coordinated a workshop on the RAPID Model in Bagamoyo that drew experts from various organizations, including government institutions, to review the model and accompanying booklet and to train counterparts in the use of SPECTRUM (including the RAPID component). HPI incorporated recommended changes into the draft booklet. The Population Planning Section of the Ministry of Planning, Economy, and Empowerment is reviewing it and will give the final approval prior to printing.

### HIV/AIDS

#### Other/Policy Analysis and Systems Strengthening

**Increasing knowledge of the HIV/AIDS Bill.** In collaboration with the Association of Journalists Against AIDS in Tanzania (AJAAT), HPI organized a capacity-building workshop for 30 journalists from selected media organizations to inform them about the legislative process on the proposed HIV/AIDS Bill. AJAAT created a task force to closely collaborate with the Ministry of Justice and Constitutional Affairs (MOJCA) in sharing correct information about the bill and popularizing it after enactment.

In June 2006, HPI supported a follow-up AJAAT workshop for journalists on the 13 issues in the HIV/AIDS Bill. The workshop produced a plan of action to promote the mentoring of journalists on HIV

issues in selected organizations, with a view to strengthening positive and authentic coverage. The plan encompasses modalities of mainstreaming these issues in media coverage and instigating a more proactive role of media organizations in addressing HIV challenges.

Since the workshop, these HPI-trained journalists have been sustaining media discussions and debates to enhance public understanding of the HIV/AIDS Bill. Members of AJAAT established weekly radio programs and press columns. From July through September, AJAAT members produced 27 news stories, eight feature articles, and nine radio programs. HPI conducted a third, two-day workshop for 30 journalists on HIV/AIDS and peer mentorship to share lessons and further strengthen their understanding on HIV issues, including counseling. These journalists reached their peers with information on HIV prevention, treatment, stigma, and discrimination.

***Increasing awareness in media houses of HIV interventions.*** Also in collaboration with AJAAT, HPI held a press conference to disseminate key findings of a rapid assessment of 30 media houses. The assessment determined the level of awareness on HIV among media staff and the existence of HIV workplace interventions, and also explored issues around stigma and discrimination. The findings revealed an absence of HIV interventions, low risk perceptions among mass media employees including journalists, and rampant stigma and discrimination. One of the key findings included a lack of and inadequate allocation of resources for HIV interventions in the media houses. This assessment has set the stage to advocate for increased resource allocation for addressing HIV. Also, as a result of the assessment, HPI and AJAAT have engaged media houses managers in discussions around HIV workplace policy/guidelines and interventions.

***Policy champions and partnerships.*** HPI conducted the following activities in support of advocacy and capacity-building efforts with partners:

- HPI identified 10 policy champions, who include youth, to promote advocacy for the passage of the HIV/AIDS Bill.
- In collaboration with State of University of New York (SUNY), HPI conducted an awareness session on the HIV/AIDS Bill with 30 selected members of Parliament (MPs) to initiate discussions on the 13 key issues and concepts contained in the bill.
- HPI held discussions with the regional facilitating agency (ACTION AID) that is working on behalf of the Tanzania Commission for HIV/AIDS (TACAIDS) in Morogoro and Dodoma for effective collaboration in capacity building of various HIV stakeholders.

***Youth involvement and participation.*** In collaboration with Africa Alive, HPI engaged 10 youth-serving organizations to form a coalition to promote policy dialogue and advocacy, particularly around the HIV/AIDS Bill. The coalition will also advocate for the rights of orphans and vulnerable children and actively engage youth PLHIV, among others, in addressing stigma and discrimination.

***AIDS Impact Model (AIM) training.*** As a result of HPI support, stakeholders at the community level are demanding policy action to improve services at voluntary counseling and testing centers and antiretroviral therapy clinics. They are also calling for increased PLHIV involvement in addressing stigma and discrimination. This follows HPI's TOT on the use of AIM as an advocacy tool to promote policy dialogue at the community level, with a view to improving the planning of HIV interventions. HPI trained 20 trainers in the use of AIM as an advocacy tool. The project also conducted a three-day workshop on the AIM for 10 youth-serving organizations, including PLHIV groups. There were 28 participants.

## West Africa Region

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**Country Director:** Modibo Maiga

**Period Covered:** January 1–September 30, 2006

**Program Overview:** Task Order 1 of the USAID | Health Policy Initiative focuses on expanding the capacity of parliamentarians to undertake legislative-regulatory reform in reproductive health; supports the repositioning family planning efforts of USAID’s Action for West Africa Region-Reproductive Health Project (AWARE-RH); and in collaboration with AWARE-RH, supports contraceptive security initiatives in selected countries. Regional partners include the Forum of African-Arab Parliamentarians for Population and Development (FAAPPD), CERPOD (the population and development research arm of the Sahel Institute), the West Africa Health Organization (WAHO), the Centre for African Family Studies (CAFS), and AWARE-RH.

### Summary of Major FP/RH Activities:

**Legislative and regulatory reform.** In collaboration with AWARE-RH, HPI is supporting repositioning FP efforts in West Africa by strengthening the role of parliamentarians in undertaking legal reform to improve access to and the quality of FP/RH services.

Under the POLICY Project, a “Guide to Legislative-Regulatory Reform in Reproductive Health” was prepared for parliamentarians to help them create legislative agendas for their countries with similar legal systems. Use of the guide led to the adaptation and adoption of the model RH law in Niger on May 24, 2006. The National Assembly unanimously adopted the RH legislation designed to improve quality and access to RH care, including family planning.

HPI finalized a second tool, “Parliamentarians’ Manual: Translating the RH Law into Practice in West and Central Africa,” initially drafted under POLICY with parliamentarians. The manual provides guidance on implementation of the RH laws.

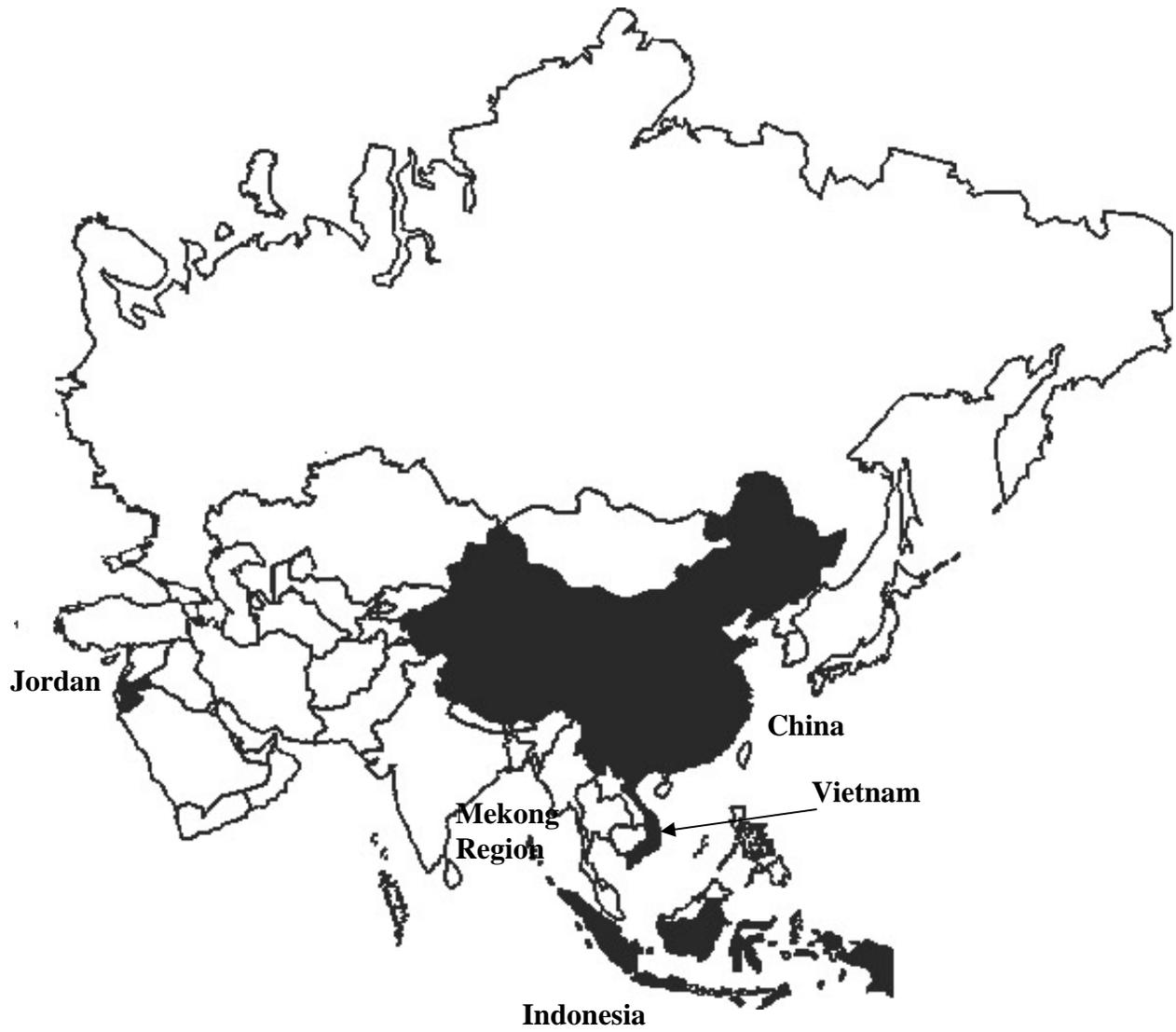
In September 2006, HPI, AWARE-RH, and FAAPPD conducted a five-day regional forum, “Reform and the Implementation of Legislations in RH,” held in Dakar, Senegal, for parliamentarians from 10 West and Central African countries, a parliamentarian from ECOWAS, and representatives from Rwanda. Funded with HPI/WA and core IR2 funds, its purpose was to disseminate the manual; create legislative agendas for new countries; and in countries where the RH law is adopted, implement the parliamentarians’ manual. Working with HPI staff, participants developed legislative agendas for “new countries” for the adaptation and adoption of the RH law. Countries that have adopted the RH law will use the parliamentarians’ manual to guide its implementation. To support their activities, parliamentarians completed small grant applications to be funded by HPI in the next period.

In preparation for the forum, HPI designed and conducted a survey of the parliamentary networks in seven countries to identify their progress and assess their needs for advancing their legislative agendas. HPI used the results of this survey to design modules for the forum.

**Contraceptive security.** In collaboration with AWARE-RH, HPI is providing technical support to contraceptive security efforts in the Gambia and Niger. For the Gambia, HPI staff finalized the Reproductive Health Commodity Security Plan: 2006–2010, which was validated on May 25 at a meeting attended by 50 stakeholders, representing key partner agencies, the private sector, and donors. Final comments were incorporated into the plan. The final revised RHCS plan for the Gambia has been submitted to the RCH Unit of the Department of State for Health for signing and approval.

In Niger, HPI financed the initial RH commodity security stakeholders meeting, held in May 2006 and sponsored by the MOH. The MOH formed a technical steering committee, which is charged with leading the process to secure RH products in Niger. HPI is a committee member, along with 15 members representing the public and private sectors and UN agencies. As its first task, the committee conducted field visits in all eight regions to collect data/information to better assess the contraceptive security situation. A consultant will analyze the data as a first step in drafting a Reproductive Health Commodity Security Plan.

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## China

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**Country Director:** Gao Yuan

**Period Covered:** March 1–September 30, 2006

**Program Overview:** Task Order 1 of the Health Policy Initiative in China focuses on providing a minimum package and linked services to those people most at-risk of being infected or transmitting HIV to others. Most-at-risk populations include sex workers and their clients, injecting drug users, MSM, and PLHIV. HPI activities are implemented in collaboration with four USAID CAs that provide comprehensive and targeted services in selected “hotspot” locations in an effort to avert the greatest number of HIV infections and maximize the use available resources.

HPI’s activities in China also contribute to the achievement of goals under the President’s Emergency Plan for AIDS Relief. HPI’s activities focus on supporting the creation of an enabling and participatory policy environment in Guangxi and Yunnan provinces, including ensuring that policies are put into practice and operationalized. HPI and the USAID CAs also work closely with the Yunnan and Guangxi local governments, the media, civil society, and PLHIV to build their capacity and advocacy skills to effectively participate in the policymaking process. The project facilitates the formation of sustainable advocacy networks and gives them the skills to create effective advocacy messages to promote efficient resource allocation and policy action. HPI also provides the Yunnan and Guangxi local governments with technical assistance in strategic planning for effective and informed resource allocation. To help meet PEPFAR service coverage targets, HPI is assisting CAs to reduce operational policy barriers. Finally, HPI is contributing to the achievement of PEPFAR treatment indicators by increasing treatment literacy awareness among PLHIV and working to reduce stigma and discrimination among healthcare providers.

### Summary of Major HIV Activities:

#### Other/Policy Analysis and System Strengthening

**Goals/Asia Epidemic Model link and scenario modeling.** In July and August, HPI used the linked Goals Model and Asia Epidemic Model (AEM) to project the future course of the epidemic through 2010, under various assumptions about the size of risk populations, risk behaviors, and interventions. Alternative scenarios were also modeled through AEM. The scenarios and resulting implications for decisionmakers were based on the comparison of epidemiological trends to 2010 with the prevention target in the Chinese National Five-year Action Plan for HIV/AIDS Prevention and Control (2006–2010). Using the Resource Needs Module (RNM) of the Goals Model, the total resource requirement for implementing the various HIV interventions and the resource gaps to realize the targets in the action plan were also estimated for the period from 2006–2010.

**Goals Model technical reports and policy briefs for Yunnan and Guangxi.** The Yunnan and Guangxi technical reports on the Goals Model have been finalized and translated into Chinese. The reports explain the methodology used in the RNM and the Impact Module and document the sources of the demographic, epidemiologic, economic, and financial data used in the model. The reports also include comments from the Yunnan and Guangxi AIDS Offices and the Centers for Disease Control and Prevention (CDCs) (partners under the A<sup>2</sup> Project). The documents were not distributed but were introduced through presentations at the Senior Policy Symposia (see next activity). Based on the scenarios modeled, a policy brief details the implications of alternative response scenarios, resource requirements, and resource gaps to realize different levels of achievement of the prevention targets in the action plan. The policy brief also analyzes the current policy environment, available resources, and allocation patterns.

**Senior policy symposia (Yunnan and Guangxi).** As the data collection and analysis phase of the A<sup>2</sup> Project is close to completion and modeling work has resulted in several scenarios with preliminary analysis results, two Senior Policy Symposia (one in Yunnan and one in Guangxi) in September brought key HIV policy and decisionmakers together to understand the current HIV situation through presenting projections for the future of HIV in both provinces. Participants included leaders from the Health Bureaus and members of the AIDS Working Committees—including the Public Security Bureau, Youth League, Women’s Federation, and Educational Department), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and China-UK HIV/AIDS Prevention and Care Project (HAPAC)—with approximately 50 participants per province. The symposia were part of the consultation process for all stakeholders to share their knowledge and understanding of the HIV situation in the provinces. Presentations were followed by a discussion on current policy and program directions, scenarios, and potential responses to major issues.

**A<sup>2</sup> regional meeting.** An A<sup>2</sup> regional meeting was held in Nanning from September 14–15 and included A<sup>2</sup> teams from Vietnam, Thailand, Bangladesh, Yunnan, and Guangxi, as well as regional technical and management experts. In addition, Washington and country-office staff of HPI and Family Health International (FHI); USAID staff from Washington and the Regional Development Mission/Asia; and representatives of the U.S. Embassy in Beijing also attended. This was the first regional meeting where results of the linked models (Goals and AEM) were presented. The results were effectively presented and defended by HPI country partners from the Yunnan and Guangxi CDC. Capacity building is an important aspect of the A<sup>2</sup> Project, and this meeting illustrates the project’s achievement in this area. The meeting set the stage for using the data for advocacy and to inform policy decisions, representing the other “A” in the A<sup>2</sup> equation.

**Assistance to draft Yunnan’s Action Plan for HIV/AIDS Prevention and Control (2006–2010).** To assist the Yunnan government with strategic planning for HIV/AIDS and to respond to the Yunnan AIDS Office’s request to help draft the HIV/AIDS action plan, HPI obtained and submitted comments and recommendations from key partners to the Yunnan AIDS Office and the Yunnan Expert Panel for inclusion in the new draft. Modeling from the Goals/AEM reports found that HIV prevalence will rise dramatically among MSM. As such, HPI started advocating with Yunnan and Guangxi government officials for the inclusion of MSM interventions in the action plan (as they were not previously included). As a result, the Guangxi government has verbally committed to including MSM in their revised action plan; and Yunnan’s action plan includes interventions for those at risk of HIV infection, such as MSM, sex workers and their clients, injection drug users, and mobile population groups.

## **Reducing HIV-related Stigma and Discrimination**

**Establishment of media steering committees.** In late March, Mr. Wu Gui-rong, Deputy Director of the Bureau of Publicity and Communication of the Yunnan Provincial Chinese Communist Party Committee (CCPC), granted support for the establishment of a steering committee to guide and coordinate provincial journalists to effectively report on HIV/AIDS. On April 18, 2006—in partnership with the Yunnan CCPC’s Bureau for Publicity, the Yunnan Health Bureau, and the Yunnan AIDS Office—HPI supported the launch of the Yunnan Media Steering Committee. Representatives at the launch included Yunnan government officials (e.g., representatives from the Education Commission, the Labor Union, the Security Bureau, and the Women’s Federation), various national and provincial media agencies, international NGO partners, and people living with HIV. The steering committee includes the Yunnan CCPC, Yunnan AIDS Office, the Yunnan CDC, Yunnan Institute for Drug Abuse, Yunnan media agencies, people living with HIV, and HPI. The committee is responsible for guiding and coordinating media reporting on HIV/AIDS, especially related to people living with HIV.

The Guangxi Media Steering Committee was launched on April 12, 2006, and includes the Bureau for Publicity and Communication of the CPCC, the Guangxi AIDS Office, the Guangxi CDC, Guangxi media

agencies, people living with HIV, and HPI. The steering committee is expected to guide and coordinate the media's reporting on HIV/AIDS in Guangxi. This is the first time that a person living with HIV has been invited to sit on a provincial-level steering committee, and this is a major step forward in involving people living with HIV in the policy and planning process.

***Training on HIV reporting in the media.*** To strengthen the reporting skills of media agencies to reduce HIV/AIDS-related stigma and discrimination and promote a constructive representation of PLHIV, HPI, in consultation with the media steering committees, facilitated two three-day training workshops for media leaders and journalists. The Yunnan workshop, held June 28–30, included 42 media leaders, editors, and journalists and seven PLHIV. The Guangxi workshop, held July 24–26, included participants representing 30 organizations and national media agencies, as well as five PLHIV representatives. Participants learned how to interview and report on HIV with PLHIV, as well as the importance of and how to protect the confidentiality of PLHIV. The participants highly commended the workshop, saying that they will use the skills and knowledge from the workshop in their full-time work.

HPI supported two journalists—one from *Modern Life Daily* and the other from *Guangxi Daily*—to cover the launch of the Wuzhou PLHA Network Steering Committee (see next activity) and to interview and visit with members of the network. Both newspapers covered the launch, and more than 30 news agencies reprinted the story. Both journalists interviewed several members of the network and published articles on the life of PLHIV, depicting positive images of their lives in Wuzhou, as well as information about the network itself.

### **Networking Among PLHIV**

***Establishment of the Wuzhou PLHA Network Steering Committee.*** HPI supported the establishment of a Wuzhou PLHA Network Steering Committee to build its capacity and improve coordination. The committee was formally established in Wuzhou City of Guangxi on August 5, when the Guangxi AIDS Office issued an official document to announce its establishment. The multisectoral steering committee includes representatives from the Guangxi AIDS Office, Guangxi CDC, Wuzhou Prefecture, Wuzhou Health Bureau, Wuzhou CDC, Wuzhou Public Security Bureau, Wuzhou Civil Affairs Bureau, Wuzhou PLHA Network, and HPI. From March to August 2006, the network expanded from 30 to 263 members.

The Wuzhou Health Bureau and CDC have established a VCT center, but rarely do any PLHIV or those suspecting an HIV status use this service as they are either unaware of its existence or fear stigma and discrimination from using the service. As a result, the Wuzhou Health Bureau requested assistance from the Wuzhou PLHA Network to help raise awareness about the VCT center and to alleviate any concerns about resulting stigma and discrimination. By raising awareness of the service and facilitating access to the center, between June through September, the network was instrumental in assisting 150 of its members and an additional 144 people in the community (including injecting drug users and sex workers) to use the VCT service.

In coordination with the steering committee, HPI facilitated basic HIV/AIDS awareness training with members of the network from May 16–17, with expert trainers from local units including the Wuzhou Health Bureau, Wuzhou CDC, Wuzhou Methadone Treatment Clinic, and Wuzhou Antiretroviral Treatment Clinic. HPI conducted a follow-on training workshop from June 9–10 to give network members financial and accounting skills. HPI also facilitated several discussions on forming a PLHIV network in Yunnan. Ten people living with HIV are drafting the charter for the network. As a result of these skills-building efforts, the Wuzhou PLHA Network is receiving financial support of RMB 21,000 (approximately \$2,600) from GFATM for vocational training for network members. On August 20, through using these funds, the network sponsored a 30-day training for 20 PLHIV members on printing skills at the Yuehai Printing Company, which expressed high commendation on the training and

mentioned the possibility of hiring some PLHIV as workers. The Wuzhou Health Bureau has promised to provide RMB 200,000 (approximately \$25,000) to the Wuzhou PLHA Network for the treatment of opportunistic infections (OIs). This amount is enough to provide between 8 and 10 people with treatment for OIs this year (see the results section). In addition, the Wuzhou Civil Affairs Bureau committed to delivering a basic living allowance of RMB 175/month/person to 23 poor PLHA, without revealing their names and HIV status in a public setting (as is the requirement under current policy). Under the guidance and coordination of the Wuzhou PLHA Network Steering Committee, the network recently elected six core members to lead the network and three members to form an advisory team (mainly for accounting purposes). These changes show that the network has gained institutional and management strength, which is an integral part of its sustainability in Guangxi.

***Networking among PLHIV in Yunnan.*** On July 18, HPI held a meeting with core members of the PLHA network, Candle Light, to follow up with its initiatives to ally with other PLHA groups to form a provincial-level PLHA network in Yunnan. The core members drafted a rough plan about next steps, including publicly launching the network and conducting capacity-building and liaison and resources integration activities with other PLHA groups.

## Egypt

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**Managers:** Rachel Sanders and Carol Shepherd

**Period Covered:** December 1, 2005–September 30, 2006

**Program Overview:** The goal of this activity is to disseminate of the Egypt Contraceptive Security Strategic Plan (CSSP) to a broad audience, create an enabling environment for the plan’s implementation, and seek funding for plan implementation and contraceptive commodities. The new bilateral project will be implementing the CSSP.

### **Summary of Major FP/RH Activities:**

The planned USAID contraceptive phaseout by the end of 2006 prompted high-level attention to the need to secure high-quality FP/RH commodities and services at all levels in Egypt. Under the leadership of the Ministry of Health and Population (MOHP), POLICY formed a multisectoral contraceptive security working group (CSWG), which organized planning meetings to identify and set priorities on issues (October 2004), developed strategies to address the issues (December 2004–March 2005), drafted a detailed implementation plan (May 2005–June 2006), and costed the proposed activities (November 2005).

HPI carried on a few remaining activities pertaining to contraceptive security begun under the POLICY Project. Egypt staff continued advocacy activities, emphasizing the importance of securing alternative funds to compensate for the contraceptives being donated by USAID. In response to the high-level communications by the Minister of Health and Population, the consultations among CSWG members, and support from HPI, the Ministry of Finance considered commodity procurement a high priority and accordingly allocated additional funds for the Ministry of Health and Population/Population Sector to secure the contraceptive commodities.

In June 2006, the multisectoral CS working group presented the finalized strategic plan to 250 high-level national decisionmakers in a two-day meeting. Questions and discussion among the meeting participants showed support for the plan and its goals. HPI is completing the workshop report for this meeting for dissemination to participants.

## Indonesia

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**Country Manager:** Nadia Carvalho

**Period Covered:** May 1–September 30, 2006

**Program Overview:** Task Order 1 of the Health Policy Initiative began working in Indonesia in May 2006 at the request of USAID/Indonesia. HPI activities in Indonesia support the achievement of goals within the President’s Emergency Plan for AIDS Relief. HPI works in close collaboration with Family Health International’s “Aksi Stop AIDS” (ASA) Program—a three-year cooperative agreement aimed at containing the STI/HIV/AIDS epidemic in Indonesia through (1) reduced incidence of STI/HIV/AIDS in most-at-risk groups, thereby helping to prevent a generalized epidemic; and (2) reduced incidence of STI/HIV/AIDS within the general population in Papua. To assist ASA with increasing program and service coverage to meet the prevention, treatment, and care goals under PEPFAR, HPI works closely with ASA to address key policy areas relevant to the success and expansion of the program. HPI will contribute to meeting PEPFAR prevention coverage targets by conducting an analysis of the barriers impeding the implementation of the 100% Condom Use Program (CUP) at selected locations in Indonesia in order to assess the potential effect of these barriers and how addressing them may improve program performance. HPI will also work closely with the National AIDS Commission (NAC) at the central and regional levels to develop its 2007–2010 strategy by providing capacity-building for evidence-based decisionmaking and resource allocation. Using the Goals Model, HPI will provide technical assistance to the NAC and involved ministry staff in the development of a costed annual action plan to ensure that realistic targets have been set.

### Summary of Major HIV Activities:

#### Other/Policy Analysis and System Strengthening

**Operational policy barrier analysis.** In August, HPI staff conducted interviews with key stakeholders in Indonesia (USAID, FHI/ASA staff, NAC officials, service providers, and people living with HIV) identified the lack of implementation of the 100% CUP as the priority area for an operational policy barrier analysis. The 100% CUP is endorsed in the National HIV/AIDS Strategy and in the Sentani Commitment, but stakeholders noted many operational barriers to its implementation. HPI has already begun to work with USAID and ASA to determine possible sites for the analysis. The next step will be to identify stakeholders to interview at the national, provincial, and district levels, including NGOs and service beneficiaries. HPI will also finalize the interview guidelines and determine an interview schedule.

**National HIV/AIDS Strategy Audit.** HPI is finalizing a rapid audit of Indonesia’s National HIV/AIDS Strategy as it relates to HIV prevention, care, and treatment. It summarizes the current policy environment for the implementation of the National HIV/AIDS Strategy, including laws and policies at the national, provincial, and district levels that support or impede the strategy. The prevention section of the audit will serve as the basis for the operational policy barrier analysis. The audit will be completed in November 2006.

## Jordan

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**Country Director:** Basma Ishaqat

**Period Covered:** March 1–September 30, 2006

**Program Overview:** In response to USAID/Jordan’s objective to improve the health status of all Jordanians, Task Order 1 of the Health Policy Initiative in Jordan will assist the government and the Higher Population Council (HPC) with promoting an enabling environment for FP/RH through the revision and extension of the Reproductive Health Action Plan (RHAP) to Stage 2 (2008–2012) in support of the National Population Strategy. HPI/Jordan will also work with the National AIDS Program (NAP) to create an enabling policy and legal environment in support of Jordan’s HIV/AIDS Strategic Plan. The project will strengthen local capacity by assisting the National Institute of Training (NIT) to broaden skills in policy analysis, development, and reform and will assist Jordanian stakeholders to maintain and strengthen the country’s existing FP database. Finally, HPI/Jordan will collaborate with Jordan’s Higher Youth Council (HYC) in strengthening the role of youth in support of the National Population Strategy’s FP objectives.

### Summary of Major Activities:

#### FP/RH

***Strengthening Jordan’s FP/RH program planning and management capacity.*** In collaboration with Jordan’s HPC, HPI prepared a presentation for the HPC’s board on the effect of population growth on the country’s economic growth and on estimated savings resulting from reduced fertility rates. The aim was to advocate for continued government financial support for the HPC’s role as the coordinating agency for Jordan’s multisectoral response to FP/RH issues. As a result of the presentation, the Ministry of Planning informed the HPC that it could expect an increase in funding for the fiscal year starting in April 2006.

In an HPI-supported symposium, titled “The Legislative Council and Population Issues,” HPC and HPI briefed key legislators and decisionmakers on the benefits of family planning for national development. The briefing’s purpose was to provide all members of the legislature, especially new members, with current information on population issues, including information specifically related to the impact of the nation’s continuing population growth on Jordan’s scarce resources. A joint HPC/HPI-Jordan goal is to implement similar activities to advocate for and succeed in the formation of a permanent parliamentary committee on population, which would ensure long-term legislative and financial support for FP/RH priority issues and activities.

HPI staff collaborated with HPC staff and the RHAP steering committee in facilitating a two-day workshop to review progress achieved in implementing the RHAP during its fourth year of implementation. During the workshop, participants also defined activities for the final year of implementation under RHAP Stage 1 (2004–2008). As part of this activity, HPI staff worked with USAID/Jordan to incorporate all FP activities implemented by USAID-funded partners into the RHAP. As a result of this effort, the RHAP now represents a coordinated national program approach to the promotion of family planning in Jordan. In the next reporting period, HPI staff will continue to work with HPC staff, the steering committee, and USAID-funded partners to monitor the implementation of the plan’s remaining activities and to set the stage for planning activities to be incorporated under RHAP Stage 2 (2008–2012).

***Strengthening the quality and use of Jordan’s FP/RH database.*** In recognition of the crucial role of using timely and reliable statistics to inform decisionmaking, planning, and advocacy, HPI continued to

assist its Jordanian partners and stakeholders in maintaining and updating their FP database. USAID/Jordan and several USAID CAs look to HPI for reliable information for population and FP projections. Jordan has released the official 2004 census figures; however, the data still need to be evaluated for errors. In the meantime, in response to a USAID/Jordan request for projections based on the most recent, corrected, and reliable baseline data available, HPI conducted an internal rapid evaluation, adjustment, and smoothing of the age-sex data from the 2004 census to update the past projection (based on the 1994 census). The update, which used software developed by the U.S. Bureau of the Census, resulted in improved current data on Jordan's population, women of reproductive age, and FP projections for 2004–2025. The most important output of this process was the analysis and projection of the contraceptive prevalence rate (CPR) for 2006–2015. HPI provided the results of this work to USAID/Jordan, line organizations, and CAs. The results further emphasized the importance of national multisectoral collaboration if Jordan is to meet its National Population Strategy (NPS) CPR goal for 2000–2020 and achieve replacement level fertility by 2020.

In the last few months, the aforementioned projections were translated into Arabic for use by the government in multisectoral planning initiatives focused on the effect of population growth. HPI staff will continue to use the projections to inform discussions with Jordanian policymakers on ways to fortify the nation's FP program.

***Strengthening the role of Jordan's youth (15–24 years of age) in implementing the NPS.*** HPI staff, working with HPC and HYC staff, established the technical basis for HPI work on promoting adolescent and young adult knowledge of FP/RH issues. In addition to agreeing on a concept paper for collaboration, the three parties defined the process for choosing candidates to participate in HPI-supported youth advocacy activities. As agreed, HPI activities will focus on enabling selected adolescents and young adults to effectively advocate for increased understanding of RH issues and for the concept of small family size as a proactive approach to family planning.

## **HIV/AIDS**

### **Other/Policy Analysis and Systems Strengthening**

***Strengthening the policy component of Jordan's National HIV/AIDS Strategy.*** During the last reporting period, HPI completed a revision of a legal and regulatory study begun under the POLICY Project; all comments and recommendations identified in an earlier workshop were addressed. Under a decree from the MOH, a committee was formed to set priorities and act on policy issues identified in the study to strengthen the National HIV/AIDS Strategy.

### **Other**

***Strengthening national capacity in policy analysis, formulation, and reform.*** HPI mentored NIT staff in the effective use of materials and presentations, which served as the basis for NIT's growing capacity as a national resource for policy training. HPI staff will continue to mentor NIT staff as they increase their level of technical competence as policy trainers for government participants.

***Project management and USAID CA collaboration.*** During the transition from the POLICY Project to HPI, project staff worked with USAID/Jordan and HPI/Washington staff to prepare the country workplan and budget. In doing so, resident staff drew on their strong technical relationship with USAID/Jordan staff to reach consensus on HPI capacity to respond to Mission priorities. HPI assisted the Mission and partner CAs to craft a CA-wide strategic approach to responding to the Mission's 2006–2009 family planning focus and refined USAID-funded FP program matrices for all collaborating partners.

## Mekong Region

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**Manager:** Nadia Carvalho

**Period Covered:** April 1—September 30, 2006

**Program Overview:** Task Order 1 of the Health Policy Initiative in the Mekong Region is designed to build and strengthen the policy synergy between regional and national HIV/AIDS responses and falls under the umbrella of USAID's interim Mekong Regional HIV/AIDS Strategy. In the Mekong Region, HPI will work with the Association of South East Asian Nations (ASEAN) under the operational framework of the ASEAN Work Program on HIV and AIDS III (AWP III). Specific activities have not yet been approved, as the operational framework is still being finalized. HPI will also support regional advocacy and analysis under the A<sup>2</sup> (Analysis and Advocacy) Project and build the capacity of HIV-positive women leaders in the region. Detailed activities have not been fully confirmed with the USAID Regional Development Mission/Asia (RDM/A), but will be finalized in the next few weeks.

### Summary of Major HIV Activities:

#### Other/Policy Analysis and System Strengthening

**ASEAN/USAID collaboration.** An ASEAN inter-country consultation to prepare for the 12th ASEAN Summit Special Session on HIV and AIDS was held in Singapore from July 25–26. Nadia Carvalho represented HPI and provided input to the development of the operational framework under the AWP III. From July 26–27, the 14th meeting of the ASEAN Task Force on AIDS (ATFOA) was convened. HPI, Family Health International (FHI), and the respective ASEAN Coordinating Countries (responsible for the in-country coordination of activities) jointly presented on the achievements under USAID's Cooperation with ASEAN through the AWP II. The hard work and rapid start-up of activities by both FHI and the POLICY Project/HPI were highly appreciated by ASEAN Member Countries and those participating in the activities.

The AWP III has been finalized, and ASEAN member countries have submitted various project proposals for inclusion in the operational framework. The proposals were presented and discussed at the ATFOA meeting from July 27–28 in Singapore, which HPI's Felicity Young and Nadia Carvalho attended. At the ASEAN Secretariat's request, HPI supported the consultancy of Bruce Parnell from September 17–30 to assist ASEAN with drafting of the operational framework. The draft is now being circulated among member countries for comment and endorsement.

The POLICY Project provided technical assistance to seven countries (Cambodia, Lao PDR, Indonesia, Malaysia, Philippines, Thailand, and Vietnam) to estimate the resources required and the associated resource gap for an expanded HIV response. The preliminary country reports were shared at a workshop in April 2006. At that time, ASEAN requested that advocacy materials be produced based on the reports' findings that could be shared at the ASEAN Leader's Summit Special Session on HIV and AIDS in Cebu, the Philippines, in December 2006. The special session will highlight the progress that ASEAN member countries have made in stopping the spread of HIV and will identify the future course of action for AWP III.

In July 2006, HPI provided technical assistance to ASEAN to finalize the seven country documents and to assist Myanmar to draft its country report. These reports are being compiled into a larger document that includes the technical details of the analysis and the results. The document is aimed at specialists in the field of HIV who want to use the analyses to inform strategic action in their individual countries. HPI is also prepared a summary document that serves as an overview of the key issues emanating from country

reports and the resource needs estimation and resource gap analyses. HPI also prepared a pamphlet aimed at policymakers and leaders that includes key messages to challenge leaders for bold and proactive leadership for resource mobilization for an expanded HIV response. Most of these materials will be finalized and printed by the end of November for distribution at the Leader's Summit in December.

**A<sup>2</sup> Project.**<sup>2</sup> The Yunnan and Guangxi Senior Policy Symposia were the culmination of approximately nine months of data collection, training and analytical work done under the A<sup>2</sup> Project. The A<sup>2</sup> Project is implemented jointly by HPI, FHI, and the East-West Center (EWC). The purpose of the Senior Policy Symposia was to share the findings of the analysis that combines epidemiologic, behavioral, cost-effectiveness, and expenditure analysis to inform the HIV response in two of the highest prevalence provinces in China. The timing of the symposia was particularly appropriate because these provinces are currently in the process of developing provincial strategic plans within the context of China's National AIDS Strategy.

In each province, participants included the deputy governor, director of the CDC, director of the AIDS office in the Provincial Health Bureau, national and international NGOs involved with program implementation, as well as other key policy and opinion leaders. The symposia provided an important opportunity for the partner organizations (the Yunnan and Guangxi Centers for Disease Control) to present the results of the analysis and modeling to inform the setting of priorities in the HIV response in each province. The presentations included in-depth analysis of the HIV situation and demonstration of alternate response scenarios and their associated impacts. The various scenarios were compared using a cost-effectiveness analysis and resource gap analysis—both important analyses to assist in the current provincial strategic planning. Some difficult topics were raised; for example, the omission of MSM in the National AIDS Strategy despite the significant contribution of this group to new infections, especially in Yunnan Province.

The symposia were followed by a regional A<sup>2</sup> meeting. In addition to Washington and country-office staff of HPI and FHI, Washington and Bangkok-based staff of USAID (including the CTO for HPI) and representatives of the U.S. Embassy in Beijing attended. This was the first regional meeting where results of the linked models (Goals and Asian Epidemic models) were presented. The results were effectively presented and defended by our country partners from the Yunnan and Guangxi CDCs and the Ho Chi Minh City AIDS Committee. Capacity building is an important aspect of the A<sup>2</sup> Project, and this meeting illustrates the project's achievement in this area. Another success is the evolving technical skills of our country office staff, who are increasingly able to support our country partners with the modeling work. This meeting set the stage for using the data for advocacy and to inform policy decisions, representing the other "A" in the A<sup>2</sup> equation.

### **Most-at-risk Groups**

***Risks and responsibilities: Male sexual health and HIV in Asia and the Pacific International Consultation.*** Despite evidence establishing male-to-male sex as one of the driving forces of HIV transmission in the Asia-Pacific region, few strategic interventions address male-to-male sexuality and related HIV vulnerabilities. To address the factors driving the HIV epidemic among men who have sex with men (MSM) and transgenders in Asia and the Pacific, a regional consultation in New Delhi from September 23–26 brought together representatives—from governments; donors; international and in-country nongovernment agencies; and community-based organizations working with MSM, gay men, and transgenders—from 22 countries to discuss HIV prevention, treatment, care, and support services. The

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<sup>2</sup> This activity is jointly supported by field support funds in China and Vietnam and by regional funds for technical assistance in the region.

consultation explored knowledge gaps, obstacles, and challenges and discussed opportunities for moving toward universal access to these services for marginalized groups. HPI supported consultant, Brad Otto, and five participants from Thailand to attend the consultation. The consultation provided a space for dialogue and learning, to enable the expansion and strengthening and scale-up of strategies addressing male sexual health and related HIV vulnerabilities. The knowledge generated at the consultation will inform the formulation and scaling up of strategies for prevention, care, and support. The consultation also hoped to catalyze the creation and implementation of coordinated long-term health and socio-legal responses to the HIV epidemic in the region related to MSM and transgenders. As outcomes of the consultation, participants signed a “Declaration of Collaboration” and “Principles of Good Practice” toward universal access to HIV prevention, treatment, care, and support for MSM and transgenders. At UNAIDS’ request, Gayle Martin wrote a paper on HIV spending on MSM programming in Asia and the Pacific that would be shared at the consultation. The paper compiles expenditure information for MSM HIV programs in the region and compares this expenditure to the overall HIV prevention expenditure. It also identifies the main financing sources of MSM expenditures and the implications from a public economics perspective, raising specific issues such as predictability and sustainability and how they apply to the financing of MSM programs. Based on current expenditure, the paper also estimates the resource requirements for MSM-related programming in the Asia-Pacific region to quantify the resource gap.

***PLHIV regional consultative forum.*** HPI supported David Stephens to attend a regional consultative forum from June 20–22, jointly organized by the International HIV/AIDS Alliance and USAID RDM/A. This meeting is the third in a series supported by RDM/A and hosted by one of USAID’s CAs (it follows the MSM and sex worker forums from last year). Fifty participants (from Burma, Cambodia, China, Lao PDR, Thailand, and Vietnam), from various backgrounds attended the forum. The forum served to share information and experiences of evidence-based approaches and interventions targeting PLHIV in the Greater Mekong Sub-region (GMS); develop a conceptual framework for HIV prevention, care, support, and treatment for PLHIV; and identify the next steps in creating a comprehensive strategy for USAID partners to effectively implement these interventions in the GMS.

***Positive women leaders.*** Following the POLICY Project’s support to build the leadership of HIV-positive women leaders in the Mekong region, HPI supported three women from Indonesia and three women from Vietnam to attend the Women’s Asia Pacific Network of PLHA (WAPN+) and Asia Pacific Network of PLHA (APN+) conference in Bangkok from September 24–27. In total 24 HIV-positive women from the region attended the conference, who summarized priority issues for WAPN+ and APN+ during the next year and identified upcoming projects in the region. There were several outcomes, including a plan of what WAPN+ wants to do next, including addressing the need for further advocacy training. WAPN+ has specifically approached HPI for advocacy training, and HPI is currently costing this activity. WAPN+ states that the training will help them to (1) advocate to governments and workplaces to increase employment opportunities for positive women, and to support income-generation schemes; (2) advocate with governments, donors, and NGOs to include women in the policymaking process; (3) give women confidence to advocate for free antiretrovirals and improved health services for women; and (4) advocate with governments to include HIV-positive women in the training of medical professionals and to train positive women as counselors.

## Vietnam

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**Country Director:** Tran Tien Duc

**Period Covered:** March 1–September 30, 2006

**Program Overview:** Task Order 1 of the Health Policy Initiative in Vietnam operates under the President’s Emergency Plan for AIDS Relief (PEPFAR) in support of achieving PEPFAR targets to provide ARVs for 22,000 people and care for 110,000 people by 2008. HPI also supports the government of Vietnam to strengthen the HIV legal framework and the capacity of PLHIV to participate in the HIV policy domain, with a focus on treatment. HPI works in partnership with USAID CAs and the government to support the creation of an enabling policy environment for HIV that is evidence-based; participatory, especially involving those groups most at-risk for HIV; and respectful of human rights. The program’s strategic approach is to work closely with government and civil society to build their capacity to implement policy and to create links and mechanisms to facilitate civil society participation in HIV policy development and decisionmaking. HPI is working with the government to operationalize the newly approved Law on HIV/AIDS Prevention and Control. The project also supports the central and local governments to implement the National HIV/AIDS Strategy by assisting them to create operational policies and provincial action plans that improve equitable access to treatment (including ARVs), reduce stigma and discrimination, and increase the participation of PLHIV in policy and program planning and implementation.

### Summary of Major HIV Activities:

#### HIV/AIDS Treatment/ARV Services

**Treatment literacy.** PLHIV in Vietnam have little knowledge about the progression of HIV infection and/or treatment options available. Until recently, medical knowledge was limited and dual antiretroviral therapy (ART) was often prescribed. These limitations have created PLHIV “treatment illiteracy.” High levels of stigma and low expectations of PLHIV capacity have compounded this situation and limited their ability to actively engage in their own healthcare or with the treatment system. HPI has provided technical and financial support for the creation and implementation of a treatment literacy and counseling course designed to give PLHIV the knowledge and skills related to ART and other treatment issues. Four core modules were designed and used to train a network of 500 PLHIV across Vietnam, who continue to use the materials. In addition, more than 600 sets of the materials have been requested by international agencies, medical universities, treatment clinics, and local community groups during this reporting period. Basic knowledge and understanding of the progress of the disease has significantly increased, as has capacity to understand and use ART and other treatment therapies appropriately. The high quality of the materials has also demonstrated that PLHIV are essential partners in treatment and that they can play an important role in planning for HIV programs and treatment approaches. From June to September, with support from a visiting intern from Harvard University, HPI staff prepared a detailed teaching curriculum as a companion for the modules. In October, a core set of PLHIV treatment literacy trainers will be given training-of-trainers training on the use of the curriculum and the modules. These trainers will be supported to provide training workshops for PLHIV throughout Vietnam. In addition, HPI will reprint updated versions of the modules for use in Ho Chi Minh City (HCMC).

#### Other/Policy Analysis and System Strengthening

**Capacity building for PLHIV.** HPI has been working with Bright Futures in Hanoi and the Network of PLHIV in HCMC to draft a proposal to strengthen the network and enhance its capacity to participate in policymaking and advocacy. From September 24–27, in collaboration with CARE International, HPI

hosted a retreat with 44 leaders from the PLHIV support groups in 10 provinces, representing more than 1,300 PLHIV in Vietnam. The retreat provided an environment for PLHIV leaders to discuss how to improve networking and collaboration within the emerging PLHIV movement. Participants agreed to work together to establish more effective communication strategies, lobby national and international stakeholders regarding support for an independent national PLHIV network, and devise a system of PLHIV representation for provincial and national advocacy. The outcomes of the retreat will be disseminated to other stakeholders in Vietnam and will provide additional guidance for HPI's PLHIV support program.

***Consultations for the development and dissemination of Vietnam's HIV/AIDS Law.*** On May 11, 2006, the National Assembly Committee for Social Affairs—with financial support from the United Nations Development Programme (UNDP) and technical assistance from HPI—held a consultation to seek comments and input from PLHIV on the draft Law on HIV/AIDS Prevention and Control. The discussions focused on confidentiality; counseling; testing; care and treatment; stigma and discrimination; law enforcement measures; and the right of PLHIV to have an equal place in the community and to participate in the formulation, planning, implementing, and monitoring of policies, laws, and programs relating to HIV and AIDS. Approximately 40 PLHIV from Hanoi, HCMC, and the provinces of Hai Phong, Quang Ninh, Thai Nguyen, Hai Duong, Thai Binh, Can Tho, and An Giang participated in this consultation. The final draft of the law incorporates comments and recommendations from the consultation, thereby ensuring that the rights of PLHIV would be fully protected under the new law.

On June 21, 2006, Vietnam's Law on HIV/AIDS Prevention and Control was formally approved by the National Assembly with approximately 80 percent of the deputies' votes. This event marked the final phase of HPI's support in drafting the law, which began under the POLICY Project. Human rights for PLHIV have been clarified in the new law, which demonstrates part of the commitments that Vietnam has made recently with the international community (e.g., legal reforms, human rights, religion, etc).

In partnership with the MOH, the Legislation Department, and the Centre for Consulting on Law and Policy on Health and HIV/AIDS of the Vietnam Lawyer's Association, HPI supported three MOH-hosted dissemination workshops on the new HIV/AIDS law (August 18–19 in Hanoi for 24 northern provinces, August 24–25 in Danang for 15 central provinces, and August 29–30 in HCMC for 25 southern provinces). The workshops presented the new law and determined a plan for its operationalization at the national and provincial levels. The workshops were chaired by MOH leaders (two vice-ministers) and participants included the leaders of provincial departments of health, representatives from MOH departments, representative from line ministries, and representatives from the media. Major points of discussion included the laws relevant to the HIV/AIDS law (e.g., criminal, administrative, labor, drug, and prostitution laws or ordinances); harm reduction programs, stigma, testing, ARV, and pre- and post-test counseling; and the MOH's plan for the law's implementation. Besides the introduction of the new law, the workshops also provided participants with a more comprehensive understanding of the issues addressed by the law and the role of stakeholders in its implementation. In addition, participants also discussed the implementation plan issued by the Minister of Health by a Decision # 660/KH-BYT, under which 13 operational policies (national, inter-ministerial, and health sector) will be drafted by the end of 2006 to operationalize the law.

***Rapid situation assessment (RSA) of the perception and expectation of stakeholders in relation to Vietnam's Law on HIV/AIDS Prevention and Control.*** HPI and the Center for Consulting on Law and Policy on Health and HIV/AIDS in Hanoi and HCMC jointly conducted the RSA in July. It aimed to (a) examine knowledge, understanding, attitudes, and responses on the HIV/AIDS law of PLHIV, policymakers, health workers, and lawyers; (b) understand the legal-aid-seeking behavior of PLHIV; and (c) assess stakeholders' interests and expectations of the law. The research team conducted 58 in-depth

interviews, four focus-group discussions, and a mini workshop on September 11. Respondents provided feedback included in the final report, which will be available in October. Results of the RSA were incorporated in the training curriculum, which is more responsive to the needs of the trainees (PLHIV and lawyers).

***Dissemination of and next steps from the 06 Center study.*** On June 9, 2006, HPI conducted a workshop to disseminate the preliminary findings from an economic and public health analysis of the institutional and community responses to injecting drug use and HIV in Vietnam. The workshop presented a review of the Drug Rehabilitation Work (2001–2005) and the Plan for Drug Rehabilitation (2006–2010). HPI staff and partners presented the preliminary findings of the economic study, which drew the attention of MOLISA officials and numerous donors. The findings suggested that current investment in the institution-based response will rise exponentially with the increase in drug users in Vietnam, with minimal improvement of outcomes related to reduced drug use or HIV prevalence among drug users. The findings also pointed out the need to broaden the current approach to reducing drug-related HIV harm by increasing investment in community-based services.

Based on the preliminary findings, MOLISA requested that the study be expanded to another six rehabilitation centers in three regions for further analysis of the current policy framework on drug rehabilitation and HIV prevention for drug users. MOLISA leaders discussed establishing a new type of rehabilitation program, “open centers,” where drug users could receive detoxification and rehabilitation services followed by community-based rehabilitation. The Department for International Development will fund the follow-on study.

***A<sup>2</sup> Project.*** On April 5, HPI and the HCMC Provincial AIDS Committee (PAC) obtained consensus on the figures and data used in the synthesis report and Goals Model. The HCMC PAC presented the results of the Asia Epidemic Model (AEM) and Resource Needs Model to the HCMC People’s Committee, which expressed full support for the main findings and requested that the PAC move ahead with advocacy for policy and programming changes. At the end of May 2006, Vietnam’s A<sup>2</sup> Project team finalized the Goals Model, the AEM, and the synthesis report for HCMC.

From July to September 2006, the HPI A<sup>2</sup> team wrote a brief on various policy scenarios, which has been submitted to HCMC PAC for approval. On September 12, the Vietnam A<sup>2</sup> team and HCMC PAC, including international advisors, met in HCMC to review and approve all documents used for the upcoming Senior Policy Symposium with HCMC authorities. The symposium is scheduled for October 27 in HCMC.

HPI and local partners (delegates from the HCMC PAC) attended the regional A<sup>2</sup> meeting in Nanning, China, September 14–15. The Vietnam A<sup>2</sup> team presented an update of the progress made in-country since the previous regional meeting in Bangkok. The team also identified various follow-on activities: the finalization and approval of policy scenarios; the Senior Policy Symposium; a dissemination workshop for donors and PLHIV following the symposium; the sharing of experiences among the HCMC and Hai Phong PACs; development of an A<sup>2</sup> proposal for Hai Phong; the identification of local technical partners for A<sup>2</sup> in Hai Phong; data consolidation for HCMC; and budgeting.

***HIV Public Policy Training Project.*** The Ho Chi Minh National Political Academy and the Harvard University Kennedy School of Government, with technical assistance from HPI, conducted a five-day HIV public policy training (July 25–29) for the leaders of Hai Phong, Hanoi, Cantho, and Angiang provinces. Sixty policymakers from the four provinces attended the training in Hai Phong. The training was designed to build policymakers’ understanding of and incorporate new paradigms into HIV/AIDS policy development, including multisectoral collaboration, human rights, and the greater involvement of people living with HIV or AIDS (GIPA). Participants appreciated the content and methodology of the

training, and requested that similar training be held in their respective provinces to enhance political commitment and improve the policy environment for a better response to HIV. Following the Hai Phong training, an additional workshop with 50 members from the National Assembly and Provincial People's Councils from 12 provinces from Northern Vietnam was held in Hanoi. This workshop provided a condensed version of the five-day training. The workshop participants requested additional training.

**E&E**



## Ukraine (Avian Influenza)

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**Country Director:** Andriy Huk

**Country Manager:** Philippa Jungova Lawson

**Period Covered:** April 1–September 30, 2006

**Program Overview:** The Avian Influenza (AI) program under Task Order 1 of the USAID | Health Policy Initiative in Ukraine focuses on providing TA to reduce high-risk behavior that increases the risk of highly pathogenic avian influenza transmission. HPI promotes communication and behavior change in the communities through the establishment of multisectoral AI Implementation Groups (AI IGs) at the oblast level; and through supporting local groups and NGOs to implement information, education, and communication and behavior change communication (IEC/BCC) strategies. HPI works in six oblasts: Donetsk, Kherson, Mykolayiv, Odessa, AR Crimea, and Poltava. In addition, HPI works with the national AI Communications Working Group to implement Ukraine’s communications strategic plan. A key HPI objective is to provide TA to the government of Ukraine to improve AI preparedness through policy analysis and the preparation of policies and response plans.

### Summary of Major AI Activities:

**Finalization of the AI workplan and management team.** During April–August 2006, HPI staff, in consultation with USAID/Ukraine, clarified the HPI/AI detailed implementation workplan and timeline for July 2006–April 2007, as well as the budget for April 2006–September 2007. The Mission gave final approval of the workplan in August 2006. During this time period, HPI hired all key AI staff and wrote job descriptions for the AI Regional Coordinators. All vacancies were advertised in the print media, posted online, and disseminated via various mailing lists. HPI conducted an open and transparent selection process. The project team interviewed and identified regional coordinators, who will start working in the six targeted oblasts in October 2006. Finalizing the recruitment process will help HPI to proactively move forward in meeting the set goals and objectives of the workplan.

**Development and implementation of a Communications Plan for Behavior Change.** The AI staff established regular contact with international and Ukrainian AI counterparts, took an active role in meetings of the AI Communications Working Group, and met with key international partners. Working on the national communications strategic document remains a top priority; HPI participated in several meetings to identify potential implementation barriers and best practices. For instance, HPI met with UNICEF representatives on September 14 to discuss areas of cooperation on their AI activities. Similarities and differences of the AI activities were identified; for example, UNICEF’s AI activities are primarily focused on an informational campaign, while HPI’s activities aim to establish a long-term AI community mobilization, communication, and behavior change strategy at the oblast level. At the end of September, HPI met with UNICEF and USAID to elaborate on possible areas of cooperation. All organizations that provide TA on AI in Ukraine will create a matrix of all activities planned with AI funds to avoid duplication among implementing organizations and to provide a clear and broad picture of the main goals, activities, and potential points of collaboration. HPI staff took responsibility for compiling partner information into one table, and UNICEF staff agreed to draft the same type of matrix on IEC/BCC materials and informational campaigns. Finally, UNICEF and the Center for Ukrainian Reform Education (CURE) agreed to provide IEC/BCC materials and assist HPI with preparing other communication material.

The work on collecting and familiarizing partners on best practices in community mobilization and emergency preparedness related to Ukraine’s AI response culminated in a three-day conference, “Policy

for Avian Influenza Prevention in Ukraine: Best Practices,” held from September 20–22 in Alushta, AR Crimea, for prospective members of the oblasts’ AI IGs as well as representatives of civil society and the private sector. Approximately 40 people attended the conference, which focused on presenting international experience, best practices, guidelines, and recommendations. The second part of the meeting was dedicated to developing recommendations to adapt and implement in the six target oblasts. The participants identified the following:

- Establish a unified center for local coordination and information exchange;
- Expand existing AI Coordination Commissions to include NGOs and businesses, or have the multisectoral AI IGs function as the commissions’ sub-units;
- Encourage more active engagement of local self-governance communities (i.e., representatives of community initiative groups, village councils) to address the AI threat in rayons and villages of Ukraine; involve NGOs in monitoring government activities; and
- Place more emphasis on raising awareness among high-risk groups to the real threat of AI.

The numerous meetings that HPI held at the oblast level as well as several sessions at the conference on best practices were aimed at establishing connections with prospective members of the AI IGs. These connections served as a basis for preliminary negotiations for calling the inaugural meetings of all six oblast-level AI IGs, which will be held during October 2006. To initiate the formation of AI IGs in the other oblasts, HPI visited the Chernihiv, Kherson, Mykolayiv, and Odessa oblasts to establish partnership relations with veterinary, emergency, SES service, and other stakeholders; and to conduct a preliminary needs assessment. HPI obtained support from the veterinary departments to implement AI activities in each of their respective oblasts. The authorities’ representatives in some oblasts suggested conducting more thorough training on communication and collaboration with mass media, collaborating closely with the oblasts’ Anti-epizootic Commission and/or oblast councils on AI, and taking into consideration regional needs when planning AI activities and developing a strategy at the oblast level.

HPI assessed NGOs in four oblasts (Chernigiv, Nikolayev, Kherson, Poltava) and invited some of the most motivated organizations to the conference described above. In general, after visiting these four oblasts, HPI observed that although there is a network of advisory services working with villagers in almost every oblast of Ukraine, there are limited numbers of NGOs that really work in rural areas. A series of meetings with local NGOs working in health and the environment showed that they can conduct general AI campaigns, but they have limited capacity in working with the large number of villages at the oblast level (they work only in several nearby rayons). However, there are some youth NGOs in Poltava oblast that have the capacity and show promise for participating in the implementation of AI activities.

The activities described serve as a good base for implementing an efficient and collaborative AI communication plan for behavior change.

***Identification of linkages with the poultry industry and small poultry farmers and improvement of husbandry practices to reduce the transmission of AI.*** To involve the poultry industry and small poultry farmers in efforts to reduce AI transmission, HPI conducted several activities. During a site-visit to Chernigiv in August 2006, HPI discussed the needs of small and medium-sized poultry producers; they recommended that HPI conduct a more detailed study of the biosecurity situation at small and medium-sized poultry farms. During several meetings with poultry business representatives, the needs of small and medium-sized poultry producers have been raised. It was emphasized that poultry producers and small farmers need additional funding for improvements in biosecurity practices and more information on new technologies. As a solution to the lack of funding, revisions to the existing mechanisms for privileged lending or alternative mechanisms for lending to small business should be made. In September 2006, HPI prepared the terms of reference (TOR) for a biosecurity survey to identify practices, procedures, and

barriers in order to increase compliance with biosecurity regulations and AI control policies. HPI has solicited bids from several research companies, and the survey is anticipated to begin in October 2006.

During a site visit to Poltava, HPI facilitated a working meeting with Poltava oblast small- to medium-sized poultry producers on September 29. The role of the private sector in the AI response was discussed and determined as follows: improve biosecurity on-site, provide personal protective equipment for workers, conduct AI education among personnel, and collaborate with other stakeholders in the oblasts. Participants also discussed other problems that influence low biosecurity and other AI-related issues, such as the absence of a slaughter floor; lack of funds, and connected to this issue, the need of revised privileged lending mechanisms for small farmers; and the lack of information, methods of fast verification of the virus, and risk insurance. The experience in Poltavaska oblast will help HPI to organize similar activities in other targeted oblasts.

***Strengthening of AI strategic planning, operational planning, programmatic implementation, and monitoring at national, oblast, and rayon levels.*** The HPI/Ukraine AI Deputy Director held a series of meetings with various officials and stakeholders to present HPI/AI activities, identify needs, assess weaknesses and capacities, and discuss the roles of the private and public sectors at the national and oblast levels. Several meetings with the MEU revealed its interest in receiving TA, in preparing and disseminating material on AI, and in creating a resource center. The MEU representatives agreed that more organizations from the public and private sectors as well as academic institutes should be included in the Coordination Council to Address Highly Pathogenic Avian Influenza and Prevention of Influenza Pandemic (AI CC). The AI Deputy Director met with the State Department of Veterinary Medicine to set up contacts, promote HPI's AI activities, receive support and a list of contacts of veterinary services in the oblasts to invite them for the best practices conference; and identify possible ways of collaboration and assistance. As a result, the department sent a letter in support of HPI/AI activities to all the veterinary departments of the six targeted oblasts, and a representative of the State Department of Veterinary Medicine came to the best practices conference and gave a speech on measures undertaken by the department to address AI in Ukraine. Finally, HPI met with the MOH to gain its assistance in promoting the AI activities and to identify general directions of collaboration. The MOH support for project implementation was obtained as well as assistance to invite SES representatives from the targeted oblasts to the best practices conference. The meetings showed that the three principal national stakeholders (the State Department of Veterinary Medicine, MEU, and SES) are (1) ready and motivated to collaborate with HPI at the national level, (2) realize the seriousness of addressing AI prevention, and (3) agree with the need for international TA and multisectoral approaches in combating a possible AI pandemic in Ukraine.

## Ukraine (HIV/AIDS)

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**Country Director:** Andriy Huk

**Country Manager:** Philippa Jungova Lawson

**Period Covered:** January 1, 2006–September 30, 2006

**Program Overview:** In Ukraine, through Task Order 1, the Health Policy Initiative will enhance the enabling environment to improve policymaking, planning, management, assessment, monitoring, and evaluation for strategic and effective delivery of HIV information and services.<sup>3</sup> To achieve the goal, HPI will provide technical assistance to the Ministry of Health; Ministry for Family, Youth, and Sport Affairs; the Coalition of HIV Service Organizations at the national level; and to Oblast AIDS Coordination Councils (OACCs) in eight selected oblasts—Cherkassy, Dnipropetrovs'k, Donetsk, Kherson, Mykolayiv, Odessa, and AR Crimea, and Kiev City.

HPI will strengthen partners' capacity to plan, manage, assess, monitor, and evaluate HIV interventions—focusing primarily on the local level and using multisectoral approaches that emphasize engaging NGOs, PLHIV, and other groups in all policy processes. HPI's approach to strengthen Ukraine's national response to AIDS will:

- Improve government policymaking and policy implementation;
- Strengthen strategic planning and management; and
- Strengthen assessment and monitoring and evaluation (M&E) of the HIV epidemic and available services.

### Summary of Major HIV Activities:

HPI finalized its HIV workplan and budget for January 2006–September 2007, and USAID/Ukraine approved it on May 31. HPI also determined the management structure and revised all job descriptions. Vacancies were announced in newspapers, posted on websites, and widely disseminated via email. HPI staff (from U.S. and Ukraine) interviewed candidates and selected staff based on pre-determined criteria. From August 2–3, 14 staff, selected for oblast work, received orientation on HPI/Ukraine goals, objectives, approaches, and administration. In addition, Nadia Yanhol, HIV office manager, attended the project's regional training on administration and finances in Dar Es Salaam, Tanzania, from July 31–August 4.

To ensure appropriate technical assistance, HPI had numerous discussions with Oblast Administrations (OAs), resulting in all eight oblasts providing the Letters of Intent required by the Ministry of Economy for HPI's registration in Ukraine. Following registration, HPI will sign Memoranda of Understanding with the OAs next period.

### Strategic Information

***Strengthening of multisectoral AIDS coordination mechanisms in eight oblasts.*** HPI assisted the OACCs in eight selected oblasts by building capacity, working with OACC secretaries, and facilitating Multisectoral Working Groups (MWGs). HPI supported oblast MWG meetings to draft workplans for

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<sup>3</sup> USAID/Ukraine HIV/AIDS Strategy 2003–2008, October 3, 2003, Kiev, Ukraine.

September–December 2006 and analyze challenges to HIV program implementation. Workplans were prepared for Donetsk, Cherkassy Oblasts, Kyiv City, and AR Crimea. Also, HPI and the MWGs provided TA in developing meeting agendas, materials, and analytical information; as well as logistical support to OACC meetings in AR Crimea (2/20/06), Cherkassy (1/12/06 and 09/15/06), Kherson (2/22/06 and 8/23/06), Dnipropetrovs'k (9/10/06), Mykolayiv (9/28/06) and Kyiv City (02/14/06). Each OACC approved its 2006 workplan. To build oblasts' program management capacity, HPI trained 31 secretaries and 28 secretaries of municipal and district AIDS Coordination Councils in Donetsk (1/20/06) and Cherkassy (9/14/06–9/15/06), respectively. The knowledge acquired will help to organize and support the OACCs.

To encourage more meaningful participation by NGOs and PLHIV in the Kyiv City AIDS Coordination Council (ACC), HPI supported three meetings of Kyiv City NGOs to elaborate on their common vision and position. NGOs actively participated in the Kyiv City ACC session (2/14/2006) by presenting their vision and concerns about the council's issues.

To improve coordination of the Mykolayiv MWG, a Memorandum of Cooperation between the OACC and HIV service organizations was initiated and signed by six NGOs, the OACC, and the Oblast Administration on 1/17/2006. The memorandum's stated goal is to coordinate HIV prevention efforts in the oblast.

***Support for the development and institutionalization of HIV assessments and M&E for evidence-based priority setting and decisionmaking in eight oblasts.*** Usually the oblasts AIDS programs do not have clear and measurable goals and objectives, which make it impossible to evaluate program effectiveness. To assist oblasts in designing their HIV/AIDS M&E systems, HPI supported the oblasts' M&E MWGs (representing public and civil society sectors). The working groups drafted system development plans, oblast HIV M&E indicators, and methodology for data collection. The Odessa and AR Crimea OACCs have drafted M&E plans that will (1) coordinate development activities of the oblast M&E system, (2) set up the oblast M&E center, (3) approve the oblast M&E indicators, and (4) carry out surveys (data collection). The Kherson and Cherkassy OACCs have approved their oblast HIV M&E indicators. The Mykolayiv and Kherson OACCs decided to establish an oblast M&E center, which will allow coordination of all M&E system activities. Per the Mykolayiv oblast M&E plan, HPI supported room renovation at the Oblast AIDS Center where the M&E center will begin its work next quarter. Also, HPI supported the participation of the Oblast Coordinators and members of the M&E MWGs (10 people) in the Second National M&E Conference organized by the International HIV/AIDS Alliance and UNAIDS, held in Sudak from September 27–30. At the conference, HPI facilitated the session on the oblast HIV/AIDS M&E System—during which achievements, obstacles, and next steps were discussed and determined. Lastly, HPI responded to oblasts' requests for assistance in publishing the findings of HIV/AIDS situation analyses conducted by the OACCs in AR Crimea, Kherson, Odessa, and Kyiv City. The analyses provide information on the HIV situation in the oblast, the oblast's response, and gaps to address. The authors of the situation assessments presented the results to stakeholders at roundtables held in each region.

### **Other/Policy Analysis and System Strengthening**

***Building of NGOs' capacity to monitor, assess, and evaluate the quality of local HIV prevention, care, and support services and to take leadership in policy dialogue on the local level.*** To improve the skills of PLHIV Network representatives working in OACCs, at the network Board's request, HPI conducted a seminar for 25 PLHIV network members from 25 cities from April 19–21 in Kyiv. The main objectives were to

- Review the terms of reference of the OACCs;
- Understand the relationship between the OACCs and other local authorities;

- Understand the local-level decisionmaking process; and
- Understand local-level budget formulation.

The acquired knowledge will help PLHIV to be more meaningfully engaged and effective in the OACCs.

### **Policy and Community Mobilization for Prevention, Care, and Treatment**

***Strengthening of the Coalition of HIV Service Organizations’ effectiveness in the Policy Development Group (PDG) to set standards for HIV and HIV/TB services under the Ministry of Labor and Social Policy and Ministry of Health.*** The coalition, with HPI support, was officially included in the working group charged with implementing the Law of Ukraine “On social services” under the Ministry of Labor and Social Policy (2005). In 2006, the coalition participated in three working group meetings, resulting in recommendations for the Cabinet of Ministers’ draft directives “On minimum state standards” and “On licensing nongovernmental organizations providing social services.” The Ministry for Family, Youth, and Sport Affairs; MOH; Ministry of Education and Science; Ministry of Labor and Social Policy; and Ministry of Economy are all to be involved in setting the standards, which will (1) ensure the quality of services, (2) cost services, and (3) develop the program based on the service cost and expected number of clients. The standards will help produce relevant cost-effective HIV policies and programs that ensure access to high-quality HIV services.

### **Voluntary Counseling and Testing (VCT)**

***Support for implementation of the National VCT Protocol to improve the quality and scale up of VCT.*** HPI continues to support MOH efforts to scale up and improve access to high-quality VCT in Ukraine. HPI helped the MOH to draft the order “On the introduction of HIV VCT procedure (protocol) in public health institutions” (approved by the MOH on April 19, 2006, No. 236); Instructions on the Introduction of the VCT Protocol in TB, dermatology, and drug rehabilitation public health institutions (approved by the MOH on July 6, 2006, No. 446); and draft changes to the MOH Decree No. 33 of 02/23/2000, “Standard staff lists of public health institutions,” which recommends adding VCT specialists to the staff of healthcare facilities. The draft changes to the Decree were submitted for MOH approval. Following the approval of MOH order No. 236, HPI and the WHO supported four meetings of the VCT MWG, during which the VCT Protocol was introduced to public health institutions; the draft order “On approval of the Model TOR of the ‘Trust’ Office” was developed; 14 operational barriers to VCT operational scale-up were identified and analyzed; the situation analysis summary to prepare regions to scale up VCT was discussed; and the VCT basic training module for the medical care managers and providers was designed. At the MOH’s request, HPI published 22,000 copies of the National VCT Protocol and distributed 18,795 copies. According to the MOH, 22 regions, in addition to AR Crimea and the Kyiv and Sevastopol cities, have received the protocol. Finally, HPI—in cooperation with the MOH, PATH, and Ukraine’s International HIV/AIDS Alliance—held a seminar for 27 heads of oblast health departments from September 22–23 in Kyiv to increase their capacity to improve VCT and scale-up procedures, encourage personal response and commitment, and present the protocol and related legislation. In Dnipropetrovsk, HPI held a seminar on the introduction of the VCT Protocol in public health institutions for senior oblast health department specialists and chief physicians of municipal and district hospitals (57 people participated on 9/28/06).

### **Prevention of Mother-to-Child Transmission (PMTCT)**

***Provision of support to create and implement appropriate PMTCT policies at the national level.*** The PMTCT PDG, with HPI assistance, drafted a program workplan, “Additional Activities in the Area of PMTCT and Social Assistance for Children Born to HIV+ Mothers for the National Program of HIV Prevention, Care, and Treatment of PLHIV for 2006–2008,” along with a budget, and submitted them to

the MOH on June 23. The main program goals are to reduce the number of HIV-positive children born to HIV-positive mothers; reduce the number of HIV-positive women; reduce the number of unintended pregnancies among HIV-positive women; improve the system of medical care; and establish a system of social support for HIV-positive women and their families.

The PMTCT PDG continued to revise MOH order No. 120, “Organizing prevention of HIV infection among children born to HIV-positive pregnant women as well as providing medical treatment, care, and social support to children with HIV/AIDS.” The main six components of the draft MOH order are as follows: (1) provision of VCT to pregnant women; (2) PMTCT; (3) management of labor for HIV-positive pregnant women; (4) medical treatment and care of HIV-positive women’s newborns; (5) nutrition, medical treatment, and care for children with unknown HIV status (up to 18 months); and (6) medical treatment, care, and social support to children with HIV (under the age of 18). This order will be finalized based on a multisectoral approach in collaboration with the Ministry for Family, Youth, and Sport Affairs; Ministry of Education and Science; NGOs, and international organizations. The PDG is scheduled to submit the revised order in December.

Lastly, with other CAs, HPI prepared two presentations on building an enabling environment, which were presented at the USAID HIV Implementing Partners Meeting from September 7–8.

### **Special Focus and the Global Fund to Fight AIDS, Tuberculosis and Malaria**

*Support for the Coalition of HIV Service Organizations.* HPI continued to support the Coalition of HIV Service Organizations. In 2006, coalition membership increased from 39 to 51 NGOs, representing 20 oblasts. In February 2006, the coalition received a \$60,000 grant to draft anti-discrimination HIV legislation from the Ukraine Citizen Action Network. Coalition members (13) were involved in policymaking process of the six National AIDS Coordination Council’s (NCC) committees. Twenty-seven coalition members are members of 15 OACCs. The coalition’s two recommendations to include a TB component in the competence of the NCC and to increase NCC membership were discussed. The MOH approved both recommendations on January 21.

*Strengthening of leadership and policy dialogue of the Coalition of HIV-Service Organizations and PLHIV Network at the national level and support for civil society in the preparation of Ukraine’s Consolidated Round 6 Proposal to the Global Fund and in the restructuring of the NCC.* HPI carried out several activities to support civil society in the submission of a consolidated Round 6 proposal to obtain funding for the “Overcoming the HIV/AIDS Epidemic in Ukraine” program. At the request of the coalition and the network, HPI drafted a strategy to prepare the proposal, procedures for submitting recommendations to include in the proposal and nominating grant principal recipients, terms of reference for the Technical Review Panel, as well as an announcement about the plan to draft a proposal. A working group, set up by MOH order No. 157 (of 05.26.2006) and supported by HPI, discussed these items from May 29–June 1. The group finalized the NCC terms of reference, the draft NCC Operation Rules and Regulations, and a draft NCC reform plan developed by HPI. In addition, HPI prepared a draft Annex to the Provisions on the Policy on Ethics and Conflict of Interest, which affords a transparent and open decisionmaking mechanism to select the grant’s principal recipient and to monitor its activities. All draft documents presented at the NCC meetings on June 9 and July 6 and 28 were approved. HPI provided TA for the NCC meetings (agenda development, photocopying of materials for the NCC members, registration of the NCC meeting participants). During the July 28 meeting, the NCC approved Ukraine’s consolidated Round 6 proposal. Ukraine applied for a total of \$151 million for five years. On August 3, the proposal was submitted to the Global Fund.

**Core-Funded Activity**

*Strengthening the skills of policymakers and NGOs on effective use of RH resources in oblasts.* Natalia Zaglada, HPI HIV/RH program manager, participated in the Washington, D.C., TOT on the Allocate Model (a computer model on the effective use of resources in RH and used as an advocacy tool) from May 15–17. The training was useful in understanding the main approaches to applying Allocate at the oblast level and how incorporating the model budgeting data can help establish local RH programs goals to be further developed according to the National Reproductive Health Plan 2006–2015. Based on the following selection criteria, HPI has identified two oblasts—Vinnitsa and Zhytomyr—to apply the Allocate Model: oblasts leaders’ commitment to address RH; oblasts’ experience with Allocate (since POLICY conducted orientation training and training on Allocate in 2005); what oblasts are a priority for the MOH; and complementary project efforts at the oblast level. The first Allocate Model orientation at the regional level was facilitated in Kiev for newly hired oblast coordinators on September 11. The Vinnitsa and Zhytomyr oblast administration heads signed a Memorandum of Understanding with HPI for applying Allocate in their oblasts. Orientation workshops for oblast key RH players are scheduled for October 10 in Zhytomyr and October 13 in Vinnitsa.

## Ukraine (Tuberculosis)

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**Country Director:** Andriy Huk

**Country Manager:** Philippa Jungova Lawson

**Period Covered:** January 1–September 30, 2006

**Program Overview:** The Tuberculosis program under Task Order 1 of the Health Policy Initiative in Ukraine supports the USAID Mission’s goal to increase political commitment and create an improved and enabling policy environment for TB policies and programs. HPI’s strategy in achieving this goal includes building on POLICY’s successful relationship with the government of Ukraine (GOU); and focuses on strengthening the capacity of national and regional government bodies to plan, implement, and monitor policies that will improve access to TB services—such as detection, diagnosis, treatment, and prevention—as well as strengthening the capacity of civil society to participate in TB policy dialogue and provision of TB services, thereby reducing TB mortality and morbidity.

HPI/Ukraine’s strategy focuses on the following key components:

- Policy development and implementation;
- Political and popular support, especially among civil society organizations; and
- Multisectoral engagement.

### Summary of Major TB Activities:

***Finalization of the TB workplan and the implementation team.*** During April and May 2006, HPI staff drafted and revised its TB workplan and budget for January 2006–September 2007 based on USAID/Ukraine’s comments and suggestions. HPI also developed the management structure and job descriptions of the TB team. All available positions were advertised in newspapers, posted on websites, and disseminated via email; and HPI conducted an open and transparent process to select the candidates.

Following the USAID Mission’s approval of the TB workplan in July 2006, HPI finalized the structure of the TB team. The team includes a TB Specialist, who will liaise with and support the multisectoral TB Policy Development Group (PDG); an Oblast Program Coordinator, who will support implementation of the TB workplan in the selected regions (AR Crimea, Dnipropetrovsk, Zaporizhia, Kharkiv, Kherson, and the city of Sevastopol) and manage the Oblast Coordinators; an Economic Analyst, who will support the PDG and oblast situational analyses; and a Legal/Policy Analyst, who will analyze legal barriers to the expansion of the DOTS-strategy (Directly Observed Therapies-Short Course). The team also includes six part-time TB Oblast Coordinators and other regional and national consultants. HPI plans to add a Media/Public Relations Consultant to the team to support national and regional advocacy efforts for DOTS expansion. This team structure will enable HPI to provide reliable information for decisionmaking and to raise the advocacy capacity of the PDG and MOH in support of DOTS expansion.

There is at least moderate opposition in Ukraine to implementing DOTS from several high-ranking members of the medical academic community—partially due to vested interests. Although DOTS has become part of official government policy, during the last two years, several publications by reputable print media discredited DOTS and MOH officials responsible for its implementation. The National TB Control Program 2007–2011 needs considerable media support both from the press service of the MOH and from independent mass media to succeed. Any steps to expand DOTS should be based on solid public relations campaigns and extensive advocacy efforts. The new team structure will enable HPI to provide better support to MOH in these areas.

***Support for the multisectoral TB Policy Development Group (PDG).*** HPI is assisting the MOH to promote a multisectoral TB PDG to support decisionmaking processes for TB control in accordance with internationally recommended cost-effective DOTS strategies. The PDG includes a high-level TB policy forum as well as subgroups to address specific components of TB control. Since January 2006, HPI has helped the PDG to review the draft Concept of the National Program for TB Control, 2007–2011 for Ukraine and to draft, review, and revise the National Program for TB Control, 2007–2011. The Cabinet of Ministers approved the concept on June 26, 2006.

Throughout July and August, the draft National TB Control Program 2007–2011 circulated for review among the relevant government ministries. In September, HPI helped the MOH and TB PDG to process comments concerning the budget, the total volume of resources needed for the program, coordination with other health programs, and cost-effectiveness of some of the proposed activities. A specific recommendation was to remove Bacille Calmette-Guerin (BCG) re-vaccination and mass tuberculin diagnostics from the National Program workplan and budget.

HPI also supported the TB PDG to prepare for negotiations with the World Bank (WB) regarding renewal of the WB loan's TB component. Despite initial objections from the MOH, the TB PDG decided not to exclude costs for laboratory equipment to strengthen capacity and therefore support the DOTS expansion effort in the WB workplan. The workplan for the National TB Control Program was then cross-referenced with the WB workplan and budget.

All of the above activities have led to a more realistic and evidence-based approach to preparing the National TB Control Program 2007–2011, which will result in a more economically effective TB control strategy for Ukraine.

***Support for the Joint Review of the National TB Control Program 2001–2005.*** In January 2006, the MOH commissioned a Joint Review Mission (JRM) of the National TB Control Program 2001–2005. Beginning in February 2006, HPI provided support to the JRM to analyze the program in collaboration with other JRM partners (USAID, PATH, WHO). HPI organized the mission, collecting comments on the JRM drafts from all partners and reaching consensus with the TB Institute and the MOH on the drafts. Dr. Ivasiuk, the Deputy Minister of Health, approved the report on May 3. The latest draft of the National Program for TB Control 2007–2011 now includes key recommendations from the JRM report. HPI will publish the JRM report in Ukrainian and English and distribute it among key stakeholders. HPI has prepared the JRM report for publication and submitted it for approval.

The joint review of the National TB Control Program 2001–2005 was an important step to agree on an evidence-based TB control strategy for Ukraine. The JRM report, which was produced as a result of the review, is an important instrument for decisionmaking processes in the area of TB control.

***Strengthening civil society to participate in policy processes.*** HPI supported a working meeting on May 23–24, 2006, for 30 NGO representatives. Titled “Discussion of TB Policy in Ukraine,” the meeting was organized by the Coalition of HIV-Service Organizations (HIV Coalition) to collect comments from NGOs on the draft National Program for TB Control, 2007–2011. At the meeting, participants prepared and then submitted to the MOH a joint resolution based on the following international guidelines:

- International Standards for TB Treatment (Stop TB Partnership)
- Stop TB Strategy (Stop TB Partnership, WHO)
- Joint Review Mission Report (MOH and others)

In August 2006, the Coalition Board sent their recommendations to the MOH's Department of Socially Dangerous Diseases regarding expansion of social services for TB patients in the National TB Control Program. The department included almost all the NGOs' recommendations in the draft program, which is currently being reviewed by the Cabinet of Ministers.

HPI has supported the Coalition of HIV Service NGOs in developing the agenda for the National Conference on HIV/TB, which partners (including USAID) have agreed to. The October conference will improve collaboration among the state and NGOs to strengthen the national response to the epidemic of HIV/TB.

HPI held a working meeting with representatives of the State Penitentiary Department on September 26, 2006, to discuss prospects for collaboration on TB issues. Agreement was reached to create a joint project focused on assessing the knowledge of prisoners on TB issues and developing appropriate information channels for prisoners; the WHO will fund the project. Under a subcontract, HPI will support the institutional and technical sustainability of the coalition for 2006–2007. The coalition's prisoner project and its ability to secure additional (WHO) funding to reach marginalized members of civil society demonstrates the effectiveness of the HPI's assistance to the coalition (beginning in 2004), resulting in an increase of the coalition's financial and programmatic capacity.

LAC



## LAC Region

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**Manager:** Varuni Dayaratna

**Period Covered:** January 1–September 30, 2006

**Program Overview:** HPI's work on contraceptive security (CS) in the LAC Region is a collaborative effort with JSI/DELIVER. Begun in the summer of 2003 with funding from USAID's Bureau for Latin America and the Caribbean, the goal of the regional CS initiative is to improve contraceptive security in the region, which is experiencing rapid donor phaseout. In July 2003, POLICY/DELIVER organized a workshop in Managua, Nicaragua, with more than 70 representatives from governments, NGOs, and USAID from nine Latin American countries to start planning how countries will achieve CS in the face of donor phaseout. Following the workshop, the POLICY/DELIVER teams carried out country assessments in Bolivia, Honduras, Nicaragua, Paraguay, and Peru, and conducted additional data analysis for El Salvador and Guatemala. National policymakers and international partners discussed the assessment findings in October 2004 at a USAID-sponsored LAC regional CS forum in Lima, Peru; participant countries then drafted country action plans and regional strategies covering four thematic areas—(1) Procurement and Pricing, (2) Logistics Systems, (3) Market Segmentation and Targeting, and (4) Political Commitment and Leadership—all aimed at achieving contraceptive security. HPI continues to provide support to helping countries implement their strategies.

### Summary of Major FP/RH Activities:

HPI provided training and TA to project contraceptive and financial requirements and to use those estimations in logistics functions. HPI conducted 3-day training workshops in Nicaragua, Paraguay, El Salvador, and the Dominican Republic for members of the national CS committees and technical staff from key stakeholder organizations (e.g., MOH, Social Security, NGOs). The workshops focused on

- SPECTRUM training, with an emphasis on the FamPlan Model (workshop participants worked with country-level data to project contraceptive and financial requirements under different source mix, method mix, and price scenarios, which were linked to market segmentation activities and analysis of procurement options); and
- Identification of funding strategies based on the projections, the desired market structure, and procurement options.

In October 2006, HPI will conduct a regional advocacy training workshop around contraceptive security in Antigua, Guatemala, for approximately 50 participants from seven LAC countries. Country teams include representatives from the ministries of health, social security institutes, IPPF-affiliate NGOs, USAID, UNFPA, and CAs. The workshop's purpose is to provide policy champions with skills to advocate effectively for the development and/or implementation of interventions, policies, and programs to ensure contraceptive security in their countries. Participants will draft advocacy action plans on key issues that each country team identifies as priorities. During the next quarter, HPI also proposes to award small grants to trained advocates (one grant per country) to finance portions of their advocacy strategies.

HPI and DELIVER finalized the paper, *Options for Contraceptive Procurement: Lessons Learned from Latin America and the Caribbean*, as well as nine accompanying country papers that were started under POLICY. Key findings and recommendations from the paper will be presented at an October 25, 2006, donor meeting sponsored by the LAC Bureau at the National Press Club.

## Guatemala

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**Country Director:** Lucía Merino

**Period Covered:** February 1–September 30, 2006

**Program Overview:** The objective of the Health Policy Initiative, Task Order 1, in Guatemala is to improve the policy environment for health, primarily by increasing access to FP/RH, HIV, and maternal health (MH) services and information. HPI's strategies include:

- Strengthening the capacity of indigenous leaders and women's groups, advocating for their needs, and engaging actively in the policy process as it pertains to FP/RH, HIV, MH, and health investment. This process includes enabling and promoting the meaningful involvement of these groups in formulating, implementing, and evaluating relevant policies.
- Facilitating a coordinated business response to mitigate the effects of HIV by adopting policy, prevention, and treatment strategies and by eradicating HIV-related stigma and discrimination in the workplace.
  - Increasing and sustaining support for FP/RH, HIV, and MH issues by involving private and public sector champions and other partners in policy and advocacy efforts, including new government officials for 2008.
  - Producing and disseminating information and providing TA on data analysis and its use in decisionmaking related to FP/RH, HIV, MH, and health financing.

### Summary of Major Activities:

#### FP/RH

***Advocacy and support for the implementation of policies and laws.*** In April, HPI, the Women's Network for Peace (REMUPAZ), and Instancia Salud-Mujeres conducted several advocacy activities around the Law of Universal Access to Family Planning (FP Law), which was being challenged in Constitutional Court at that time. The groups presented information demonstrating the constitutionality of the law to Congress and Constitutional Court officials. To obtain final approval of the FP Law, REMUPAZ and Instancia Salud-Mujeres subsequently held a press conference; a women's group forum; a meeting with journalists that was supported by the Human Rights Commission in Congress; and several smaller meetings with legislators. Due in large part to these concerted actions by advocacy groups, on April 6, the Constitutional Court adopted the law, which was officially published in April 2006.

However, challenges to the law in the constitutional courts continue. In preparation to respond to these challenges, HPI—in collaboration with REMUPAZ and Instancia Salud-Mujeres—analyzed the legal situation of the FP Law for a second time. HPI and its collaborating partners collected information from decisionmakers, stakeholders, and champions on actions of unconstitutionality used by opponents to challenge the law. Advocacy groups will use the information and corresponding legal arguments to counter any negative decision on the law made by the Constitutional Court.

In July, HPI provided technical and financial assistance to REMUPAZ to organize a meeting for its members to evaluate the results of the advocacy campaign conducted in coordination with the Guatemala women's movement during the approval process for the FP Law. Participants identified follow-up and dissemination activities for which they will draft and present proposals to obtain funding.

HPI held three meetings with SEGEPLAN and USAID to coordinate future SEGEPLAN activities and HPI project support to SEGEPLAN for 2006 and 2007. These activities include nationwide training for

local governments in 22 departments as well as SEGEPLAN officials in the use and implementation of the didactic version of the Social Development Law (SDL) and the Social Development and Population Policy (SDPP); a radio story on SDL and SDPP topics; and technical support to create a national information system. The final activity plan will be presented to USAID during the last quarter of 2006.

In July, HPI organized a workshop on health financing and budgeting for civil society organizations, particularly directed at members of REMUPAZ and Instancia Salud-Mujeres. Participants discussed the sufficiency of money collected for FP/RH through Decree 21-2004, which mandates a 15 percent tax on alcohol, and identified options for mobilizing additional sources of funding when the Free Trade Agreement among the United States, Central America, and the Dominican Republic comes into effect. Participants also analyzed the FP/RH budget that was assigned by the MOH in 2006; discussed the risks associated with non-use of those funds; and identified follow-up actions for civil society organizations to ensure the budget's timely use in cost-effective interventions. Discussion and information generated during the workshop will serve as a guide for civil society organizations in their advocacy and citizen surveillance efforts for FP/RH budgeting and finance.

HPI participated in the Multisectoral Adolescents Commission coordinated by the MOH and designed a methodology for elaborating a didactic version of the National Health Policy for Adolescents and Youth. In August, HPI provided technical and financial support to the MOH/National Reproductive Health Program (NRHP) for two workshops attended by the Commission's member organizations to evaluate the didactic version of the policy. The workshop results will help the MOH in communicating what is required to implement the policy, which includes integrated attention to RH, focusing on issues such as pregnancy and HIV transmission among adolescents, discrimination, racism, and the exclusion of marginalized groups from health services.

***Strengthening of civil society networks and indigenous leaders/organizations.*** HPI facilitated information exchange and public dialogue on FP/MH/RH among indigenous populations. The First Indigenous Encounter on the Right to Health is preparing a proposal to bring together indigenous organizations, government agencies, and other CAs to address reproductive health in indigenous populations; impacts of stigma and discrimination on FP/RH/MH health conditions; and cultural practices and traditions surrounding health. The meeting is scheduled for December.

During May and June, HPI held several meetings with representatives of REMUPAZ and Instancia Salud-Mujeres to identify ways to integrate indigenous leaders and NGOs led by indigenous leaders into RH advocacy networks. With this objective in mind, HPI will train indigenous leaders and NGOs on RH advocacy in the departments of Sololá, Quetzaltenango, and Alta Verapaz.

HPI is also making an inventory of organizations that work with indigenous populations or are led by Mayan leaders working in FP/RH. When the list is compiled, HPI will provide TA and training to these organizations and provide the necessary conditions to integrate them into advocacy and citizen surveillance activities. This will result in the increased participation of indigenous populations in FP/RH/MH policy formulation and implementation.

In August, HPI provided technical and financial support to Instancia Salud-Mujeres to design its strategic plan for 2006–2008. HPI prepared and delivered a presentation on the conceptual framework of policy implementation, and based on it and ensuing discussions, Instancia Salud-Mujeres identified three priority areas of focus for its strategic plan: (1) citizen surveillance of the implementation of the SDL and the FP Law; (2) financing of FP/RH activities; and (3) an advocacy process for the 2007 electoral campaign to guarantee continuity and improvement of the NRHP.

During this period, HPI also provided TA to Instancia Salud-Mujeres to become a legal entity (the process was initiated with POLICY assistance). As a legal entity, the organization can now actively participate as a member of the National Contraceptive Security Commission, which was created under the FP Law.

***Use of data and models for decisionmaking.*** In June, as part of the Regional Contraceptive Security (CS) Initiative in Latin America and the Caribbean, HPI conducted a training workshop to estimate financial projections for contraceptive commodities to provide crucial financial planning information to the MOH as it prepares for donor phaseout. Workshop participants included representatives from the MOH, Guatemalan Social Security Institute (IGSS), IPROFASA, APROFAM, Instancia Salud-Mujeres, the Women Physician Association (AGMM), USAID, URC, and JSI/DELIVER. As part of this initiative, in July, HPI's Country Director traveled to Nicaragua to facilitate a similar workshop for members of Nicaragua's CS Committee.

In April, HPI initiated a core-funded Innovative Approach (IA3) in Guatemala to improve access to family planning among indigenous populations by identifying and reducing access barriers. Between April and June, the IA3 team created and pilot-tested instruments for primary data collection, hired and trained bilingual interviewers, and commenced in-depth interviews with service providers and group interviews with Mayan women (users and non-users of FP) in three regions. To date, all interviews in Sololá, Totonicapán, and Quiché have been completed. In September, the IA3 team met in Guatemala City to review and interpret findings around barriers to FP access among poor Mayan women. Findings will be presented to local authorities and service providers in the three departments during the next reporting period. Meetings with local stakeholders will serve to identify priority barriers and formulate response strategies to reduce those barriers.

At the request of the Director of the NRHP/MOH, HPI will assist the Population Council in conducting a similar study among the Ladino population in Guatemala. The United Nations Population Fund is funding the study. To date, two coordination meetings have taken place.

HPI conducted a demonstration of the SPECTRUM suite of models at USAID. PHRplus and URC representatives attended the presentation. Dr. Baudilio López, HPI's Project Liaison at the USAID Mission, expressed the need to adapt the models and design a new tool for estimating financial and programmatic resources to reach the Millennium Development Goals.

In September, HPI started a new core-funded activity in Guatemala to field test a methodology and instrument that monitors the implementation of laws and policies—in this case, the RH component of the SDPP. The MOH, SEGEPLAN, and the Women's Physician Association (AGMM)—key organizations in implementing and monitoring the SDPP—formed a steering committee to advise and guide the effort. To date, the instrument has been reviewed by this committee and is being adapted to the Guatemalan context. Field work will begin in October.

## **HIV/AIDS**

### ***Institutional strengthening***

HPI received FY06 HIV/AIDS field support funds to create a business council on HIV/AIDS. In July, Mary Kincaid and Varuni Dayaratna traveled to Guatemala to meet with USAID staff and to initiate contact with stakeholders, interested groups in the private sector, and other USAID partners working in the HIV/AIDS field. The Mission approved the scope of work and budget for the activity in September. Implementation of the business council activities will begin in October.

## Haiti

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**Country Director:** Laurent Eustache

**Period Covered:** January 1–September 30, 2006

**Program Overview:** Under Task Order 1, the goal of Health Policy Initiative in Haiti is to strengthen civil society’s role in the policy arena, build public-private sector partnerships, and work closely with the new government to provide leadership and direction in responding to the Haitian population’s FP/RH needs and meet the challenges of the HIV epidemic. A primary focus of HPI’s population activities will be to work with civil society organizations and the new government to reposition family planning as a priority on the national agenda. In the area of HIV, HPI will provide TA to the PEPFAR Team and the MOH to identify and address key operational policy barriers that adversely affect the scale up and effectiveness of PEPFAR and national programs. In addition, HPI will continue to strengthen the capacity of local government institutions to produce and use strategic information for effective resource and program planning; promote and reinforce the commitment and leadership of the public sector and faith-based organizations in combating HIV; improve the coordination and implementation of HIV programs; promote the rights of orphans and vulnerable children and people living with HIV; and address gender inequities in the response to HIV.

### Summary of Major Activities:

#### FP/RH

**Repositioning family planning.** As a member of the Reflection Committee for the FP repositioning process in Haiti, HPI prepared the document, “Cadre Conceptuel pour le Repositionnement du PF en Haiti” (Conceptual Framework for the Repositioning of FP). This document has been validated by new officials within the MOH, and is being used as a reference document for program and policy formulation.

The Reflection Committee—including HPI, Management Sciences for Health (HS-2007), and the Ministry of Public Health and Population—in partnership with the MOH, also organized the official launch of “Repositioning Family Planning in Haiti” on May 9, 2006. For this event, HPI prepared an advocacy document, “Repositioning Family Planning: An Imperative for Reaching Millennium Objectives,” and gave a presentation on the same theme.

HPI also continued to work on operational aspects of the repositioning process by supporting the formation of multisectoral committees in each of Haiti’s 10 geographical departments, and helping to organize departmental and national conferences on repositioning.

HPI continued to participate in activities organized by the National Network for Population and Development. As a member of this network, HPI presented results of the last census (May 2006); coordinated activities for World Population Day held on July 11, 2006; and organized the presentation of the 2005 World Report on Population (September 2006). Through these activities, the network has mobilized strategic information for advocating for the effective implementation of the National Population Policy, which was adopted in 2002.

## **HIV/AIDS**

### **Other/Policy Analysis and System Strengthening**

*Coordination of strategic planning.* In March 2006, the MOH requested TA from HPI to provide technical coordination for the 2006–2010 Strategic Plan against AIDS. HPI prepared the terms of reference and methodology to elaborate the new multisectoral strategy; and facilitated workshops and work sessions for MOH officials, international and national partners, and providers of services to elaborate the strategic plan (ongoing).

### **Strategic Information**

*Institutional policies study.* HPI staff also analyzed and published the results of a study titled “Institutional Services Providing HIV/AIDS Support: Localization, Functionality, and Characteristics of Clients.” The study results will inform the realignment of institutional policies to improve access to services.

## Jamaica

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**Country Director:** Katherine McClure

**Period Covered:** January 1–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Jamaica is providing support to the government of Jamaica's (GOJ) National HIV/AIDS Strategy in mitigating the effects of HIV by reducing stigma and discrimination. Within this context, HPI is undertaking two major activities in Jamaica. First, HPI, in partnership with the Jamaican private sector, NGOs, and the GOJ, will strengthen the institutional capacity of businesses to address HIV-related issues in the workplace by establishing a national business council on HIV/AIDS. The goal of the council is to facilitate a coordinated business response to mitigating the effects of HIV by adopting policies, prevention, and treatment strategies aimed at eradicating HIV-related stigma and discrimination in the workplace. The council will focus on establishing a sustainable forum for business-to-business dialogue that recognizes the needs and objectives of corporate Jamaica while responding to the country's public health needs. Second, HPI will provide assistance to the Public Defender's Office in Jamaica to draft and facilitate the approval of anti-discrimination legislation through a consultative and evidence-based approach to guide its design.

### Summary of Major HIV Activities:

**Anti-discrimination legislation.** During the reporting period, HPI completed a proposal to guide the introduction and drafting of anti-discrimination legislation focusing on nine areas of vulnerability including HIV/AIDS-related discrimination. HPI also prepared a workplan, timeline, and budget to support the process; prepared protocols to guide research activities in support of the proposal; and organized a meeting of international development partners to review and support the proposal with a view to eliciting donor support for components not covered by USAID funding.

**Business Council on HIV/AIDS.** HPI, working in partnership with the AIDS Responsibility Project (ARP) designed and implemented activities to establish the Jamaica Business Council on HIV/AIDS (JaBCHA). Mission funds were obligated within the framework of the Global Development Alliance, fostering a sustainable public/private partnership to mitigate the effects of HIV-related discrimination in the workplace.

Business council activities commenced in January 2006 with the drafting and fielding of a stakeholder questionnaire to identify initial private sector views on the structure, governance, mission, and purpose of a business council on HIV/AIDS. The HPI-ARP team also prepared and fielded a survey on workplace activities surrounding HIV in the Jamaican context. Findings from this survey, along with a survey report, were presented at a media event in March 2006.

During the initial stages of the activity, the Jamaica Employers' Federation (JEF) emerged as a partner to provide secretariat facilities for the business council and has since taken an active role in the council's creation. In collaboration with JEF and Mission counterparts, the HPI-ARP team established a working group to identify activities for a business council to undertake; reach consensus on criteria for membership in the council; create a constitution and other collateral documentation to support the establishment of the council; and facilitate the formulation of the JaBCHA structure, governance, mission, and purpose. In addition to JEF and USAID representatives, the working group included representatives from Jamaican businesses that had expressed an interest in forming a business council on HIV/AIDS.

In September, working group members and other interested business representatives elected a five-member governing Executive Committee, composed of chief executive officers (CEOs) and senior

managers from the leading businesses in Jamaica. Shortly thereafter, the Jamaica Business Council on HIV/AIDS was launched at a media event on September 20, 2006, with company CEOs signing the council's constitution. As a result of intensive recruiting by HPI and ARP, the council has 21 founding members—all of them leading businesses in Jamaica. The launch was widely covered by the media, including Jamaica's leading newspapers, radio stations, and TV shows. The media interviewed Executive Committee members, representatives of JEF, and HPI staff.

Following the launch, HPI facilitated the initial meeting of the Executive Committee and worked with council members to create subcommittees to undertake the work of the council.

## Mexico

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**Country Director:** Mary Kincaid

**Period Covered:** January 1–September 30, 2006

**Program Overview:** Through Task Order 1, the Health Policy Initiative in Mexico supports the implementation of the national strategy and norms on HIV/AIDS in collaboration with the National HIV/AIDS Program (CENSIDA), state HIV/AIDS programs and NGOs, networks of people living with HIV, the business community, and faith-based organizations. HPI focuses primarily on policy analysis and system strengthening in support of national prevention, care, and treatment efforts, and specifically, the strengthening of national and organizational policies and systems to address human resource capacity development, stigma and discrimination, and gender issues. A secondary focus of HPI is to provide strategic information to support the national program by developing and disseminating best practices to improve program efficiency and effectiveness in planning and evaluating national prevention, care, and treatment efforts. Finally, HPI also supports HIV treatment/antiretroviral (ARV) services by training healthcare providers and creating training materials and modules, particularly on stigma and discrimination, for use with providers, program managers, and policymakers.

### Summary of Major HIV Activities:

#### Other/Policy Analysis and System Strengthening

Under this component, HPI's main activities include (1) creating a bi-national, multisectoral response to HIV policy issues along the Mexican-U.S. border, including stigma and discrimination, provider training, and information systems; (2) developing innovative approaches to reducing HIV-related stigma and discrimination; and (3) promoting public-private partnerships through the National Business Council on HIV/AIDS (CONAES) program to reduce stigma and discrimination in the workplace.

In August, HPI conducted a two-day strategic planning workshop with Mexican members of its Crossborder HIV/AIDS Multisectoral Policy (CHAMP) Group in Reynosa, Tamaulipas. The members designed a comprehensive three-year workplan and redefined the mission and vision for the group. In direct response to needs identified during this workshop, on September 9–10, HPI facilitated a workshop for local journalists titled "The Challenges HIV and AIDS Present to the Media in Tamaulipas" in Ciudad Victoria, Tamaulipas. The objective was to build capacity for responsible media coverage of HIV issues while also reducing stigma and discrimination and ensuring collaboration among the media, the health sector, and civil society. HPI, the Ford Foundation/Mexico, the State of Tamaulipas, the Municipal Government of Ciudad Victoria, and the Union de Periodistas Democráticos provided funding for the event, which included 43 media participants (25 women and 18 men) from Ciudad Victoria, Reynosa, Matamoros, and Tampico.

HPI collaborated with the multisectoral municipal group in Coatzacoalcos, providing TA related to the integration of stigma and discrimination-reduction activities into their current work. HPI was invited as part of the group's ongoing work on HIV with indigenous communities in Mexico.

In collaboration with the Ford Foundation's Project on Human Rights and HIV/AIDS in Mexico, HPI facilitated three five-day capacity-building workshops for 82 key local stakeholders in Yucatan in June (19 women and 11 men); in Xalapa, Veracruz, in July (13 women and 13 men); and in Toluca, Mexico State, in September (13 women, 12 men, and 1 transgender). The workshops provided skills training in

conducting advocacy, protecting human rights, and reducing stigma and discrimination. Participants formulated strategies and plans on advocacy, media advocacy, and networking.

In its ongoing efforts to involve businesses in Mexico's response to HIV/AIDS, HPI and the NGO network, IMPULSO, provided training and TA to CONAES members in writing and/or strengthening their HIV workplace policies. CONAES members that received Workplace Policy Builder training and other TA during this reporting period included Colgate Palmolive (through a regional workshop in July, which video conference participants from 10 countries in Latin America), Federal Express (August), Wyeth (April), Especificos Stendhal and its two subsidiaries Farmaceuticos Maypo and Maypo Servicios Empresariales (May), JP Morgan (June), and Kraft. IMPULSO members also provided TA to Ford Motor Company to help implement its workplace HIV policy. New members recruited during this period include Johnson & Johnson Consumer, Laboratorios Kendrick, Bausch & Lomb, and DSM Nutritional Products.

On September 12, HPI joined CENSIDA and the National Council to Prevent Discrimination (CONAPRED) in honoring CONAES members for their work to date reducing HIV stigma and discrimination in the workplace. In an awards ceremony for "Leadership in the Fight Against HIV/AIDS in the Workplace," Dr. Jorge Saavedra, Director of CENSIDA, praised company representatives for demonstrating social responsibility and commitment in eradicating stigma and discrimination in the workplace. Five employees received special recognition for going above and beyond the call of duty to ensure that not only their companies but also others in the business sector join this important initiative.

On May 2, HPI also conducted a stigma and discrimination training workshop at the Ministry of Health for Clinica Condesa healthcare service providers and other key staff from several clinic facilities in Mexico City to better enable them to provide non-discriminatory treatment to PLHIV.

### **Strategic Information**

HPI activities under this component include operations research on HIV prevention programs for bridge populations and most-at-risk populations (MARPs) in Mexico—including men who have sex with men (MSM), transgenders, and indigenous populations—with special attention to how gender identity affects program design and impact; and the identification and addressing of the special needs of women living with HIV and gender issues that affect programming and outcomes. It also includes M&E training for healthcare providers.

As part of CENSIDA's effort to improve the effectiveness of prevention efforts for these populations, HPI collaborated with Population Services International/Mexico to design operations research and pilot programs to reduce stigma and discrimination among MARPs and bridge populations. In addition, as part of initial research to design prevention programs for vulnerable groups, HPI facilitated two three-day capacity-building workshops with 30 participants (23 men and 7 women) to identify strategies and plan pilot interventions to more effectively reach gay men and other MSM with prevention programs (in Merida, Yucatan, in April and in Mexico City in June).

In collaboration with Colectivo Sol's Alliance Project on Stigma and Discrimination in Mexico, HPI helped to design pilot projects for operations research for reaching MSM; facilitated a workshop on stigma and discrimination for health providers and MSM in Zacatecas; and provided TA to prepare a manual for information, education, and communication interventions for MSM and other vulnerable populations. The manual was submitted to CENSIDA.

HPI also worked with ICW local representatives on ensuring the inclusion of gender issues within the larger HIV national agenda.

In August and September, HPI co-facilitated (with MEASURE Evaluation) a two-week workshop on the monitoring and evaluation of HIV programs for 27 healthcare program managers and policymakers (8 men and 19 women) at the National Institute for Public Health, Cuernavaca (August 21 to September 1).

### **HIV/AIDS Treatment/ARV Services**

Activities under this program area support for broad-spectrum HIV training for providers and policymakers. HPI facilitated two- and four-week diploma courses on HIV for 54 healthcare program managers and policymakers (12 men, 42 women) at the National Institute for Public Health, Cuernavaca (June and July). HPI also facilitated a one-week “Clinical Management of HIV Patients” course for 31 healthcare providers (18 men, 13 women) at the National Institute for Public Health, Tlalpan site, in Mexico City (August–September).

## Peru

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**Country Director:** Patricia Mostajo

**Period Covered:** November 1, 2005–September 30, 2006

**Program Overview:** Task Order 1 of the Health Policy Initiative in Peru began during an election year, with transition of power to a new government, which took place at the end of July. The project contributed to this transition and the entry of a new government by consolidating MOH norms that support its regulatory role; supporting the organization and regulation of regional health systems associated with the decentralization process and the production of data for policy analysis at the subnational level; and strengthening and consolidating regional civil society coalitions that will support and oversee the implementation of policy changes at the decentralized level. The project also provides TA to the MOH in implementing GBV norms and protocols at the regional level; monitoring adherence to FP norms at health facilities; and monitoring the reduction of stigma and discrimination related to HIV/AIDS in health establishments providing ARV treatment. Additionally, HPI supports the implementation of the national drugs policy and the formulation of a multisectoral strategy to address the HIV epidemic.

### Summary of Major Activities:

#### FP/RH/Health

***Establishment of regional systems for protecting users of health services.*** HPI provided support to the MOH in implementing a national system for consumer protection rights by designing and implementing regional systems in Junín, Ayacucho, San Martín, and Ucayali. In these regions, HPI helped form intersectoral groups (which included Regional Health Directorates and civil society organizations (CSOs)) that were charged with establishing the regional systems. With HPI assistance, these groups conducted diagnoses of local resources and capacities available for implementing the systems. Based on the results, HPI staff drafted policy guidelines for implementing the systems, which were discussed and approved by the intersectoral groups. Within this context, local authorities in Junin created a technical office for the protection of user rights. HPI also conducted an analysis and drafted a proposal for including a user rights approach in the MOH quality assurance system.

***Support for implementing GBV norms and protocols.*** HPI staff provided TA to the MOH intrasectoral committee on GBV to implement norms and protocols addressing needs of affected women and children at health facilities. Following a training workshop conducted in Lima by the Inter-Agency Gender Working Group (IAGWG) in February, HPI staff prepared a TA plan with the MOH committee and provided TA and financial support for part of its implementation. Within this context, HPI staff prepared Technical Guidelines for the Attention of GBV, revised the protocols for addressing GBV that health providers must follow, and published the protocols for GBV attention. After several months of an ongoing approval process, the MOH has still not issued the guidelines; they have now been presented to new MOH authorities and will be revised again before approval.

HPI also provided TA to the MOH Directorate on Health Promotion in designing advocacy tools and awareness-raising workshops on GBV for regional health authorities. HPI staff conducted these workshops in three regions (Lima, Junin, and Ucayali), while MOH staff conducted them in seven additional regions. HPI conducted additional awareness-raising activities around GBV in three health networks in Junin (Chanchamayo, Tarma, and Huancayo) for mid-level officials working in mental health. These awareness-raising activities were designed to prepare health providers for upcoming training in the use of technical guidelines for GBV attention.

As part of the National Strategy of Reproductive Health, the MOH will conduct the health provider training on GBV guidelines with funding from the United Nations Population Fund. HPI is preparing a training manual and will provide TA to the MOH to monitor implementation of the training and its effects on health service provision.

HPI also collaborated with the Japan International Cooperation Agency (JICA) in implementing the first national course on GBV and reproductive health at the Maternal Health Institute for 25 trainees from six regions, including Junín, Ayacucho, and Ucayali.

***Support for implementation of the National Health Law.*** HPI provided TA to the MOH to strengthen its regulatory functions within the context of government transition and decentralization by strengthening the MOH's regulatory function and finalizing various norms for implementing the National Health Law. An HPI consultant drafted four proposals and facilitated discussions with different MOH departments and other ministries, organizations, and members of the National Health Council to validate the proposals. Given the limited understanding of and interest in the legal and regulatory issues among MOH officials, the validation process was long and arduous. Eventually, in July, only the norms for health service provision were approved and issued before the inauguration of the new government. HPI will follow up on the approval of other norms related to the law and strengthening the regulatory function of the MOH.

***Other support for health policy implementation.*** For the regional government of Junin, HPI designed a training module on health policy formulation and implementation and helped the government to implement it. Based on this experience, the project is preparing a module on Guidelines for the Formulation of Public Policies, which includes gender, user rights, and intercultural themes.

***Strengthening of civil society organizations to monitor RH policy implementation.*** HPI supported CSOs in monitoring the implementation of RH policies, specifically by providing TA to two NGOs in monitoring adherence to the Tiaht amendment and FP norms in a sample of hospitals and health centers. Findings showed no violation of the Tiaht amendment.

HPI undertook various activities directed at strengthening and supporting the expansion of regional and local civil society networks to participate in the implementation and oversight of regional health plans. Local staff conducted training workshops and policy dialogue activities in five regions to strengthen civil society capacity in policy formulation; prepared policy proposals on regional health priorities, including crosscutting issues such as gender and culture; and conducted a participatory diagnosis of citizen surveillance mechanisms and experiences in three regions.

With project support, CSOs in three regions (Junin, Ayacucho, and Ucayali) formed surveillance committees to oversee the implementation of regional health plans. HPI provided training and TA to these committees, which have all prepared their surveillance plans. One committee has already completed and presented its first surveillance report to the Regional Health Council.

HPI also provided TA to regional health directorates to promote civil society involvement and include mechanisms for accountability in the implementation of regional health plans. HPI staff diagnosed the main constraints in current accountability mechanisms in three regions. To prepare for the drafting of regional plans to promote participation, HPI completed an inventory of local organizations and wrote a draft plan in one region. The regional governments of Ayacucho and Ucayali conducted provincial-level workshops to update their plans with HPI technical assistance.

Year 1 activities also consisted of awareness-raising efforts among political candidates at the central and regional levels. As a result of a 10-month awareness-raising campaign conducted by a group of CAs and organizations—CARE, NDI, and PRAES (USAID project), and HPI—in March 2006, 16 political parties

signed a political commitment to health, which included a focus on maternal health priorities, HIV/AIDS, malaria and TB, citizen participation, decentralization, financing, and targeting. On July 28, one of the 16 parties that signed this commitment assumed leadership of the national government for the next five years. On September 29, the new President and the MOH announced a five-year national health plan, which would adhere to the political commitments signed in March.

The elections of regional- and municipal-level authorities in Peru will occur in November. To gain regional candidates' commitment to health issues, HPI staff participated in awareness-raising and policy dialogue activities around health that were organized by USAID partners and regional universities in Junin and Ayacucho.

***Facilitation of the transfer in health functions from the central to regional level.*** Within the context of decentralization, HPI helped strengthen the capacity of regional MOH directorates in Junin and Ayacucho to fulfill health functions being transferred from the central to regional levels. These activities had two purposes: (1) to contribute to organizational changes in the regional governments that would support the implementation of newly transferred functions from the MOH, and (2) to ensure the incorporation of systems for assuring the quality of health services, human resources development, and protection of health user rights in regional health structures.

HPI completed participatory assessments of current versus new functions under the decentralized system in two regions and, following discussions and workshops with regional health authorities and providers in each region, prepared proposals for the new structure and organization of Regional Health Directorates that would be responsible for implementing the new functions. In Junin, the proposal was sent for approval to the regional government on September 29. In Ayacucho, the process is ongoing, and the Regional Health Director is reviewing the proposal. Many health authorities and mid-level managers who were trained under the POLICY Project's PROGRESA course participated actively in the development of these proposals.

***Promotion of multisectoral participation in policy implementation.*** HPI created a framework for understanding the multisectoral implementation of policies; conducted a national assessment of multisectoral approaches used by six coordination entities (including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Country Coordinating Mechanism, the Intersectoral Committee Against Violence, and the Multisectoral Committee on Poverty); and provided TA to the Multisectoral Group Against Family Violence in Junin to apply the framework and understand the benefits and characteristics of taking a multisectoral approach to policy implementation.

***Strengthening the capacity of stakeholders to analyze and use data effectively.*** HPI strengthened the capacity of regional stakeholders to conduct research and data analysis that is relevant to regional health policies and developed skills to articulate this information to decisionmakers in three regions, including Lamabayeque, Junin, and Ayacucho. In these efforts, HPI worked with three main regional actors: the regional government, health directorates, and universities.

HPI also conducted a baseline diagnosis on information needs for policy formulation and training gaps. Results show that although research is being conducted at the regional level, it is neither related nor relevant to policy processes; results are rarely used; and most of the research focuses on identifying regional problems. The capacity for research, even at the university level, is limited. Based on these findings, HPI subcontracted the Universidad Peruana Cayetano Heredia (UPCH) to design and implement a six-month course at regional universities to be offered to strengthen the research capacity of selected participants from regional governments. At the end of this course, in November, participants will prepare projects in policy research, training, and monitoring.

The course will be followed by monthly meetings for discussing public health issues and by the organization of public health policy units at the universities that will be charged with designing information systems to support policy formulation, implementation, and monitoring. HPI will provide TA to these units.

Finally, HPI assisted the MOH/International Cooperation Office (OGCI) in designing and pilot testing a monitoring system of external cooperation projects in seven regions. The system includes online software designed to collect data on project implementation from regions and to systematically organize and collate the information at the central level. Based on the pilot test, the OGCI will expand the monitoring system to 18 projects in 25 regions.

## **HIV/AIDS**

### **Strategic Information**

***Monitoring reduction of stigma and discrimination.*** HPI provided TA to the MOH in monitoring the reduction of HIV/AIDS-related stigma and discrimination at health facilities that provide ARVs. HPI provided TA to the MOH HIV/AIDS National Strategy to conduct 26 training workshops on reducing stigma and discrimination for 526 health providers and 13 health directors in 24 regions. The MOH then conducted, on its own, 24 training workshops in 8 regions for 409 health providers. Following the training, held between February and September, HPI provided TA to the MOH in designing monitoring and evaluation tools for implementation at the health services level to track changes in HIV-related stigma and discrimination. This effort included the identification of indicators and design of a survey of health providers and HIV-positive people. HPI trained the MOH trainers in implementing these tools. Pre-workshop baseline surveys were applied to 445 health providers from 136 health facilities and 135 HIV-positive people from 26 health services. The baseline report was presented and discussed with the MOH National Strategy on HIV/AIDS.<sup>4</sup>

The monitoring system will be formally transferred to the MOH in November, along with detailed documentation that is being prepared by HPI. HPI will continue assisting the MOH in implementing the system, under which a second round of surveys (post-training) will be conducted with funding from the Pan-American Health Organization.

Finally, HPI provided TA to the National Health Committee in elaborating a national plan for policy implementation focused on the availability of and accessibility to essential drugs, including ARVs, particularly for poor populations. The plan also emphasizes the reduction of drug prices in both public and private sector services. HPI is designing a mechanism for monitoring drug prices for use in implementing different strategies to improve accessibility to essential drugs. This mechanism will be validated and transferred either to the MOH or a civil society organization.

***Study of women and HIV.*** HPI conducted a study of women and HIV based on personal testimonies to raise awareness among policy decisionmakers, including health officials, about the spread of HIV among women; as well as an assessment of the main RH interventions among indigenous populations in the Jungle region to design a counseling strategy for the prevention of HIV and other STIs among youth.

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<sup>4</sup> Although National Strategy officials are fully committed to the reduction of stigma and discrimination, they have not been successful in obtaining from the MOH a national norm to make these training workshops mandatory in facilities providing ARVs.

### **Other/Policy analysis and systems strengthening**

The two regions HPI is focusing on have weak groups of people living with HIV (PLHIV). To strengthen these groups and contribute to the preparation of their strategic plans, HPI hired a consultant who worked in both regions. In conjunction with the Global Fund project, HPI contributed to training peer counselors in Ucayali. These counselors will support the Regional Health Directorate in implementing its counseling strategy. In Junin, the PLHA group has expressed interest in getting involved in the Regional Health Directorate's activities to reduce stigma and discrimination.

### **Malaria and Tuberculosis**

HPI provided TA in Junin to prepare a regional plan for malaria control and conducted a qualitative study on the characteristics and effects of stigma and discrimination related to TB.



## APPENDIX

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**Table A1. HPI Project Management**

<b>HPI PROJECT MANAGEMENT</b>	
<b><i>Project Leadership</i></b>	
TO1 Director (acting)	Felicity Young
Deputy Director-Technical	Carol Shepherd
Deputy Director-Operations	Denise Lionetti
QA and M&E	Nancy McGirr
<b><i>Technical Management</i></b>	
FP/RH Team Leaders	Suneeta Sharma, Jay Gribble, Danielle Grant
IR1 Coordinator	Jay Gribble
IR2 Coordinator	Danielle Grant
IR3 Coordinator	Suneeta Sharma
IR4 Coordinator	Michelle Prosser
IR5 Coordinator	Jay Gribble
MH Team Leader	Michelle Prosser
HIV/AIDS Team Leader	Kai Spratt
<b><i>Regional Management</i></b>	
AFR Regional Manager	Denise Lionetti
Coordinator	Brenda Rakama
Coordinator	Danielle Grant
ANE Regional Manager	Nadia Carvalho
Ukraine Country Manager	Philippa Lawson
LAC Regional Manager	Varuni Dayaratna
Program Operations Manager	Jay Mathias
Program Operations Manager	Rick Gobantes
Program Operations Manager	Karen Lee
Program Operations Manager	Tim Kaendera

**Table A2. HPI Core-funded Activity Management**

<b>HPI CORE-FUNDED ACTIVITY MANAGERS</b>		
<b>SO1 (POP) Core Funds</b>		
<b>IAs</b>	<b>Senior Manager</b>	<b>Activity Manager</b>
1. FP/HIV Integration	Carol Shepherd	Rachel Sanders
2. Expand Availability of Contraceptives through CBDs and NAs	Carol Shepherd	Margaret Hamilton
3. Guatemala: Access for Indigenous Populations	Suneeta Sharma	Varuni Dayaratna
4. Peru: Targeting Strategy to Finance Contraceptives	Suneeta Sharma	Varuni Dayaratna
5. Repositioning FP and CS Strategies	Suneeta Sharma	Inday Feranil
6. FP Access for Refugees and IDPs	Jay Gribble	Emily Sonneveldt
7. GBV and Uptake of RH	Suneeta Sharma	Mary Kincaid
8. Constructive Male Involvement	Suneeta Sharma	Mary Kincaid
<b>IR1</b>		
1.1 Policy Implementation Tool	Jay Gribble	Anne Jorgensen
1.2 Spectrum E-learning	Jay Gribble	Sarah Alkenbrack
<b>IR2</b>		
2.1 RFP with Religious Institutions	Danielle Grant	Laurette Cucuzza
2.2 Legislative Reform with Parliamentarians	Danielle Grant	Danielle Grant
2.3 Early Marriage	Danielle Grant	Elizabeth Neason
<b>IR3</b>		
3.1 Service Equity in Fragile States	Suneeta Sharma	Bill Winfrey
3.2 Access to RH Care for the Poor	Suneeta Sharma	Suneeta Sharma
3.3 Allocate Model in Decentralized Settings	Suneeta Sharma	Margaret Rowan
<b>IR4</b>		
4.1 Family Friendly Workplace Tool	Jay Gribble	Michelle Prosser
4.2 FamPlan to Support CS/RFP	Jay Gribble	Tom Goliber
4.3 Including FP in PRSPs	Jay Gribble	Michelle Prosser
<b>IR5</b>		
5.1 Meeting the MDGs	Jay Gribble	Rachel Sanders
5.2 Impact of RH Programs	Jay Gribble	Maria Borda
5.3 Data for Advocacy for Delay in Age at Marriage	Jay Gribble	Nancy Murray
5.4 Frontiers Evaluation	Jay Gribble	John Ross
5.5 Spectrum Updates	Jay Gribble	John Stover
5.6 Adding Poverty to Spectrum Models	Jay Gribble	John Stover
<b>Working Groups</b>		
Gender Working Group	Suneeta Sharma	Mary Kincaid

Poverty and Equity Working Group	Suneeta Sharma	Bill Winfrey
Stigma and Discrimination Working Group	Suneeta Sharma	Lane Porter
<b>Other</b>		
Rapid Response	Carol Shepherd	Laurette Cucuzza
PMP	Nancy McGirr	Nancy McGirr
QA	Nancy McGirr	Nancy McGirr
<b>GLPs</b>		
Gender	Suneeta Sharma	Mary Kincaid
FP/HIV	Carol Shepherd	Margaret Hamilton
Youth	Jay Gribble	Nancy Murray
Refugees	Jay Gribble	Emily Sonneveldt
Poverty and Equity	Suneeta Sharma	Bill Winfrey
Repositioning FP	Carol Shepherd	Carol Shepherd
Contraceptive Security	Suneeta Sharma	T. Pandit-Rajani, S. Sharma
<b>SO2 Core Funds</b>		
WRA	Michelle Prosser	Teresa Shaver
MH activities	Michelle Prosser	Michelle Prosser
<b>SO4 (HIV) Core Funds</b>		
<b>IR1</b>		
1.1 Increasing PEPFAR Effectiveness: OPB Analysis	Kai Spratt	Kai Spratt
1.2 Integration Gender in OPB Analysis	Kai Spratt	Anne Eckman
1.3 Moving OVC Planning to National Action	Kai Spratt	Jane Begala
<b>IR3</b> Strengthening P&F for HIV	Kai Spratt	Gayle Martin
<b>IR4</b> TA to Regional Muslim Leaders	Kai Spratt	Shetal Upadhyay
<b>IR5</b> Stigma Index	Kai Spratt	Lori Bollinger
Rapid Response	Kai Spratt	Kai Spratt

**Table A3. HPI Regional and Country Management**

<b>MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS</b>		
<b>Region/Country</b>	<b>Country Manager/Director</b>	<b>Regional Manager or Coordinator</b>
<b>Africa</b>		<b>Denise Lionetti</b>
AFR Bureau	Denise Lionetti	Denise Lionetti
Botswana	Tanvi Pandit-Rajani	Tanvi Pandit-Rajani
Ghana	David Logan	Danielle Grant
Kenya	Angeline Siparo	Brenda Rakama
Mali	Modibo Maiga	Danielle Grant
Mozambique	Henriqueta Tojais (through 9/30/06) and Francisco Zita (as of 10/30/06)	Brenda Rakama
Rwanda	Scott Moreland	Danielle Grant
South Africa	Nomhle Nkumbi-Ndopu	Brenda Rakama
RHAP	Tanvi Pandit-Rajani	Tanvi Pandit-Rajani
Tanzania	Halima Shariff	Brenda Rakama
WA	Modibo Maiga	Danielle Grant
<b>ANE</b>		<b>Nadia Carvalho</b>
China	Gao Yuan	
Egypt	Carol Shepherd	
Indonesia	Nadia Carvalho	
Jordan	Basma Ishaqat	
Mekong Region	Nadia Carvalho	
Nepal	Bhojraj Pokarel (through 5/1/06)	
Viet Nam	Tran Tien Duc	
<b>E&amp;E</b>		<b>Philippa Lawson</b>
Ukraine	Philippa Lawson	
<b>LAC</b>		<b>Varuni Dayaratna</b>
LAC Bureau	Varuni Dayaratna	
Guatemala	Lucia Merino	
Haiti	Laurent Eustache	
Jamaica	Kathy McClure	
Mexico	Mary Kincaid	
Peru	Patricia Mostajo	

## Table A.4. List of Completed Products

### S01

#### IR2:

- Guide : Parliamentarians' Manual for Translating Reproductive Health Laws into Practice (Manuel du Parlementaire: Mise en Oeuvre de la Loi sur la Santé de la Reproduction En Afrique de l'Ouest et du Centre)

#### IR5:

- Brief: Achieving the Millennium Development Goals in Guatemala: The contribution of family planning
- Brief: Achieving the Millennium Development Goals in Bolivia: The contribution of family planning
- Brief: Achieving the Millennium Development Goals in Peru: The contribution of family planning

#### Gender Working Group:

- Guide: Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers
- PowerPoint Presentation: Does Gender Make a Difference? USAID's Opportunities and Responsibilities for Promoting Gender Equity in Health Programs
- Guide: Seizing the Moment: An Advocacy Kit for GBV Policy Change

#### Poverty and Equity Working Group:

- Report: Inequalities in Use of Family Planning and Reproductive Health: Implications for Policies and Programs (October 2006)

#### GLPS:

- Contraceptive Security Index 2006: A Tool for Priority Setting and Planning (with DELIVER)
- Contraceptive Procurement Policies, Practices, and Lessons Learned in Costa Rica
- Contraceptive Procurement Policies, Practices, and Lessons Learned in Mexico

### S02

- Report: The Emerging Midwifery Crisis in Ghana: Mapping of Midwives and Service Availability Highlights Gaps in Maternal Care
- Report: How Does Family Planning Reduce Childhood and Maternal Mortality?

#### QA and M&E Products:

- Performance Monitoring Plan for the USAID | Health Policy Initiative IQC
- Performance Monitoring Plan for Task Order 1 of the USAID | Health Policy Initiative
- HPI-Task Order 1 Reporting Deadlines and Guidance
- HPI Task Order 1 Process for Developing Country Strategy and Workplans
- Guidelines for Writing the M&E Sections of the Country Strategy and Workplans
- HPI Branding Strategy and Marking Plan
- HPI Task Order 1 Branding Style Guide
- Content Standards and Guidelines

## Country Products

### Mali:

- Video: Repositioning Family Planning in Africa: Religious Leaders Are Committed (produced in English, French, Bambara, Arabic)
- The Christian AIDS Impact Model
- HIV/AIDS in Mali: Scaling Up to Universal Access in 2015
- The National Strategic Framework of AIDS Control in Mali, 2006–2010
- Fixant les Règles Relatives a la Prévention, a la Prise en Charge et au Contrôle du VIH/SIDA (The Law on HIV/AIDS in Mali)

### RHAP:

- A Methodology for Assessing Technical Assistance Needs in Making Best Use of GFATM Support

### China :

- Guangxi Goals Technical Report
- Guangxi Policy Brief
- Yunnan Goals Technical Report
- Yunnan Policy Brief

### Egypt:

- Report: Workshop on Contraceptive Security Strategic Plan 2000–2010

### Mekong:

- Report: HIV Expenditure on MSM Programming in the Asia-Pacific Region

### Ukraine (AI):

- Policy for Avian Influenza Prevention in Ukraine: Best Practices (Report on the conference held September 20–22 in Alushta, AR Crimea)
- Assessments of the capacity of NGOs and the willingness of authorities to support HPI in Poltava, Odessa, Mykolayiv, Kherson, and Chernihiv oblasts

### Ukraine (HIV):

- The Oblast HIV/AIDS M&E Systems Development Guide
- AR Crimea HIV/AIDS Situation Analysis
- Kyiv City HIV/AIDS Situation Analysis
- Kherson HIV/AIDS Situation Analysis
- Odessa HIV/AIDS Situation Analysis

### Ukraine (TB):

- Report of a Joint Review of the Tuberculosis Control Program in Ukraine for 2001–2005

### Vietnam:

- Combining Epidemiology & Economic Analysis to Inform the Response to the HIV Epidemic in Ho Chi Minh City

**LAC Bureau:***Regional Study*

- Options for Contraceptive Procurement: Lessons Learned from Latin America and the Caribbean

*Country Procurement Papers*

- Contraceptive Procurement Policies, Practices, and Options in Bolivia
- Contraceptive Procurement Policies, Practices, and Options in the Dominican Republic
- Contraceptive Procurement Policies, Practices, and Options in Ecuador
- Contraceptive Procurement Policies, Practices, and Options in El Salvador
- Contraceptive Procurement Policies, Practices, and Options in Guatemala
- Contraceptive Procurement Policies, Practices, and Options in Honduras
- Contraceptive Procurement Policies, Practices, and Options in Nicaragua
- Contraceptive Procurement Policies, Practices, and Options in Paraguay
- Contraceptive Procurement Policies, Practices, and Options in Peru

*CD from Workshop on Advocacy for Contraceptive Security*—Contains all presentations from the workshop held in Antigua, Guatemala, from October 10–13, 2006.

**Haiti:**

- Les services institutionnels de prise en charge du VIH/SIDA: Localisation - Fonctionnalité - Caractéristiques des clients. April 2006. (Institutional Services Providing HIV/AIDS Support: Localization, Functionality, and Characteristics of Clients)
- Le repositionnement de la planification familiale: Un impératif pour l'atteinte des objectifs du millénaire. May 2006. (Repositioning Family Planning: An Imperative for Reaching Millennium Objectives)
- Cadre stratégique et besoins du secteur santé. July 2006. (Strategic Framework and Health Sector Needs)
- Cadre conceptuel et opérationnel pour le repositionnement du Planning Familial en Haiti. July 2006. (Conceptual and Operational Framework for Repositioning Family Planning in Haiti)
- Cadre de référence pour la mise en place et le fonctionnement d'une unité centrale de coordination et gestion de l'assistance externe dans le secteur santé. August 2006. (Reference Framework for Implementation and Functions of a Central Coordinating Unit and Management of Technical Assistance in the Health Sector)

**Jamaica:**

- Report: HIV/AIDS in the Workplace: Corporate Survey Instrument
- Report: HIV/AIDS in the Workplace: Jamaica Corporate Survey Report and Private Sector Response Strategy
- Brochure: Why Jamaica Needs a Business Council on HIV/AIDS

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